

Agenda item: 13

Paper no: PCCCiC 39-18

Title of Report:	Primary Care Operational Group (PCOG) Confirmed Minutes Surrey Downs 28/09/2018	
Status:	TO REVIEW	
Committee:	Primary Care Commissioning Committee in Common	Date: 9/11/2018
Venue:	Surrey Downs CCG, Cedar Court	

Presented by:	Shelley Eugene, Surrey Downs CCG	
Executive Lead sign off:	Lorna Hart – Deputy Managing Director – Surrey Downs CCG	Date: 28/10/2018
Author(s):	Georgia Laws – Primary Care Administrator	

Governance:

Conflict of Interest: The Author considers:	None identified	√
Previous Reporting: (relevant committees/ forums this paper has previously been presented to)	PCOG	
Freedom of Information: The Author considers:	Open – no exemption applies	√

Executive Summary:

<p>The recommendations to PCCC for SD PCOG 28/09/2018 are to:</p> <ul style="list-style-type: none"> • Agenda Item 5 - Review the C&D tracker. • Agenda Item 6 - To approve the funding of the SMI Health Checks LCS from the delegated budget. • Agenda Item 6 - To approve the funding of the ADHD LCS from the delegated budget. <p>NOTE: the above items were discussed at the 12 October 2018 PCCC meeting and considered. (See the PCCC in Common 12/10/18 minutes.)</p> <p>Attached:</p> <ul style="list-style-type: none"> • Minutes of the Surrey Downs CCG PCOG on 28/09/18
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Implications:

What is the health impact/ outcome and is this in line with the CCG's strategic objectives ?	N/A
What is the financial/ resource required?	N/A
What legislation, policy or other guidance is relevant?	N/A
Is an Equality Analysis required?	N/A

PCCCiC Part One/SD Primary Care Operational Group Part 1 Confirmed Minutes, 28th September 2018

Any Patient and Public Engagement / consultation required?	N/A
Potential risk(s) ? (including reputational)	N/A

Recommendation(s):

(1) To note minutes of SD PCOGs on 28th September 2018

Surrey Downs Primary Care Operational Group

PCOG MINUTES

Date	28th September 2018	Time	13:00 – 15:00
Venue	Oak Room, Cedar Court, Surrey Downs CCG		

Members/ Attendees:

	<i>Name</i>	<i>Title</i>
Chair	Lorna Hart (LH)	Deputy Managing Director, Surrey Downs CCG
Members	Shelley Eugene (SE)	Head of Primary Care Commissioning and Development, Surrey Heartlands CCGs
	Joseph Todd (JT)	PM Representative – East Elmbridge Locality
	Nanette Nobes (NN)	PM Representative – Dorking Locality
	Nicola Kirby (NK)	Clinical Lead – Epsom Locality
	Natalie Moore (NM)	Clinical Director – Planned Care
	Robin Gupta (RG)	Clinical Lead – Dorking Locality
	Tracey Amatt (TA)	Director of Liaison and LMC Finance and Development Surrey & Sussex
	Charlotte Clarke (CC)	Primary Care Manager, Surrey Heartlands CCGs
	Jill Evans (JE)	Clinical Lead – East Elmbridge Locality
	Tania Omany (TO)	PM Representative – Epsom Locality
In Attendance	Georgia Laws (GL)	Primary Care Commissioning Assistant, Surrey Heartlands CCGs
	Stephen Murphy (SM)	Head of Collaborative Commissioning (Children and Mental Health Services, Surrey Heartlands CCGs)
	Anita Nowak (AN)	Diabetes Commissioning Project Manager
Apologies Members	Carole Melody (CM)	Head of Finance – SDCCH
	Simon Williams (SW)	Clinical Director, Urgent and Integrated Care

Reviewed by)

	<i>Name</i>	<i>Title</i>
	Colin Thompson (CT)	Managing Director, Surrey Downs CCG
Apologies Attendees	N/A	

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
1	Welcome, Introductions and Apologies The Chair welcomed members and attendees; apologies were received as detailed above.		
2	Declarations of Interest See separate document for templates		
3	Minutes from last meeting on 20th July 2018		
4	Matters Arising from last meeting: Action Log The minutes from the previous meeting were agreed as an accurate record of the meeting, with the following ammendments: A typo on 4.2 page 2. Please see appendix 1 for the Action Log.		

