

Title of Report:	PCOG Part One Approved Minutes (GW and NWS) from 28 September 2018	
Status:	To Note	
Committee:	Primary Care Commissioning Committee in Common	Date: 9/11/2018
Venue:	North West Surrey CCG, Boardroom	

Presented by:	NWS- Claire Fuller, Deputy Chief Finance Officer for NWS CCG/ G&W- Caroline Farrar, Deputy Managing Director for G&W CCG	
Executive Lead sign off:	G&W- Caroline Farrar, Deputy Managing Director- Guildford and Waverley CCG NWS- Claire Fuller, Deputy Chief Finance Officer for NWS CCG	Date: 26/10/2018
Author(s):	Jessica Bungay, Locality Team Administrator	

Governance:

Conflict of Interest: The Author considers:	None identified for items discussed	√
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 from <u>GW PCOG 28 September 2018</u> meeting were:</p> <ul style="list-style-type: none"> • Agenda Item 6 - Review the C&D tracker. • Agenda Item 7 - To approve proposals 1 and 3 within the Winter Spend allocation paper. • Agenda Item 8 - To approve the funding of the SMI Health Checks LCS from the delegated budget. • Agenda Item 9 - 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 GW PCCC (pt 2) 12/10/18 minutes.)</p> <p>The recommendations to PCCC from <u>NWS PCOG 28 September 2018</u> meeting were:</p> <ul style="list-style-type: none"> • Agenda item 6 - Review the C&D tracker. • Agenda Item 8 - To approve the updated specification for the ADHD LCS.

PCCC/G&W Primary Care Operational Group Part 1 confirmed minutes, 28th September 2018

- Agenda item 11 - To approve the SMI Health Checks LCS specification and funding from the enhanced services budget

NOTE: the above items were discussed at the 12 October 2018 PCCC meeting and considered. (See the GW PCCC (pt 2) 12/10/18 minutes.)

Attached:

- Confirmed Minutes of the Guildford and Waverley CCG PCOG Part One on 28/09/18
- Confirmed Minutes of the North West Surrey CCG PCOG Part One on 28/09/18

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

Recommendation(s):

To note the **confirmed** minutes of G&W and NWS PCOGs on 28th September 2018

Guildford and Waverley Primary Care Operational Group Part 1

PCOG MINUTES

Part One

Date	28th September 2018	Time	09:00 – 10.30
Venue	Guildford and Waverley CCG, Boardroom, 3rd Floor, Dominion House, Woodbridge Road, Guildford GU1 4PU		

Members/ Attendees:

	<i>Name</i>	<i>Title</i>
Chair	Caroline Farrar (CFA)	Deputy Managing Director, G&W CCG
Members	Dr Jonathan Inglesfield (9.45am onwards)	GP Representative – Waverley Locality
	Helen Snelling (HS)	Head of Primary Care Contracts, Surrey Heartlands CCGs
	Kath Andrews (KA)	Primary Care Commissioning Manager, Surrey Heartlands CCGs
	Dr Susan Denton (SD)	GP Representative – Guildford Locality
	Robin Forward (RF)	Practice Manager, Guildford Locality
	Shelley Eugene (SE)	Head of Primary Care, Surrey Heartlands CCGs
	Dr Clare Sieber (CS)	Medical Director, Surrey and Sussex LMCs
	Claire Fuller (CF)	Deputy Chief Finance Officer, Surrey Heartlands CCGs
	Rose Parry (RP)	Patient Representative
	Caroline Cameron (CC)	Assistant Contract Manager, NHS England – South East (Kent, Surrey and Sussex)
	Liz Davis (LD)	Head of Primary Care Commissioning, Surrey Heartlands CCGs
In Attendance	Safron Simmonds (SS)	Commissioning Manager for Mental Health – NWS CCG
	Marion Heron (MH)	Commissioning Manager for Mental Health, Surrey Heartlands CCGs
	Diane McCormack	Associate Director of Children's and LD Commissioning
Apologies Members	Nikki Mallinder (NM)	Associate Director of Primary Care Commissioning, Surrey Heartlands CCGs
	Suzanne Case-Green (SCG)	Primary Care Contracts Manager, Surrey Heartlands CCGs

Reviewed by

	<i>Name</i>	<i>Title</i>
	Rachael Graham (RG)	Deputy Director of Contracts: Non Acute and Primary Care
	Rachel Mackay (RM)	Head of Medicines Management, G&W CCG
Apologies Attendees		

