PCCC Public Meeting
Wednesday 09 October 2019 at 13:00 – 15:30
57-59 Bath Road, Reading, RG30 2BA
MINUTES (Part A)

<table>
<thead>
<tr>
<th>MEMBERS PRESENT</th>
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<tr>
<td>Saby Chetcuti</td>
<td>Chair and Lay Member  SC</td>
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<tr>
<td>Helen Clark</td>
<td>Director of Primary Care  HC</td>
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<tr>
<td>Cathy Winfield</td>
<td>Chief Officer  CW</td>
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<tr>
<td>Debbie Simmons</td>
<td>Nurse Director (Deputy Chair)  DS</td>
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<td>Dr Abid Irfan</td>
<td>CCG GP Chair  AI</td>
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<td>Geoffrey Graham</td>
<td>Lay member  GB</td>
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<tr>
<td>Lisa Trimble</td>
<td>Practice Manager Representative  LT</td>
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<tr>
<td>Stuart Ireland</td>
<td>Senior Finance Manager ( Deputising for Becky Clegg)  SI</td>
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<tr>
<td>Sarah Wise</td>
<td>Primary Care Commissioning Manager (Contracts and Quality)  SW</td>
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<td>Emanuela Cuccureddu</td>
<td>Primary Care Support Manager  EC</td>
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<td>Andrew Sharp</td>
<td>Healthwatch West Berkshire  AS</td>
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<td>Victoria Farley</td>
<td>Primary Care Support Manager  VF</td>
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<tr>
<td>Rebecca Curtayne</td>
<td>Healthwatch Reading  RCu</td>
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<td>Dr Aparna Balaji</td>
<td>CCG GP Lead  AB</td>
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<td>Shairoz Claridge (in part Paper 9.0)</td>
<td>Director of Planned Care - Berkshire West CCG  SCI</td>
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<td>Peter Hunt (in part Paper 9.0)</td>
<td>Cancer Implementation Project Manager - Berkshire West CCG  PH</td>
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<td>Eleanor Mitchell</td>
<td>Representing Berkshire West PCNs  EM</td>
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<td>Rick Jones</td>
<td>HWBB Chair West Berkshire  RJ</td>
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<td>Lydia Benedek-Koteles</td>
<td>Primary Care Administrator  LBK</td>
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There were four members of the public in attendance

Apologies:

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<tr>
<td>Rebecca Clegg</td>
<td>Chief Finance Officer  RC</td>
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<tr>
<td>Carol Trower</td>
<td>Local Pharmaceutical Committee  CT</td>
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<tr>
<td>Nick Spence</td>
<td>Assistant Head of Primary Care – Medical  NS</td>
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<td>Dr Jim Kennedy</td>
<td>LMC representative  JK</td>
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1. **Welcome & Apologies**
The PCCC Chair, Saby Chetcuti welcomed everyone to the meeting and members present introduced themselves. Apologies and those deputising were noted as above.

2. **Declarations of Interest**
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.

   **Noted:**
   Dr Aparna Balaji – Item 12 – GP Partner at Melrose Surgery

3. **Confirmation of Quoracy**
The meeting was confirmed as quorate.

4. **Minutes of the last meetings held:**
The minutes of the 10 July 2019 (in public) were taken as a true reflection of the meeting.

   The minutes were ratified.

5. **Action Log**
The action log was discussed and updated. The following updates were noted:

   **Learning Event Summary**
   Jane Thomson has nearly closed most of the actions down and the actions have since moved on.
   **Action:** DS noted that this can now be closed.

   **Enhanced Access**
   AS and SW were asked to provide an update on the value of taking forward work on DNAs at this meeting. This is a work in progress which will evolve.
   **Action:** SW to close this action and come back to it at a later date.

   **Risk Register**
   The signing of the Special Allocation Service contract remained outstanding. AS flagged the importance of asking other services for known information of those on the register when reviewing them.
   **Action:** SW to close action once contract signed.

