

PCCC Public Meeting
Wednesday 13 June 2018 at 1.00pm-3.30pm
Shaw House, Church Road, Newbury RG14 2DR
MINUTES (Part A)

MEMBERS PRESENT		
Mark Betkowski	Practice Manager, Newbury	MB
Geoffrey Braham	Lay Member, Governance BW CCG	GB
Lisa Briggs	Primary Care Commissioning Manager, BW CCG	LB
Pat Bunch	Healthwatch Reading	PB
Helen Clark	Director of Primary Care, BW CCG	HC
Shairoz Claridge	Operations Director, Newbury and District	SCI
Saby Chetcuti	Lay Member, Governance BW CCG (PCCC Chair)	SCh
Rebecca Clegg	(Acting) Director of Finance BW CCG	RC
Samantha Corp	Practice Manager, South Reading	SCo
Victoria Farley	Primary Care Support Manager, BW CCG	VF
Stuart Ireland	Senior Finance Manager, BW CCG	SI
Dr Abid Irfan	BW CCG Chair, GP Locality Lead, Newbury & District	AI
Jim Kennedy	Chair of the Berkshire West GP Alliance	JK
Maureen McCartney	Operations Director, North & West Reading	MMc
Eleanor Mitchell	Senior Operations Director, BW Primary Care Alliance	EM
Mike Parting	Practice Manager, Wokingham CCG	MP
Rachel Procter	Primary Care Contracts and Quality Manager, BW CCG	RP
Andrew Sharp	Healthwatch Berkshire West	AS
Debbie Simmons	Nurse Director, BW CCG	DS
Katie Summers	Operations Director and CIO, BW CCG	KS
Dr Bu Thava	GP Lead, South Reading	BT
Lisa Trimble	Practice Manager, North & West Reading	LT
Carol Trower	Chief Executive Officer, Pharmacy Thames Valley	CT
Kajal Patel	GP Locality Lead, South Reading	KP
There were nine members of the public in attendance.		
Apologies:		
Dr Will Beacham	GP Lead, Wokingham	WB
Sam Burrows	Director of Strategy, BW CCG	SB
Dr Andy Ciecierski	GP Locality Lead, North & West Reading	AC
Bev Manton	Practice Manager, South Reading	BM
Dr Angus Tallini	GP Lead, Newbury & District	AT
Cathy Winfield	Chief Officer, Berkshire West CCG	CW
Mandeep Sira	Healthwatch Reading	MS

1.	<p><u>Welcome & Apologies</u> The PCCC Chair, Saby Chetcuti welcomed everyone to the meeting and members present introduced themselves. Apologies noted as above.</p>
2.	<p><u>Declarations of Interest</u> The Chair reminded members of their obligation to declare any interest they may have on any issues arising at PCCC meetings which might conflict with the business of Berkshire West CCG. None declared.</p>
3.	<p><u>Confirmation of Quoracy</u> The meeting was confirmed as quorate.</p>
4.	<p><u>Minutes of the 14 March 2018 meeting</u> The minutes of the 14 March 2018 (in public) were taken as a true record of that meeting.</p>
5.	<p><u>Action Log</u> The action log was discussed and updated. All actions listed remained open.</p>
6.	<p><u>Decision 17/18</u> The 2017/18 decision log is brought to the Committee when held in public, to offer transparency and reassurance as to how and when decisions are made by the Committee. Decisions from 2017/18 are brought for noting only.</p> <p>The Committee noted the 2017/18 decision log</p> <p><u>Decision Log 2018/19</u> The 2018/19 decision log presented for review at Committee was an incorrect version. It was agreed that the correct version would be emailed to members after the meeting and presented for review at the next meeting.</p> <p>Action: LBK to circulate the 2018/19 decision log.</p>
7.	<p><u>Annual Chair's Report</u> The committee was asked to review the proposed Annual Chair's Report for ongoing submission to the Governing Body; this outlines the work of the Committee during the previous financial year. RC asked that the Report is first put forward for review and approval at the next Finance Committee in respect of matters relating to finance (CEs). The Committee also asked that the 2017/18 Action Log is attached as an annex.</p> <p>Action: HC/LBK to attach 2017/18 Decision log to Annual Chair's Report</p> <p>DECISION: The Committee approved the Annual Report for submission to Finance Committee and then to Governing Body at its meeting on 11 September 2018</p>
8.	<p><u>GPFV Programme Report Update</u></p>

