

# Primary Care Commissioning Committee

## Meeting Minutes

**Tuesday 4<sup>th</sup> September 2018 4:15 – 5:15 p.m.**  
**St Paul’s Church, Crawley Ridge, Camberley GU15 2AD**

**Present** Andrew Lloyd (AL) – Lay Member Chair, Primary Care Commissioning Surrey Heath CCG  
 Rob Morgan (RM) – Interim Managing Direct & CFO, Surrey Heath CCG  
 Edmund Cartwright (EC) – Interim Director of Quality & Nursing, Surrey Heath CCG  
 Jon Fox (JF) – Head of Primary Care, Surrey Heath CCG  
 Carol Bewley (CB) – Head of Finance, Surrey Heath CCG  
 Clare Sieber – Surrey and Sussex Local Medical Committees  
 Maria Millwood (MM) – Healthwatch Surrey, Volunteer Representative  
 Maggie Parish (MP) – Practice Manager Upper Gordon Road, Member Practice Representative  
 Emily Timms (ET) - Assistant Contract Manager, Surrey Heath CCG (Minutes)

**Apologies** Nick Spence (NS) – Medical Contract Manager, NHS England Thames Valley  
 Helyn Clack (HC) – Surrey Health and Wellbeing Board Representative  
 Sreeparna Roy (SR) – Lay Member Vice Chair, Primary Care Commissioning Surrey Heath CCG  
 Dr Darren Tymens (DT) – Surrey and Sussex Local Medical Committees  
 Dr Jonathan Inglesfield (JI) – Independent GP Primary Care Commissioning

Item No.	Item	Action
1.	<p><b>Welcome and Introductions</b></p> <p>AL welcomed attendees to the Primary Care Commissioning Committee meeting and introductions were made to CB.</p>	
2.	<p><b>Declarations of Interest (DoI) and Conflicts of Interest (CoI)</b></p> <p>AL asked for any DOIs to be declared. JF reminded the Committee that all members are required to complete Conflicts of Interest (CoI) training or evidence equivalent training already completed. There are a few individuals still to submit DOI forms and ET will follow these up as a priority.</p> <p><b>Action: All outstanding Declaration of Interest forms to be returned to ET as priority. ET to follow up with individuals.</b></p>	ET
3.	<p><b>Minutes of the last meeting –3<sup>rd</sup> July 2018</b></p> <p>The Committee approved the minutes of the 3<sup>rd</sup> July 2018 as an accurate record of the meeting with no comments or amendments. These minutes will be presented to the Governing Body when it next meets for ratification. Once ratified, the minutes will be published on the CCG Website.</p>	