   **Quality Report**
   Management of significant events was to be passed to the Primary Care Team from August. Consideration as to whether reporting of significant events would form part of the Quality CES was outstanding. LBK has now updated the action log.
   **Action:** SW to update Action Log and close the action

   **Summary of GP Contract Changes (1)**
   Jane Thomson had updated SW, there would now be a workshop from which outcomes could be shared.
   **Action:** SW to remove from the Action Log
### Summary of GP Contract Changes

SW has identified what falls with the primary care team. This can be removed.

**Action:** SW to update the Action Log

### QOF Deep Dive 2017-18

**Action:** EC needs to complete this.

Other completed actions were noted and will be removed from the log.

### Decision Log

Members approved the log; there were no decisions to be ratified.

### Matters Arising

#### Terms of Reference

SW informed the committee that the TOR had been amended to reflect discussion at the last meeting, specifically the membership (Pg5-9) now includes a ‘Local Pharmaceutical Representative’ and arrangements for reporting decisions made outside of meetings have been firmed up thereby ensuring we have the appropriate governance at meetings.

SW discussed how we manage those attending Part B. HC explained that there was not really a change but we would now formalise current practice within the TOR.

**Action:** SW to make changes to the wording around attendances at Part B within the membership.

There was further discussion from the committee around additional changes to be made to the Terms of Reference. These are listed below:

- Pg. 8, point 35. DS had a question over the wording. It looks as though all parties listed should be present. We need the wording to be more clear to show that only 1 of the listed committee members should be present.
- ‘Or nominated deputy’ to be added to above clause.

**Action:** SW to add wording around Part B and clarify Pg8, point 35 including add the wording ‘nominated deputy’ to the text.

**Decision:** The Committee approved the TOR subject to the further amendments above

### £2 per head / ICS Transformation Monies

The Primary Care Commissioning Committee received an update on this funding and were asked to agree the proposal set out in the Executive Summary to make available the remaining underspend on 2018/19 BWPCA funding to support the Berkshire West PCNs collaborative for the remainder of the 2019/20 financial year and for surplus GP Alliance funds identified in Newbury to be used to partly reimburse practices for their contribution towards the funding of this arrangement.

The Committee was also asked to agree that remaining Alliance funds in North and West Reading can be used to support piloting of first contact physios.

EM wanted more clarity over how the surplus funds would be able to be used by BWPCA and suggested a proposal for the use of the funds be submitted to the committee for discussion. HC suggested the use
of the funding could be agreed by the primary care and finance teams outside of the meeting with an end-of-year report be submitted to the committee where details of how the funds are spent can then be viewed.

Action: Primary Care to bring to the end of year PCCC meeting a paper about how the surplus funds were spent.

Decisions:
- Remaining underspend on BWPCA funding to be made available to Berkshire West PCNs collaborative with spend to be agreed in advance by primary care and finance teams and reported back to the Committee in an end of year report.
- Surplus GP Alliance funding in Newbury to be used to offset Newbury practices’ contribution to the Berkshire West PCNs collaborative
- Surplus funding GP Alliance funding in North and West Reading to be used to support piloting of first contact physiotherapists.

Audit Report – update on actions
SW presented her paper to the committee. The paper sets out the requirements for the internal audit. The final audit report gave the BW CCG a rating of ‘full assurance’ which is positive feedback. In a recent report publishing CCG audit ratings Berkshire West is 1 of only 2 CCGs which received full assurance for contract oversight and management functions. The following actions were however identified:

- Improvements required over the development of a targeted programme of GP practice list maintenance
- No process in place to monitor and ensure that appropriate guidance is provided to patients living outside of a practice’s boundary
- Making effective use of eDEC data to undertake trend analysis

Annex A detailed these findings and actions to date.

There was a discussion around the 24 practices committing to provide home visits to patients registered outside of Berkshire West and what was being offered to patients living outside of Berkshire West but registered here. SW informed the committee 111 should be directing patients to the practices able to support them.

With regard to the list maintenance action, DS asked have we had assurance over the national programme. SW reported that we have not had any acknowledgement that this is being progressing. DS felt that this should be escalated however LT reported that she had received some lists of patients to check from PCSE over the last couple of months, indicating that the process is being implemented.