Agenda

5	<p>Commissioning and Development Update</p> <p>SE noted that there are a large number of projects under GPFV. It was thought this update would be helpful to show the progress of these projects. This will be updated for every PCOG meeting, as a short snapshot of what the projects are about. Investment detail will be provided with quarterly updates of finances.</p> <p><u>Extended Access</u></p> <p>SE noted that the CCGare reporting weekly to NHSE of where the federations are. Epsom are up and running as they were a Prime Minister challenge fund area, and East Elmbridge started on 17th September. Dorking are starting on Monday 1st October. RG asked whether there is a defined start date. SE explained that there was not , however mobilisation has started with 111 and the CCG will be writing to the federations to discuss this. It says within the specification that the federations need to be working towards implementing 111.</p> <p><u>Primary Care Homes</u></p> <p>SE explained that Primary Care Homes (PCH) have been identified; there is £1.00 php to support the development of PCH and future working. RG asked whether that is £1.00 for federation building or for PCH building.</p> <p>ACTION: SE to check whether the £1.00 php is for federation building or PCH building.</p>	SE	
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Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
	<p>SE noted that the workforce toolkit is part of the contractual requirement, however HEE toolkit discussed is not contractual. From January next year both are going to be brought together to form a new one that will be a contractual requirement for practices to complete. SE explained that the CCG is unable to get the information from the PCWT. NK asked how gaining the information benefits the practice. SE noted that it gives information around what workforce looks like and what the workforce strategy is. SE explained that it will be crucial with the introductions of PCH to understand what the staff and workforce look like. LH noted that this is an issue that needs to stay on the agenda.</p> <p>ACTION: SE to put workforce tool on the next agenda for discussion.</p>	SE	
6	<p>Primary Care Quality Standards i) SMI</p> <p>It was explained that the agenda item has been presented to PCOG in NWS and G&W and been agreed by them. Agreement for funding from the 3 CCGs and LMC has been received. It was asked for a recommendation for this to proceed to SD PCCC. SE noted that some questions had been raised at G&W PCOG. The first was about whether there were be a standard template that will be used and distributed. SE explain that Will Newman is going through it with Safron Simmonds and this will be a standard template for EMIS and SystmOne. They are using the Bradford toolkit and SE is going to check whether Dr Julia Chase is involved. SE said that there were some questions about additional bloods. RG noted that blood glucose does not exist for diabetes screening and it should say HbA1c.</p> <p>ACTION: SE will check whether the diabetes screening says HbA1c ACTION: SE to check whether Julia Chase is involved in developing the SMI Health Checks template.</p> <p>There was another question around additional money if a certain target was achieved. The feedback is that a sliding scale is needed and will be £50 per 1000 of practices list size. RG asked why the method in QoF will not be used.</p> <p>ACTION: SE will feedback RG suggestion of doing what is done in QOF to Safron Simmonds.</p> <p>SE then mentioned that training in the spec has been built in to the costing with the LMC, and they have increased the nursing times to 30mins. All reporting and templates will be developed for all systems including EMIS, Vision and SystmOne. The new cost is £60.73 per patient, including training, and it will be 15mins of GP time for enhanced care plan and online training. The training will be accessible online. LH noted that everyone from this meeting was happy to recommend this specification to PCCC.</p>	SE SE SE	

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	<p>ii) ADHD</p> <p>This paper only had tabled copies, and SE suggested it was more about allowing members to read over and understand the context in hope that in November it can come back for recommendation. SM said the context is an LCS for children who have been diagnosed with ADHD by CAMHS in the yearly check. This is about GPs completing the yearly check to do physical health assessments and check the medication patients are on. Part of the long term CAMHS plan is that this is managed as an LCS, and Suzanne Moore wants more development on the medication. SM noted that there will also be questions about the process coming back into CAMHS. SM noted that he will have further discussions with Suzanne and bring to Clinical Cabinet. RG had a query about section 8 on buddying arrangements, and why wouldn't SD practices be allowed a buddy arrangement.</p> <p>ACTION: SM will find out about the buddying arrangement in Surrey Downs.</p>	SM	
7	<p>Diabetes</p> <p>AN came into the meeting to provide an update on Diabetes. It was explained that Surrey Downs have a 50% increase in referral numbers to NDPP, however there are some issues with patients being seen. There is a meeting with the national team on Monday to talk about the procurement next year. The team are looking at who will be taking it over and what the CCG would like to see from the provision. National Diabetes Audit data was presented at clinical cabinet. AN explained that SystemOne was proving to be quite challenging to extract. The NDA data has shown Surrey Downs has an improvement in the 8 care process. AN noted that they are looking at implementing education, part of that will be releasing Diabetic Nurses for a one day course. RG queried whether the procurement was going to be for Surrey Heartlands or a national procurement. AN noted that this is still going to be done nationally. RG also asked whether they can see the figures for Dorking for the 8 care process, to see where they are and where the movement is. AN mentioned that she has spoken to Stewart Tomlinson about it and he is aware of that as we are having the issue with SystemOne.</p> <p>ACTION: AN to go away and find out about 8 care process data being released.</p> <p>NK queried about protocols in EMIS for NDPP and fed back that very few practice have them uploaded. AN noted that they never set them up in the first place, she mentioned that they were administered locally.</p> <p>ACTION: AN to find out about the pop ups in Epsom practices and will talk to Will Newman about this issue.</p>	AN WN	
8	<p>Minor Improvement Grants</p> <p>CC noted that practices were written to with details on the application process with the new criteria from NHSE, in which they wanted practices to enhance existing registration and consultation capacity, rather than improve the fabric of the building, and quantify resilience in terms of extra</p>		