	<p>Helen Clark brought for review the GPFV report which is split into three levels: the Q4 17/18 – Q1 18-19 Domain Report; Programme Dashboard, providing a report against each of the six key areas of the plan; Project Summaries (one for each domain) setting out key projects and aligning with the broader ICS reporting.</p> <p>Members were advised that the programme is in a positive position, but has been rated Amber overall due to some slippage in delivery deadlines which are due to complete by the end of Q1/early Q2. The main areas of risk are within Domain 2 (Access) around Enhanced Access Delivery and Domain 5 (Infrastructure) around further work required on Estates Strategy. Domain 3 (workforce) requires further development to avoid slippage against overall objectives.</p> <p>Members discussed the Programme in detail and raised the following suggestions/observations:</p> <ul style="list-style-type: none"> • It was felt that the ‘AG’ rating against Workforce should be reviewed as it was considered an ‘Amber’ rating would be more appropriate. It was also felt that the Q2 milestones need to be re-addressed. • Domain 1 (Care Models): MM was advised to contact Claire Scott (Diabetes Specialist Nurse/Care and Support Planning Co-ordinator), to discuss further matters relating to the Beacon Practices. • Members were advised that the virtual MDT pilot for mental health discharge planning is referenced within the Mental Health Strategy. • Domain 2 (Same Day Access): It was agreed that the baseline mapping exercise undertaken by the Primary Care Foundation would be shared for information. • Domain 2 (7 Day Access): KS advised that the statement “no workable IT solution to support federated working” was not an appropriate statement to make as although a full solution is not available GPIT are looking at various options to be used from October 2018. • Domain 4 (Workload – self-care): KS asked that the green rating is reviewed and reduced to either “Amber or Red” as it was considered there was a lot more work to be done in this area. <p>It was further agreed to add a section setting out clearer metrics to measure the impact of key workstreams and to monitor progress against these. It was also agreed to ensure the report cross-references the primary care section of the corporate risk register.</p> <p>Action: HC to update Programme Report as above.</p> <p>The Committee noted the current position</p>
<p>9.</p>	<p><u>Physician Associate Funding</u></p> <p>The Committee was asked to agree the request for top-up funding for Physician Associate (PA) placements in GP Surgeries for 2018-19. This is the third time funding has been requested for this programme, and this year Reading University is requesting that the CCG once again top-up the placements; the total predicted costs are £11,610 for 15 year 1 students and 14 year 2 students.</p> <p>Members felt that the recruiting of PAs in Berkshire West was now starting to be successful and provided positive results for both PAs and GP Practices. There was some discussion around the process of reviewing the scheme and taking on board any lessons learnt to increase recruitment rates; it was</p>

	<p>suggested that ‘exit interviews’ may be a good way of capturing information about why some PAs choose not to work in local primary care. It was noted that this is an ICS-wide programme and some PAs take roles in other partner organisations.</p> <p>DECISION: The Committee approved in principle the top-up funding for PA placements in GP Surgeries for 2018-19 subject to Finance Committee approval</p>		
	<p><u>GP Practice list maintenance approach</u></p> <p>Rachel Proctor outlined for members the approach that the Primary Care Team would like to take in respect of maintenance for GP Registered Lists within Berkshire West.</p> <p>Members discussed the approach proposed and in particular the programme of list reconciliations with Practices on a three-year rolling basis. Although agreeing to the approach, it was felt that this was something that would benefit from collaboration with colleagues in the Berkshire West Alliance. It was noted that any costs associated would be funded through the delegated budget.</p> <p>Action: RP to progress implementation in discussion with GP alliances.</p> <p>DECISION: The Committee reviewed and approved the list maintenance programme suggested</p>		
<p>10.</p>	<p><u>Primary Care Contractual Actions Report</u></p> <p>Rachel Proctor updated the Committee on Contractual actions taken by the Primary Care Team since 14 March 2018. This included the contract variations requested by Wokingham Medical Centre, Eastfield House, the Downland Practice and Theale Medical practice. Also included was the Practice Patient List Management in North & West Reading locality.</p> <p>On review, it was noted that in the North & West Reading locality update only one of the three updates provided dates.</p> <p>Action: RP to amend the update and add dates for the list closure arrangements.</p> <p>The Committee noted the contract variations and current list management in North & West Reading locality</p>		
<p>11.</p>	<p><u>Quality report</u></p> <p>Rachel Procter presented the updated Primary Care Quality Report for Q4 (January to March 2018) showing areas of updated information and significant change since the previous iteration of the report.</p> <p>The following items were brought to the Committee’s attention:</p> <table border="1" data-bbox="268 1861 1331 2002"> <thead> <tr> <th data-bbox="276 1868 1323 1899">Significant change / areas for consideration</th> </tr> </thead> <tbody> <tr> <td data-bbox="276 1899 1323 1995">Significantly increased of incidents reported in Q4 compared to Q3, mainly relating to the requirement for Practices to submit 4 incidents by the end of the year for the Prescribing Quality Scheme</td> </tr> </tbody> </table>	Significant change / areas for consideration	Significantly increased of incidents reported in Q4 compared to Q3, mainly relating to the requirement for Practices to submit 4 incidents by the end of the year for the Prescribing Quality Scheme
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12.	<p><u>Corporate Risk Register</u></p> <p>Helen Clark presented the updated Primary Care extract from the Corporate Risk Register for review summarising those key areas of change of note.</p> <ul style="list-style-type: none"> • PrC1a and PrC2iii: Areas of change on the request of the May Governing Body as the Risk was not adequately reflected within the description • PrC2b to refer to need for ongoing links with local authority planning departments. • PrC5: Risk rating reduced from a score of 16 to 12 • PrC7: Risk rating increased from a score of 12 to 15 (<i>it was noted that further amendment is required as the inherent risk score may be too high</i>) • PrC6: HC to incorporate narrative around a CCG contingency plan. • Further risk to be added in respect of Priory Avenue termination. <p>Action: HC to include a CCG Contingency Plan against Risk PrC6.</p> <p>The Committee approved the changes to the register subject to the agreed changes</p>						
13.	<p><u>Finance Report – M12 2017/18 (year-end)</u></p> <p>Stuart Ireland presented the Financial Report for M12, updating the committee on the primary care budgets held by the CCGs and on the financial position with regards to the GP Forward View commitments. The delegated budget is currently projected to underspend by £1.5m this year, however</p>						