Action: SW to contact the CCGs engagement lead for PCSE to fully understand what list cleaning action is currently being taken forward.

Cancer
PH presented the paper to the committee and explained this service specification is brought to the Berkshire West CCG Primary Care Commissioning Committee for final approval. This has already been clinically approved by Berkshire West ICP Planned Care Integrated Board on 12th September 2019 and financially approved by Berkshire West CCG Finance Committee on 24th September 2019. This is the
Berkshire West CCG has received transformation funding (£113,984.66) from Thames Valley Cancer Alliance (TVCA) through a Quality Improvement Scheme (QIS) to improve Early Diagnosis in cancer through Primary Care. This is the second year of funding for this project. This has been set at a TVCA level so no financial and resource implication will arise from this paper.

The Committee was asked to note that in Year 1 of the QIS, each locality was given a different cost per patient (e.g. £0.45 in Newbury compared to £1.07 in South Reading). This was based on the work required to achieve the QIS objectives. However, the clinical direction this year has been to distribute money evenly across all localities, hence the £0.54 per patient value (based on target population).

A second point to be aware of is that by allocating £0.54 per patient (based on targeted population) for each practice, this results in a £611.66 surplus. This money will be utilised for training materials.

The Committee members were assured that the model of delivery can only be via a Commissioned Enhanced Service and provided by Berkshire West GPs.

PH explained to GB the uptake in the 1st year was 42 out of 49 practices and lesson learnt in the first year have been factored into and refined for this year. EM asked PH where the ReSPECT forms on Annex A and B could be found. PH said these should be available on DXS.

DS expressed concerns regarding the practices that had not signed up and whether we could now work with PCNs to ensure full coverage. Whilst this principle was endorsed it was recognised that this was essentially a practice-based service so would be difficult for PCNs or practices to provide on behalf of others. However it was agreed that this issue should be given further consideration as part of broader discussions around CES provision. It was noted that most practices that had not signed up were in the Wokingham locality.

**Action:** PH to update the committee on the practices that did not sign up to QIS Year 1

**Decision:** The Service Specification was approved by the committee.

**Primary Care Networks – Update to Commissioners**

The Committee was asked to note the latest updates, and the future monitoring arrangements for the Network Contract DES. The primary care team are currently meeting with all PCN Clinical Directors to understand progress to date and key priorities. It was noted that under the DES PCNs need to agree plans for social prescribing with the CCG.

AS asked about opportunities for PCNs to interface with schools. It was agreed this would be considered through Locality Integration Boards in which PCNs are engaged. RCu noted the work Health and Wellbeing Boards could do to progress integration between PCNs and wider services in their localities.

DS asked a question about additional roles. There are challenges around utilising additional roles. Berkshire Health Care Trust has recently lost 5 newly recruited ANPs. We need to do something collectively to improve this. It was noted that there are two workforce events coming up, one on nursing models and a further one with the Clinical Directors around new workforce roles.

**Peppard Road Closure Review**

Members were asked to note the outcome of the managed dispersal process for Peppard Road Surgery
and the initial learning identified. SW provided feedback and lessons learnt to the committee. Overall the process went very well. The final number of Patients for relocation at Peppard Road Surgery was 2,479, with 1,500 patients registering at Emmer Green Surgery and 845 patients registering at Sonning Common Health Centre.

PALS received 82 enquiries from patients. Two formal complaints were made, one relating to the fact that registration at Balmore Park Surgery was not possible and the other relating to the fact that a patient reliant on a mobility scooter (who had not been identified as a vulnerable patient) had been allocated to Sonning Common although they had requested Emmer Green.

The next steps is to undertake a fuller review with the main practices that took Peppard Road patients following an appropriate transition period that allows for the majority of note summarisation to be completed. Outcomes from this will be reported to the Quality Committee as appropriate.

DS congratulated the Primary Care Team on work well done, particularly the work of SW and LBK who had led the process.