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	<p>space. There was 17 applications for Surrey Downs. The panel met and scored the applications on a number of criteria, those that were scored the highest were ranked and put through the financial envelope for SD to NHSE. Of 7 applications put forward only 1 was approved in principal, 1 declined and 5 applications were on the reserve list. The CCG have been advised that they will be told in the beginning of October about the next steps, those approved on principal needed additional information and therefore may not reach the next stage. TA asked what the value of the one approved application is, CC stated around £30,000. CC noted in the next PCOG she will have an update of where they are at, and whether the ones on the reserve list can go through. CC said practices have been informed, and LH proposed that it comes back to the next agenda. CC said she has gone back to NHSE to highlight the fact that the criteria was so specific and that was only detailed to us with short notice.</p>		
9	<p>Transformation Monies</p> <p>SE noted that there is a menu of opportunities and £1.50 transformation fund. Matthew Tait has agreed to more investment in Primary Care, with £1.50 for the next three years. At the last locality meetings, some of the ideas that were had that could utilise looking at the service in term of localities, PCH and practices.</p> <p>ACTION: SE to provide breakdown of funding</p> <p>NM didn't have a problem using the money for clinical pharmacists funding. RG asked if they decide to continue to use clinical pharmacists, will there not be any new transformation funding. SE explained that was the case, but the federations could use the £1.50 as a top up for next year, or look at something else. All the localities have been issued a paper, and this has been discussed at all locality meetings. Following those discussions, if the federations have any new ideas that can be shared it would be good to have that learning, which can then be distributed across the 3 CCGs. LH asked when that will be, in which SE explained the paper went to JET on Tuesday.</p> <p>ACTION: SE to get a copy of the transformation fund paper that went to JET and attach it to the minutes.</p>	<p>SE</p> <p>SE</p>	
10	<p>Primary Care Finance Report</p> <p>SE gave an overview of the finance report. NK asked since Surrey Downs have gone on to the Primary Care Quality Standards, have they been financially stable. SE that we are at a steady state for Q2, and we are on budget.</p> <p>ACTION: SE will bring the finance and activity for Qtr. 1 and 2 for LCS to the next meeting.</p> <p>ACTION: Reminder for CC to send out the invite from GP info for Council of Members.</p>	<p>SE</p> <p>CC</p>	

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
AOB			
11	<p>AOB</p> <p>i) Adult Hearing Loss info Leaflet</p> <p>ACTION: LH asked to do an agenda item in the next PCOG meeting on Earwax.</p> <p>SE noted that it was discussed at Finance Recovery Group (FRG) to go to Surrey Priorities Committee about commissioning earwax not microsuction. NM explained the leaflet was just for people to view and see whether it should be distributed.</p> <p>RG noted that a new thing has been flagged up that patients who have hearing aids under the previous provider are now coming on mass to practices stating that they have to go back to GPs to be referred to a new provider. Specsavers are saying they don't do self-referrals. NM explained that she has spoken to them several times and they are meant to take self-referrals.</p> <p>ACTION: NM to talk to Sussex and planned care team to find out what they have done in regards to letters going out to patients as Specsavers continue to say they need a GP referral.</p> <p>NK stated that there is an issue with GPIT as some practices say they have contacted SE about a bid and a request for items but haven't heard back. SE noted that there has been some issues with communication between the CSU and CCG, and she has a meeting planned with James Bywell to go through the whole list. SE also said she needs to talk to Audley from the CSU, as the process should be that the practices contact the CSU or Audley and he should ask what they want the equipment for.</p> <p>ACTION: SE to speak to Colin Thompson to escalate the issue of practices requesting GPIT equipment.</p> <p>Finally RG noted that in regards to ear syringing, Brockwood Medical Practice will stop in house irrigation. Leaflets will be written explaining the criteria in which patients are appropriate to be referred as of the 1st November.</p> <p>ii) Future Meeting Dates</p> <p>It was noted that the future meeting dates are 26th October 2018, and 23rd November 2018.</p> <p>ACTION: SE to go back and have a conversation about the date and times of the other PCOG, as SD PCOG occurs at the same time as NWS.</p> <p>iii) Resilience Fund</p> <p>SE mentioned that a request has been sent out for GPFV resilience Money. Nearly all of our applications have been rejected from NHSE and so there is still money available for GP resilience. SE wanted the members to know that she is going to go back to NHSE. JE asked what</p>	<p>LH</p> <p>NM</p> <p>SE</p> <p>SE</p>	