	<p>this may change as population figures increase in-year.</p> <p>Members asked that going forward a one page summary showing the source of the funding is annexed to the report.</p> <p>Action: SI to include a summary of sources of funding (Delegated Budget, CCG programme funding, GPFV).</p> <p>The Committee noted the report.</p>
<p>14.</p>	<p><u>GP IT Committee Chairs Report</u></p> <p>The report gave a RAG-rated overview of the workstreams being overseen by the GPIT sub-committee which last met in May 2018. Members were advised that ‘Docman 10’ a cloud based service, is ready to go-live and will be rolled out between June/July. Seven day working will be supported by Docman 10. To enable all GP Practices to have access to patient online consultation by October 2018, the CCG has deployed Footfall; it is expected that all Practices (apart from University Medical Practice who are employing an alternative solution) will be operational with Footfall in July 2018. Footfall is now part of the supplier framework for online consultations.</p> <p>Seven day working remains a priority for the Committee with various hybrid solutions being explored. Some server upgrades will be required to run these; Dr Dan Alton is liaising between the GPIT Committee and the Berkshire West Primary Care Alliance on this matter.</p> <p>The Committee noted the report.</p>
<p>15.</p>	<p><u>AOB</u></p> <p>None.</p>
<p>16.</p>	<p><u>Public Questions</u></p> <p>Four questions from members of the public had been submitted for answers. The Chair, Saby Chetcuti read through the Q&As for members of the public in attendance providing clarification on the answers provided. All Q&As will be published on the Berkshire West CCG website (Annex 1).</p>
	<p><u>Close of Meeting</u></p> <p>SCh closed the meeting and advised that the PCCC meeting scheduled for September may be moved as currently this meeting and the CCG’s Governing Body meeting are scheduled to take place within a very small-time period of each other. <i>Post-meeting note – it has now been agreed that the September meeting will be an Operational Group meeting with the Committee now next meeting in public in October. Public meetings will then be held quarterly from then on.</i></p>