RC raised concerns over the length of consultation times. CW noted that her discussions with the GPs at Emmer Green had highlighted that they are spending time getting to know patients and ensuring all appropriate clinical processes have been completed but that there is no suggestion that this is adversely impacting on capacity to see other patients.

GB asked had the Primary Care team received feedback from the receiving practices about the summarisation of hand written notes from Peppard Road. SW confirmed that the summarisation is being undertaken in accordance with protocols agreed by the receiving practices and no issues have been identified although the process is taking some time. Practices do however have access to a scanned copy of the full record as soon as it is sent for summarisation.

AI asked about patient handover and it was confirmed that the receiving GPs had been in contact with the outgoing GPs prior to the closure.

Action: SW to complete post-transition review with receiving practices in due course and report this to the Quality Committee.

Melrose & Eldon Road Practice Merger
Members were asked to note the decision made outside of the meeting by voting Members to allow the merger of Melrose and Eldon Road surgeries.

SW presented the paper to the committee and went over Annex A which was brought before the committee on 19 September 2018 outlining why both practices wanted to merge. At this time it had been intended for the merger to take place from 01 October 2018 but was put on hold due to issues with the lease at Eldon Road Surgery. On the 16 September 2019 Committee voting members were asked to make a decision between Committee meetings via email to ratify the decision made in September 2018 that the merger should take place. Following the merger both Melrose and Eldon Road Surgeries will hold a single PMS contract with the Melrose PMS contract being varied to including Eldon Road Surgery as a branch site.

It was noted Dr Aparna Balaji declared an interest in the matter and did not vote.

Decision: The Committee ratified the decision to allow Melrose and Eldon Road surgeries to merge with effect from 1st October 2019.
Westcall Advance Care Plan Project

Manu presented the paper to the committee which is to inform the outcomes of the project to improve the standard of Advance Care Planning for End Of Life patients 2018-2019 led by Dr Jeremy Lade, Westcall Medical Director. Dr Lade had provided a summary of the project which is appended to this paper as Annex A. It was noted that as part of this project, findings had been shared with practices who would then review the cases highlighted. Whilst this audit only covered patients with whom Westcall had contact it was noted that practices would routinely review care provided to all end-of-life patients and that patients’ relatives would be involved in this process.

The processes for sharing care plans were also discussed including the importance of making information available through the enhanced Summary Care Record as well as on Adastra.

LT could not open the embedded document (Annex A) on page 4.
Action: Manu to share the embedded document with the committee.

Primary Care Contractual Actions Report

VF presented her paper to the committee and informed them the paper was to note the actions taken by the Primary Care team since July 2019 relating to contractual issues.

The paper detailed four actions:
- Western Elms Surgery and Circuit Lane Surgery practice merger completion
- Melrose Surgery and Eldon Road Surgery practice merger (see above)
- Brookside Practice – Dr A Cleve Chevassut retiring in December 2019
- Strawberry Hill Surgery – Dr Judith Jones retiring in September 2019

Q1 Quality Report

SW presented the highlights of the Q1 Primary Care Quality report to the Committee. Key areas of activity and updated data were noted. The following points were noted:
- The Quality & Outcomes Framework (QoF) data for 2018/19 still remains outstanding
- Digital transformation - From April 2019 the digital improvements being introduced as part of the GP contract settlement for 2019/20 are being appropriately monitored and the primary care team continues to work with the GPIT Committee to closely align reporting with delivery of contractual requirements so that practices not on track can be appropriately followed-up.
- National patient survey – This is still ongoing with results from RAG ratings, deep dive into NPS results and complaints data still be reviewed.
- Working with urgent care colleagues – regular meetings are now in place to review data on utilisation of other services by practices.

The Safeguarding Team are currently updating their audit work. The results will be available November 2019. There is a new area of reporting on participating in child protection conferences in the report.

DS and AI asked if SW was confident we were utilising existing data sources to collect data where appropriate thereby avoiding any duplication, in particular with some of the new population health management (PHM) data. It was also noted that the Quality Framework when completed will look at how we work with PCN leads around variation and quality improvement.

