NHS West Essex
Primary Care Commissioning Committee
Part 1 in Public

Date: **Wednesday 20th March 2019**
Time: **2pm to 4pm**
Location: **Board Room, Building 4, Spencer Close, St Margaret's, Epping, CM16 6TN**

Attendees:

Name	**Initials**	**Role**
David McConnell	DM	WECCG Lay Member (Chair), (Voting)
Stephen King	SK	WECCG Lay Member Governance, (Voting)
Dr Andrew Anderson	AA	Independent GP Advisor, (Voting)
Dr Trevor Fernandes	TF	Independent GP Advisor, (Voting)
Andrew Geldard	DG	WECCG Chief Officer, (Voting)
Peter Wightman	PW	WECCG Director of Primary Care and Localities, (Voting)
Jane Kinniburgh	JK	WECCG Director of Nursing and Quality, (Voting)
Dr Rob Gerlis	RG	WECCG, Board Chair, (Non-Voting)
Andy Marendaz	AM	WECCG, Head of Financial Planning, (Voting)
Tracy Manzi	TM	WECCG AD of Primary Care and Localities, (Non-Voting)
Paula Clugston	PC	NHS England, (Non-Voting)
Theresa Smith	TS	WECCG Quality Lead for Primary Care, (Non-Voting)
Louis Pipe	LP	WECCG, Senior Finance Manager, (non-Voting)
Josephine Smit	JS	WECCG Head of Primary Care Development
Marion Jones	MJ	WECCG, Senior Primary Care Manager
Liz Milne	LM	WECCG, Primary Care Commissioning Manager
Simone Surgenor	SS	WECCG, Head of Governance and Corporate Services
Jane Marley	JM	Head of Information Governance and Data Protection Officer Essex CCGs
Kate Brown	KBr	WECCG EA to the Director of Primary Care, (Minutes)

In attendance

Geoff Roberts	GR	Assistant Director of Estates and IT
Alan Hicks	AH	Head of IT Transformation

Item No	Agenda Item	Actions
1	**Chairs welcome**	
2	**Apologies for absence** Andrew Bradshaw, Essex LMCs, Deputy Chief Executive	
3	**Declarations of interest** DM reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might	

	conflict with the business of WECCG Primary Care Commissioning Committee. **Declarations of interest from today's meeting** *None declared* **Declarations of interest from sub committees** *None declared*	
4	**Minutes of the last meeting on Wednesday 16th January and matters arising.** The minutes were agreed as a true and accurate record. The Action log was discussed and actions were updated.	
5 **5.1**	**Summary of Primary Care commissioning Committee Part 2 items from 16th January and 28th February 2019.** The Committee noted the summaries.	
5.2	**Quality update incorporating CQC update** Theresa Smith, Quality Lead, Primary Care, presented on the quality of Primary Care services in West Essex. Appendix 1 the Primary Care Quality Dashboard, shows the RAG rating of the Practices. Red and amber rated Practices are mainly a result of their current CQC ratings, GP patient survey results below the CCG and National average and QOF exception reporting greater than the national and CCG average. The Primary Care Team are carrying out supportive visits to those Practices that are in the lowest 10% nationally of the patient survey results and are high QOF exception reporting. Information is not currently available for some of the quality assurance matrix standards. Potential solutions to enable the provision of this information in a suitable format in the future are in progress, for example through a new proposed MOA with Practices for incidents and complaints management. This will hopefully provide themes that might be developing. CQC update High Street Surgery Epping and Loughton Health Centre are now rated as 'Requires improvement' overall following their recent re-inspections (published 28 February 2019). Both Practices have made improvements since their previous inspections when they were rated as 'Inadequate' overall. There are now no West Essex Practices rated as inadequate, however there are no practices rated as outstanding.	

Nuffield House Surgery in Harlow is also rated as 'Requires improvement' overall. The CCG has provided and continues to provide a high level of support to all three practices. All three will be re-inspected by the CQC within 12 months of their last inspections.

The support the CCG provides to the practices includes, visiting the practices, going through their e-Declarations to identify contractual and quality gaps, providing best practice recommendations to improve, formulate actions plans and support implementation of new processes where needed.