4.	<p><b>a. PCCC Action Log Review</b></p> <p><u>JF provided an update on the PCCC Action Log Review.</u></p> <p>Action 1 from 22.05.18: <i>Declaration of Interest forms remains outstanding</i>        Discussed under Item 2.</p> <p>Action 4 from 22.05.18: <i>Practice Communications</i>        MP confirmed all practices have been contacted and no issues with communication from the CCG regarding delegated functions have been raised. Committee agreed the action will remain on the action log for the first year of the CCG being delegated to ensure any communication issues with the practices are addressed proactively.</p> <p>Action 6 from 22.05.2018: <i>Primary Care Quality Group</i>        A short written update will be provided to the Committee commencing September 2018. JF confirmed the PCQG is newly formed and a written report will be provided once the group is better established, in the meantime a verbal update will be provided under Item 8.</p> <p>Action 8 from 03.07.2018: <i>CB to assess the service auditor reports when received</i>        CB advised NHSE will not release the report, as the CCG was not delegated at the time the auditor reports were developed. CB will escalate to RM to discuss how to appeal the decision. RM advised this will be escalated to Audit Committee.</p> <p>Action 9 from 03.07.18: <i>JF to prepare and deliver a presentation on GPFV programme at a future PCCC meeting</i>        JF reminded attendees the purpose of the PCCC is to discuss delegated functions only; however it was agreed an update on the GPFV would be beneficial for members. JF will deliver a short presentation at the next meeting of the PCCC, on the 6<sup>th</sup> November 2018.</p> <p><b>b. PCCC Risk and Issues Register</b></p> <p><u>JF provided an update on the issues register:</u></p> <p><i>Contract Variations and Partnership Changes:</i>        An outstanding issue from the NHS England handover was the National Variations to GMS Contracts 2017/18 unsigned by all Surrey Heath practices. JF confirmed all practices have now signed and returned the variations; the issue will therefore be closed.</p> <p><i>Rent reviews are behind schedule:</i>        JF updated that following progress in improving the position with rent reviews, the issue has been reduced from a high priority to medium. Further update to be provided as part of agenda item 6.</p> <p><i>Camberley Health Centre has not been paid QOF 17/18:</i>        JF confirmed Camberley Health Centre has received payment of QOF 17/18; the issue will therefore be closed.</p>	
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	<p><u>JF provided an update on the risks register:</u></p> <p><i>PCCC1: Violent Patients Scheme (Special Allocation Scheme):</i>          The scheme began with the Border Practice, Aldershot on the 1<sup>st</sup> September 2018. Nil Surrey Heath patients are currently on the Special Allocation Scheme. The risk level is low and once contract paperwork has been received the risk will be closed.</p> <p><i>PCCC2: Interpreting Services:</i>          To be discussed under agenda item 9.</p> <p><i>PCCC4: GP Practice Communications:</i>          As discussed under Item 4a, no issues raised but will be continually monitored for 12 months.</p> <p><i>PCCC6 National Audit Office (NAO) Report re PCSE Capita Contract:</i>          CB has requested copies of Service Auditor Reports (SARs) for 2017-18 to identify any risk that may need mitigating action being put in place in year, in support of the year end closedown process and in year reporting. The risk will be closed on the risk register.</p> <p>PCCC members agreed there were no concerns to be raised with regards to the risk and issues register.</p>	
<p>5.</p>	<p><b>Operational Leadership Team (OLT) - Primary Care Commissioning Update</b></p> <p>JF advised that the Primary Care Interpreting and Translation Services Report has been discussed and agreed at the CCG's Operational Leadership Team meeting on the 3<sup>rd</sup> July 2018.</p> <p>The paper is to be presented to the PCCC for approval at today's meeting under agenda item 7.</p>	
<p>6.</p>	<p><b>Primary Care Finance &amp; Contracting Report –Including Budget Performance</b></p> <p>CB summarised the CCG's position against the following areas:</p> <p><b>6.1 NHSE Handover and Outstanding Issues</b></p> <ul style="list-style-type: none"> <li>6.1.1 National Variations for 2017/18 GMS contracts have now been signed by all CCG practices.</li> <li>6.1.2 Park Road and Heatherside Merger is complete and all paperwork has been received by the CCG, including practice signatures.</li> <li>6.1.3 Special Allocation Scheme (SAS) began on the 1<sup>st</sup> September 2018, the paperwork is awaited. CB confirmed this is no longer an outstanding issue as part of the NHSE Handover.</li> <li>6.1.4 Progress with interpreting services will be discussed under Item 7.</li> </ul> <p><b>6.2 Rent Reviews</b></p> <p>CB confirmed that once the CCG became aware of the position with rent reviews it worked with practices to move forward with practices with rent reviews outstanding. Since delegation the CCG has been able to reduce the aged rent reviews from 2013 to 2018; following receipt of the District Valuer reports all rent reviews will be up-to-date. CB advised there is a financial risk for rent reviews as any identified rent arrears as a result of the District Valuer report could impact</p>	