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	the basis was for rejection of some of the applications; SE said that is why she is going back to NHSE to ask what their criterion is.		
11	Recommendations to PCCC The recommendations to PCCC are to: <ul style="list-style-type: none"> - Agenda Item 5 – to review the C&D tracker - Agenda Item 6- to approve the SMI Health Checks specification 		
	Top risks identified No risks identified		
	Overall review of papers submitted to the meeting and decision making		
Date of next meeting: 26th October 2018			

Appendix1. Action Log

No	Mtg Date	Ag No.	Action/Objective	Due Next Mtg	Lead	Update	Status
1	28/09/18	5	ACTION: SE to check whether the £1.00 php is for federation or PCH.	26th October 2018	SE		Open
2	28/09/18	5	ACTION: SE will ask Donna Derby to put the PCH money breakdown in a letter to confirm.	26th October 2018	SE		Open
3	28/09/18	5	ACTION: SE to go back to Jo Hodgkinson about Medwyn and Tattenham already utilising the workforce toolkit.	26th October 2018	SE		Open
4	28/09/18	5	ACTION: SE to email NK the list of practices that are not utilising the workforce toolkit.	26th October 2018	SE		Open
5	28/09/18	5	ACTION: SE to put workforce tool on the next agenda for discussion.	26th October 2018	SE		Open
6	28/09/18	6	ACTION: SE will check whether the diabetes screening says HbA1c	26th October 2018	SE		Open
7	28/09/19	6	ACTION: SE to check whether Julia Chase is involved in developing the SMI Health Checks template.	26th October 2018	SE		Open

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8	28/09/18	6	ACTION: SE will feedback RG suggestion of doing what is done in QOF to Safron Simmonds.	26th October 2018	SE		Open
9	28/09/18	6	ACTION: SM will find out about the buddying arrangement in Surrey Downs.	26th October 2018	SM		Open
10	28/09/18	7	ACTION: AN to go away and find out about 8 care process data being released.	26th October 2018	AN		Open
11	28/09/18	7	ACTION: AN to find out about the pop ups in Epsom practices and will talk to Wil Newman about this issue.	26th October 2018	AN		Open
12	28/09/18	9	ACTION: SE to get in writing the breakdown of funding for everyones benefit.	26th October 2018	SE		Open
13	28/09/18	9	ACTION: SE to get a hold of the transformation fund paper that went to JET and attach it to the minutes.	26th October 2018	SE		Open
14	28/09/18	10	ACTION: SE will bring the finance and activity for Qtr. 1 and 2 for LCS to the next meeting.	26th October 2018	SE		Open
15	28/09/18	10	ACTION: Reminder for CC to send out the invite from GP info for Council of Members.	26th October 2018	CC		Open
16	28/09/18	11i	ACTION: LH asked to add an agenda item in the next PCOG meeting on Earwax.	26th October 2018	SE		Open
17	28/09/18	11i	ACTION: SE to speak to Colin Thompson to escalate the issue of practices requesting GPIT equipment.	26th October 2018	SE		Open
18	28/09/18	11ii	ACTION: SE to go back and have a conversation about the date and times of the other PCOG, as SD	26th October 2018	SE		Open

			PCOG occurs at the same time as NWS.				
19	28/09/18	4	ACTION: Put IT on the next meeting agenda	26th October 2018	SE		
20	28/09/18	4	ACTION: Confirmation about Vanessa Young on the IT Steering Group as a PM	26th October 2018	SE		
21	28/09/18	4	ACTION: Risks to go on the next Agenda	26th October 2018	SE		
22	20/07/18	4	ACTION: Who's who across SH to be sent out	26th October 2018	SE	Update: Not been finalised by comms yet. LH noted that it needs to be back at the next meeting in whatever state it is in.	

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