The CQC are currently defining their processes, for practices with an overall rating of good or outstanding, the CQC will be introducing an Annual Regulatory Review. This will involve a telephone conversation with the CQC for each practice. The CQC will continue to use CQC Insight to monitor potential changes to the quality of care that the practices provide. CQC Insight brings together the information that is held about the practice. Information will analysed and compared against local and national data in order to identify potential changes in the quality of care provided. This will prompt a CQC visit if required.
There will be a maximum visit timescale of 5 years for practices rated Outstanding. There are some Practices in West Essex that were inspected nearly 5 years ago, so could potentially expect an inspection visit in the near future.

Changes to the focus of the CQC inspection visit mean that rather than focussing on all domains at the inspection visit, the CQC focus will be on 'Effective' and 'Well-led' domains only, unless any of the other domains have been identified as high risk.

The CQC will confirm the final process changes in April 2019; The CCG will inform the practices and offer supportive visits, particularly to practices that were last inspected 5 years ago. The CCG will also investigate what other support and training can be provided to support practices to improve their CQC ratings.

The following areas of concern were identified most frequently by the CCG over the last year

- Ineffective processes to identify and provide support to carers
- Issues with patient access
- Staff appraisals not completed/ appraisal records not maintained

There have recently been two Serious Incidents within primary care in relation to delayed diagnosis of diabetes in children. Actions being taken are:

- The CCG are supporting the practices with carrying out full Root Cause Analysis Investigations, report writing and planning/ implementation of recommendations
- A local safety alert has been written and sent to all West Essex practices, with immediate actions being identified for implementation.
- Learning from the incidents will be shared at the Practice Shutdown event in June 2019.

The committee discussed the sharing and learning from serious incidents. Serious incidents are shared at NHS England's Quality Surveillance group,

	but are not shared with practices. **The Committee noted the Quality and CQC update.**	
5.3	**Primary Care Commissioning Plans 2019/20** The Committee agreed 19/20 plans (with some revisions) at its meeting on 28th February. The CCG wishes to commission a consistent offer from all practices and fair reimbursement for safe prescribing of anti-coagulants and treatment room activities. The CCG is offering a combined LES for £3.00 per head for both elements. Under this agreement the CCG will ask PCNs to provide a plan to describe how these services will be delivered across the PCN to ensure the population has access to all these services. This could be i. Every practice provides every service ii. Practices provide one or more services on behalf of each other to ensure full coverage for the population. In this instance, the practices would sub-contract with each other. However significant concerns have been raised by practices that developing neighbourhood plans for the treatment room/safer anticoagulation LES and Spirometry service provision, before Primary Care Network structures and governance arrangements have been established would be challenging. If practices are to operate as a Primary Care Networks (PCN) they need time to build relationships, make decisions, consider technicalities and practicalities. Therefore the CCG is proposing the Treatment Room and Safer Anticoagulant Prescribing LES on a Primary Care Network basis from 1st July or from 1st of October 2019 if the PCN needs more time. In the meantime, the CCG will continue existing LES offers to commission the minor injury procedures within the minor surgery LES and the warfarin prescribing within the warfarin prescribing LES from 1st April 2019. RG raised that at the PCN meeting earlier this week, there was a discussion that the PCNs could be delayed. In the event that PCNs do not happen, the CCG could implement on the current neighbourhoods. The CCG are making an offer based on what is known at this point in time, it is assumed that the national guidance will not slip on 1st July 2019. Should this change, the offer can be revised. Memorandum of Agreement (MOA) Quality standards have been added to support practices with CQC assurance and to ensure a minimum reporting standard with additional funding of 15p per patient. To include complaints and incident reporting, Safety alerts and NICE Guidance review process. It was noted that it was helpful to have input from the Practices nurses, they gave a constructive contribution to the Commissioning plans. A nurse tutor will now attend the Primary Care Operational group to continue to provide input / feedback on future plans.	