	<p>the financial position of the PCCC.</p> <p><b>6.3 Out of Area Direct Enhanced Service</b>          CB explained that as part of the CCG’s delegated responsibilities there must be provision in place for access to primary medical services for patients living in the practice area but who are registered with a practice out of area; this service is to provide access to home visits or urgent care locally during core hours. The number of patients resident in Surrey Heath but registered out of area is fewer than 10, it is therefore expected that volumes will be low. All CCG practices have been offered the DES and 4 of the 7 GP Practices have returned signed agreements to participate.          JF confirmed should some practices choose not to sign up to the DES a ‘buddy’ system with other practices will be looked into.          CS advised in some other CCG areas, the approach practices have been advised against registering out of area patients if no provision has been made for them as an alternative to offering the DES.</p> <p><b>6.4 GP Pay Award 18/19</b>          CB advised GMS 1% pay increase backdated to April 2018 will take effect in Global Sum from October 2018; there is a slight risk to the budget depending on whether an allocation is provided to the CCG to cover the increase.</p> <p><b>6.5 Financial Summary – Month 4</b>          CB provided the 2018/19 budget summary at Month 4, which shows as £147k underspend year to date; this is in line with expectations. The budget needs to take into account any rent arrears as a result of the rent reviews and has also seen an increase in spend against locum reimbursements for maternity leave.          AL queried the decrease in GP Prescription Income; as YTD variance is £2,612. CB will look into this further.</p> <p>CB confirmed a recharge for 2017-18 paid through CCG ledger in Q1 to NHSE has been undertaken and recharge received by the CCG.</p> <p>In response to a query regarding the re-investment of funding released by PMS transfers back into GMS, CB advised that the funding is used within its locally commissioned services enhanced services which include a basket of services offered to practices.</p> <p><b>Action from 6.5: CB will review the decrease in GP Prescription Income.</b></p>	<p>CB</p>
<p>7.</p>	<p><b>Primary Care Interpreting and Translation Report</b></p> <p>CB presented the paper, providing PCCC with the current position for ensuring interpretation and translation services are available in Surrey Heath from 1<sup>st</sup> October 2018 when the current agreement ends.</p> <p>CB advised all potential options were explored, including becoming an associate on the NWS CCG contract; this was not feasible as contracts had already been signed. NHSE HTV had also been approached, however their provider DSA Languages had not been used in Surrey Heath previously and with minimal management information it was felt changing providers was a risk. It is therefore recommended that contract extensions be agreed with the two current providers for 12 months; this will ensure continuity of service and enable robust management</p>	

	<p>information to be gathered, which will help inform procurement of services in 2019. There are two current providers and both have been approached and agreed in principle to this arrangement.</p> <p>CB advised the 2017/18 spend was approximately £11k, therefore the volume of need is anticipated to be low but provision must be in place to ensure access.</p> <p>MM queried whether there was a risk of an unmet need in Surrey Heath; it was advised that through monitoring and working with the providers the management information gathered would provide greater understanding of the need in Surrey Heath to inform future procurement of services.</p> <p>PCCC agreed the approach of extending contracts with the two current providers for 12 months.</p>	
<p>8.</p>	<p><b>Primary Care Quality Group Report (verbal update)</b></p> <p>EC confirmed the PCQG met on the 24<sup>th</sup> August 2018, following which there are no quality concerns to escalate to PCCC.</p> <p>EC reflected that primary care services in Surrey Heath are high quality, evidenced through Station Road recently being rated 'Good' by CQC in all domains. Furthermore, the results of the GP Survey show positive patient experience; including:</p> <ul style="list-style-type: none"> <li>• 89% had a good experience using their GP</li> <li>• 80% reported it was easy to contact their GP Practice via telephone</li> <li>• 92% reported receptionists were helpful</li> </ul> <p>The survey did highlight points for improvement, mainly access to online services as only a reported 16% booked online and a further 79% were not aware they could book an appointment online.</p> <p>EC also advised that NHSE have informed CCGs that when someone makes a complaint to them about general practice services, NHSE will now routinely seek the complainants' permission to share the concern with the relevant delegated CCG. The CCG's comments and complaints email address has been provided to NHSE for any such communication to be sent to.</p> <p>EC clarified NHSE will still have responsibility for managing Primary Care complaints, the CCG will just be made aware of concerns raised where the complainant gives their consent.</p>	
<p>9.</p>	<p><b>Special Allocation Scheme (SAS) Appeal Panel Protocol</b></p> <p>JF advised the SAS Appeal Panel Protocol has been written to ensure the CCG has a process in place should a patient appeal the decision to place them on the SAS Register.</p> <p>The SAS Appeals Panel Protocol has been written specifically to align with the Primary Medical Care Policy and Guidance manual and is relevant only for the individual concerned; no patients are currently on the SAS Scheme from Surrey Heath.</p> <p>JF outlined the timeline and process of convening a panel, including who would attend and the requirements in order to review the appeal.</p>	

	<p>CS recommended that the LMC be involved as early as possible in any appeal from a patient against the SAS Scheme.</p> <p>PCCC approved the SAS Appeal Panel Protocol with no amendments.</p>	
10.	<p><b>Any Other Business</b></p> <p>None raised.</p>	