Action: SW to look at population management and to talk to Katie Summers, who could offer more assistance with data.

Friends and Family Test (covering new guidance and webinar plans)

EC informed the committee of the new Friends and Family guidance, which is valid from April 2020. A webinar to talk to practices about this has been organised and EC would appreciate if committee
members would let others know about this. This would build upon recent guidance sent out to practices reminding them about participating in Friends and Family and uploading data.

There was some discussion around the use of the free text question and it was felt that the CCG might look to suggest text so that the data would be comparable. Sharing free text response could potentially be included in the Quality CES. LT highlighted that it was good practice to publish these in any case and felt that the free text information was extremely valuable in assessing patient experience alongside the National Patient Survey.

RC highlighted her involvement in this project and said that Healthwatch had been creating the posters and encouraging patients to take part in this. RC noted that Russell Street and Western Elms Surgeries publish their free text responses already.

**Action:** EC to continue to inform practices about changes. Further consideration to be given to suggesting a free text question and asking practices to share responses, possibly in future as part of the Quality CES.

### National Patient Survey

This paper was to inform the Primary Care Commissioning Committee on results published from the National Patient Survey in 2018/19. EC informed the Committee that the survey was almost the same as last year and pointed out areas which had been amended. Satisfaction with overall experience of care remained high however there had been a 3% decline in positive experience of telephone access and a slight decline in overall experience of making an appointment. There had also been a significant decline in satisfaction with the type of appointment offered, this requires further investigation as the data seemed out of line with other changes but would suggest a significant shift if correct. Awareness of online services had increased.

A question was asked about the data and what the Primary Care Team would be doing with it. EC informed that the committee plans to use this data alongside other information sources to look at patients’ overall experience.

HC reported that the primary care team had met with locality managers to consider access concerns, the ease of patients getting through on the phone and what we can do as a CCG in supporting the practices. An improvement project is being scoped and will be taken to the programme board for further discussion.

EM gave the committee some feedback from PCNs which was that whilst access is important it was felt that the report on the National Patient Survey should also include the more quality-related questions about patients’ satisfaction with their appointment and the healthcare professional they saw.

### CES Update Paper

This paper updated the Committee on changes to the Anticipatory Care Community Enhanced Services (CES) and made a number of other proposals in respect of the Quality CES.

The Committee discussed the proposal for system resilience funding to be made available only to GMS
practices in Wokingham and Newbury and supported this approach but felt that it was important to communicate that this was in recognition of current differences in funding models. AB expressed some concerns regarding the impact of this on South Reading locality where ED attendances are high.

**Decision:** The Committee agreed the following:

- Roll forward of the GMS Quality CES into Quarters 3 and 4 using the 2018/19 specification and pricing, pending completion of the PMS/GMS review.
- The continuation of the PHC SMI CES as a stand-alone CES pending completion of the PMS/GMS review and subsequent Quality CES redevelopment.

That system resilience funding should be made available to GMS practices to support capacity over the Winter period.

**Corporate Risk Register**

HC presented the risk register to the Committee highlighting risks where amendments had been made to ratings. On PrC1, Recruitment and retention difficulties, the risk has been slightly reduced. However a more fundamental review of the register is currently underway and so it was agreed that a revised version would be circulated to voting members following the meeting.

**Action:** VF to recirculate Risk Register following meeting

**Finance Report**

SI presented his paper which provided details of the 2019-20 NHS England primary care delegated funding, the CCG funded enhanced services budget, the GPFV funding commitments and the PCN funding commitments across GP services in Berkshire West, and reports expenditure against plan as at the end of August 2019. The year to date position is a £11k overspend.

The paper was noted

**AOB**

RC flagged a leaflet that Healthwatch have produced which it would be useful to share across Reading practices.

**Action:** SW to take this up with Steph Francis

SC informed the committee it was Manu Cuccurreddu’s last meeting and thanked her for her hard work.

The meeting was declared as closed.

**Questions received in advance from members of the public**

There were no questions received from the public.