	The Committee supported the Primary Care Commissioning Plans for 2019/20.	
5.4	**Primary Care Networks – Practice letter** PW shared the letter that was sent to Practices on 20th February 2019, regarding the NHS England and the BMA published guidance on the implementation of Primary Care Networks. The GP Shutdown event on the 2nd April will be dedicated to PCNs. The schedule for the afternoon is being planned and the first hour will be the CCG and the LMC presenting on the latest guidance, to ensure all those present have the latest information. The rest of the afternoon will be defined by the practices. The practices will be asked to discuss and agree the following: • Which practices they wish to formally join with to form a Primary Care Network • Clinical Director of PCN • The single nominated practice or provider that will receive funds on behalf of the PCN • Map of Network area If the practices are unable to agree on the day, then a timeline and action plan of when they will is requested. The guidance states PCNs should be between 30,000 to 50,000 people. P4 of the summary paper shows the current neighbourhood and list sizes and suggests some options for merging the smaller neighbourhoods to form a PCN. The CCG is suggesting that practices let the CCG know its preference on the likely configuration by the 15th April, which will allow 2 weeks for any conversations to inform the applications. Who should approve the PCN applications before they are sent to NHS England was discussed. The Local Delivery Boards, because of the impact on the ICS, The CCG Board or by this Committee. It was agreed that this Committee would be the approving body as the contracting mechanism is within the remit of the fully delegated responsibilities and notify the CCG board of the decisions. This would manage the conflict of issues aspects. The CCG will need to adhere to the guidance when applying the approvals process. The May Committee is on the 15th May, which is the deadline for the applications. Postponing the Committee for a week to allow for all applications to be submitted was agreed. The appointment of the Clinical Director for each PCN was debated. The Guidance states the Clinical Director would ideally be a clinician from the PCN, but is not required. The role can be shared across the PCN or contracted from a provider. AG advised that the practices that form a PCN, will form into an accountability framework, with a relationship to the CCG under the Co-Commissioning responsibilities and would therefore want the Clinical Director	

	to have line of sight and responsibilities for those practices that can be held to account. PW noted the latest BMA guidance states that 'It is expected that the clinical director will be selected from the GPs of the practices within the network, but any appropriate clinically qualified individual may be appointed. The clinical director must know and understand the practices of the network, in order to provide appropriate leadership required to establish and develop a successful network'. The single nominated practice or provider that will receive funds on behalf of the PCN, must hold an GMS, APMS or PMS contract in the network. They can subcontract after that; but will be accountable for the allocation of public money. TM advised that the STP want consistency to the approach to the networks across the STP and have agreed to have a dispute resolution policy. So that if there are areas of a submitted plan that the CCGs does not agree to as it does not meet the requirements of the specification, there is a consistent approach with the other CCGs in the STP footprint. This process will be approved by this Committee. It is hoped that practices can align themselves into PCNs, without the help of the CCG. The guidance states that if a practice is not part of a PCN, the CCG can allocate it to a PCN if necessary. RG advised that this was disputed at the PCN meeting and that the PCN has the final say, so the guidance contradicts. The final say may sit with NHS England. If a practice does not sign up to the PCN Directly Enhanced Service (DES), the CCG still has the responsibility to include their population in the network. The funding would go to the PCN, but the practice would not get the practice engagement funding unless they sign up to the DES. **Actions: The Primary Care Network DES and approval process will be an agenda item for the April Committee.** **The confirmation of the Committee approving the PCN applications will be raised at the March CCG Board for endorsement that the Committee can approve on the Boards behalf.** **The Committee noted the Primary Care Networks update.**	JS / PW PW / AG
5.5	**Primary Care Financial Position Month 11 2018/19** Andy Marendaz, Head of Financial Planning presented the Primary Care Financial position at month 11 2018/19. The position as at Month 11 shows £44.118m forecast spend against the planned budget of £44.752m. This represents a £0.634m underspend due to slippage on investment for neighbourhood projects and lower than anticipated co-commissioning expenditure. In comparison to 17/18 forecast outturn, there is an increase spend of £2.1m (5% increase). This is due to higher spend within delegated budgets and increases in neighbourhood initiatives.	