Primary Care Commissioning Committee - 13th June 2018
Public questions received

Question from	Question	Respondent	Proposed answer
Francis Brown	<p>Regarding the dispersal of Priory Avenue Patients who live south of the river;</p> <p>To date, how many patients have registered at each of the 11 surgeries whose catchments areas overlap the Priory Avenue catchment area south of the river?</p> <p>What process will then be used to allocate patients who have not registered by the 13th June 2018</p>	Rachel Procter	<p>The CCG does not currently have any data regarding where patients living South of the River Thames have elected to register. This information is being gathered by Primary Care Support England. In order to complete the allocation process an updated patient register will be collated by PCSE after 13th June. The CCG is monitoring the list sizes of local practices and communicating with them.</p> <p>The allocation process will begin when an updated patient register is complete. None of the practices in question have expressed any concern about taking on additional patients and some have indicated they are actively looking to increase their list size. The allocation process is now being finalised and will take this into account. Every effort will be made to allocate families to the same practice and for allocated practices to be within a certain distance range for patients.</p>
Francis Brown	<p>Regarding the progress of Digital Maturity in the Berkshire West area;</p> <p>Patients who have recently registered at the Walk-in Centre have been asking at Boots Caversham and Day Lewis Caversham, if they can continue to collect repeat prescriptions from them. They can, but the process is slower because the Reading Walk-in Centre does not operate an EPS</p>	Rachel Procter	<p>The CCG agrees that a move towards electronic prescriptions increases speed, accuracy and safety of prescribing, reduces paperwork and increases patient satisfaction due to a more convenient process. The Commissioning Support Unit, who provide IT support services and monitor the EPS scheme, are aware that Reading Walk in Centre does not offer EPS and are currently in the process of engaging with them over the possibility of installing. There remain 3 other GP practices who do not offer EPS and as all are dispensing practices, able to issue medications to patients living 1 mile or more away from a pharmacy, there are unique problems that they encounter with EPS and these are being reviewed.</p>

	<p>service. Periodically, the Walk-in centre sends prescriptions through the post to these Caversham Pharmacies using prepaid envelopes. Patients receive a poorer service because this introduces an avoidable delay. The 5 year forward view and CCG strategy rely heavily on using technology to redesign or eliminate old fashioned and out dated processes such as printing and mailing prescriptions from Reading Centre to Caversham. Are there any other GP surgeries in Berkshire West that do not operate an EPS service? How soon are each of them be expected to offer and EPS service to patients?</p>		<p>There is also currently a project underway to support practices with low EPS utilisation figures to increase these by sharing best practice and supporting knowledge and understanding.</p>
Francis Brown	<p>Facilitating informed patient choice; Reliable data on whether patients would recommend a GP surgery is gathered in the annual GP Patient Survey. The existing data is nearly 18 months out of date and shows the Reading Walk-in Centre and Chatham Street in a poor light. Contractually, all surgeries should collect and publish similar data (the FFT result), on a monthly basis. The lack of monthly data as left an unfortunate</p>	Rachel Procter	<p>The Annual GP Survey is conducted between January and March each year with results published in July. As the questioner states the next update is expected to be published in July and a review of this will be undertaken by the CCG.</p> <p>The Friends and Family Test should be completed by all NHS organisations and the CCG is aware that reporting for Berkshire West CCG Practices remains low. The CCG is exploring ways of improving collection of the data utilising digital solutions and is engaging with the GP Practice Managers to encourage and support timely reporting of data each month. This has been highlighted in the Quality Report which will continue to report on progress going forward.</p>

	<p>gap in information which would be significant to some Priory Avenue patients who are in the process of choosing their next GP practice. As a step facilitating informed patient choice, is the intention to press GP surgeries to gather and publish monthly FFT data especially if the most recent annual GP Patient Survey result, to be published in next month, is poor?</p>		
<p>Geoffrey Million, Secretary, Priory Avenue PPG</p>	<p>The Committee should appreciate the real and deep anger felt by Priory Avenue patients at the actions and failures to act which have led over 22 months to our surgery going from <i>Good</i> on 1 September 2016 to <i>Inadequate</i> by January 2017 and to closure on 30 June 2018. This happened on your watch: you appointed OMG and you were responsible for monitoring their performance. You reviewed the procurement process in September 2017. In the light of your decision in December 2017 to end the contract 'by mutual agreement' and your later decision to close the practice, will you now reconsider and publish the lessons learnt?</p>	<p>Helen Clark</p>	<p>Mr Million's comments have been noted. The CCG recognises that the closure of Priory Avenue Surgery has caused concern and disappointment amongst some patients and has been working closely with the PPG and others to ensure the transition of patients to other practices runs as smoothly as possible.</p> <p>The question refers to the joint review of the APMS procurement process undertaken by NHSE and the CCG in September 2017 which was brought to Part A of this Committee and so published on the CCG's website. The issues that have now led to the contract being terminated, notably the lack of success in recruiting permanent clinical staff, were reflected in that report and in the learning points identified. There is not therefore felt to be a need to further review the procurement exercise at this stage. A review of the process of dispersing the list and any lessons learnt from that will however be undertaken after the end of June and PPG members have already been invited to participate in that process.</p>