	Variances at Month 11; there has been an increase in Forecast outturn at Month 11 for Primary Care Delegated of £200k. AM led the Committee for the key reasons for the movement, which are listed in the summary paper. The total variance for the CCG Primary Care line is a favourable variance of £14k. In total for the whole CCG Primary Care budget there is an adverse variance of £186k against the bottom line. DM questioned the increase of £80k in the Prescribing Professional fees and prescription charge. This is the forecast, based on the extrapolation forward, of what the costs are going to be. This depends on the YTD positions. The forecasts for the delegated budgets are prepared with NHS England finance team; the CCG budgets are prepared the Primary Care Team. The committee commented that favourable variances, for example the reduced expenditure on GP fellows is actually poor as the GP fellows should be in post and the delay could mean losing them. The success of the increase in LD Health checks is very positive, but is reported financially as an increase in costs. PW commented that the summary paper shows a clear picture of the variances compared to last month. SK noted that the cost of minor surgery has the most spend of the Enhanced Services at £768,000. TM advised that the CCG offer this as a LES, there is a national DES that the CCG must offer if it did not commission the LES. The LES has higher level reporting and monitoring compared to the DES.. The Clinical Effectiveness Team are introducing tighter measures from the 1st April 2019, so there will be more checks around cosmetic procedures. After discussion the Committee recommended a benchmarking exercise, to see how WECCG Minor Surgery LES activity compares to other CCG's. **Action: JS will undertake a scoping exercise, to analysis WECCG against other CCG's.**	JS
5.6	**GP IT Update** Geoff Roberts, AD of Estates and IT and Alan Hicks, Head of IT Transformation presented the GP IT Update paper. The purpose of the paper is to inform the committee of the GPIT agenda, AGEM CSU ITSM Contract and associated work plan for 2019/20. GP IT Operating Model provides a framework for the delivery of 'core' GP IT services, what the CCG are contracted to supply and what the practices are to purchase themselves. IT Service Manager (ITSM) Contract is Arden GEM CSU, who took over the service from NELCSU on 1st July 2018. The mobilisation and transition from NELCSU infrastructure has been complex and is ongoing. To support AGEM CSU, CCG's delayed the reporting of KPI's until January 2019. The NHS Long Term Plan advises that digital technology will provide convenient ways for patients to access advice and care.	

	Overview of the programme of work includes; • Audit of all equipment at GP premises to plan the hardware and infrastructure programme for 2019. • HSCN Mobilisation • PCES Procurement & Mobilisation • GPSoC Procurement & Mobilisation • AGEM Migration Finance: Funding is available as part of a capital allocation and various other funding streams including the estates and technology transformation fund. GR invited questions form the Committee. Current position – Online Appointments/Consultation. 25% of appointments available online by October 2019. The Baseline current performance for CCG online appointments is currently 0.5% offered. The paper for the next Committee will outline how the team intend to reach the 25% target. The Committee questioned the definition of the 25% of appointments. The PCN guidance states that all practices will ensure that 25% of appointments are available for online booking. AA advised that patients could book into inappropriate appointments; the online portal has to guide patients to the correct appointment slot. GR advised that the team are mindful of the target and expect to meet it, there is a really good programme team working to achieve this. Practices will be supported to implement the online booking system. JK commented that the 25% online access is possibly discriminatory to people who are unable to access IT / Apps. This would reduce their access to the appointments. The NHS App will integrate with systems going forward and replace individual practices interface / online booking systems. **Action: E-Consultation and NHS APP agenda item for April 2019.** There are two large procurements taking place, PCES (NHS Mail contract) and GP Systems of Choice (GPSoC) contract that covers all GP Clinical Systems and linked pieces of software. There is a programme board for the Essex IT agenda, across all 7 CCGs, which GR and PW attends. Work streams, delivery reporting and procurements go to this board for approval. The growing IT and digital agenda is challenging, CCGs are at different stages. AH has been recruited to head of IT Transformation to support this. As the programmes of work come on board, the CCG are trying to attract the funding for resources to support the programme. E-Consultation was given as an example. Health & Social Care Network (HSCN) Mobilisation: All CCG and GP sites will be getting a replacement N3 connection known as HSCN. This is a large	GR

	project that needs to be completed by March 2020 as this is when the current contract ends. The team are aware of line speed by practice and are prioritising order of line transition with this data. The Arden & Gem CSU Service failure points of the KPIs (Appendix 4) were noted. A more detailed overview of the all KPIs and SLA will be shared to show a fuller picture. **Action: Arden & Gem CSU full KPI and SLA report, to be shared.** Replacement of equipment: The CCG IT team are now using the Capital Funding to purchase and stock hold new / replacement equipment, and are now able to provide next day delivery. This gives more control over stock levels and ability to quickly support practices. **The Committee noted the GP IT Update.**	GR
6	**Any Other Business** None	
7	**Date and time of the next meeting** Wednesday 15th May 2019. 2-3pm Board Room, Building 4, Spencer Close, St Margaret's, Epping, CM16 6TN	