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 CFA declared an interest as a trustee for Bliss a charity for babies born premature or sick. CFA has declared this to the Governance team and will be reflected in the COI register.		
3	Quorum * As the required quorum was met, the Chair declared the meeting open.		
4	Minutes from last meeting on 31st August. The minutes from the previous meeting were agreed as an accurate record of the meeting pending the removal of action 2 agenda item 6 which was a duplication to action 4 agenda item 6.		
5	Matters Arising from last meeting: Action Log Please see appendix 1 for the Action Log.		
6	<p>Primary Care Commissioning and Development Assurance Report LD attended the meeting to present the Primary Care Commissioning and Assurance report that included a report on Primary Care Homes (PCH).</p> <p>PCH There have been varying degrees of progress across the Surrey Heartlands Partnership (SHP).</p> <ul style="list-style-type: none"> • The menu of opportunities has been circulated across the SHP detailing a number of potential services that could be delivered at network level. • Regular contact with general practice to talk through PCH and what this means. • Three of eight networks in NWS have identified areas of focus for local service delivery. Five out of six in Surrey Downs and one of four in Guildford and Waverley. • The Primary Care Team have offered support and assistance with business models and project plans. <p>A refined report proposing the future governance arrangements and financial processes will be presented to the November PCCC.</p>		

Reviewed by Caroline Farrar

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
	<p>Extended Access Is on track to deliver to the SHP population by 1 October 2018. For Guildford and Waverley Procure will be utilising Black Pear technology to enable record sharing across EMIS and the single practice using the Vision patient record system.</p> <p>There were conversations about whether extended access would impact on the out of hours DES for practices. SE reported that all conversations with NHS England had indicated that this DES would continue.</p> <p>Jl raised concerns that Procure had articulated to practices a list of appointments that would be an inappropriate use of an extended access appointment and that receptionists would be unable to identify this over the phone at the time of booking. Action: SE to feed back to Procure concerns over inappropriate bookings and update PCOG at the meeting on the 26th October.</p> <p>HS raised that there was a need to look at how other members of the public, such as the homeless could also access an appointment. Action: HS and SE to explore how the homeless population of the SHP could access an appointment through extended access.</p> <p>Workflow Optimisation Follow up calls are being made to practices to ascertain what support might be offered to increase usage of the system.</p> <p>Upskilling the Workforce Practices have been offered to send HCA's on courses commissioned through TLE Virgin. Additional support is also offered to admin in order to support EMIS Search and Reports.</p> <p>Social prescribing The SHP social prescribing project led by the Urgent and Integrated Care team is developing with plans to increase access for GPs. SD raised concerns that a firm structure would need to be in place prior to the SABP pilot in north Guildford which would need support from the service.</p> <p>KA reported that a directory was being formulated and would come out to primary care.</p> <p> C&D assurance and Delivery report.pdf</p>	<p>SE</p> <p>SE/HS</p>	<p>26/10/18</p> <p>26/10/18</p>
7	<p>Winter Underspend G&W CCG were allocated £128,888 to deliver additional GP sessions over winter and Easter. Despite best efforts to recruit to fill these sessions an underspend of £78,680 had been reported. The presented paper outlined proposed suggestions of this underspend into primary care.</p> <p>During PCOG on the 31st August it was recommended that influenza and Practice Manager training options were explored in further detail.</p> <p>Influenza Business Case Analysis</p>		

Reviewed by Caroline Farrar

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
	<p>KA reported that following further work into the financials for the influenza business case analysis the decision had been taken not to consider it further. Given the high rate of immunisations already taking place and the low number of admission, it had been deemed not to be in the best interest of the patients, practices or wider system.</p> <p>Training for Practice Managers and Administrative Staff There is a national focus on transformation of GP practices and the need to reduce workload and retain and recruit staff. Practice Managers (PMs) and administrative staff have overall responsibility for the business management within a practice. The proposal is to provide training to PMs and potentially upskill admin staff through the Association of Medical Secretaries, Practice Managers, Administrators and Receptionists (AMSPAR) training.</p> <p>This would be recognised and a City and Guilds qualification for either full or part time study ranging from level 2-5.</p> <p>Each practice would be allocated a training budget to use at a practice need level.</p> <p>Medical equipment The money could be allocated to practices to purchase equipment in order to support LCS delivery.</p> <p>First Practice management First Practice management (FPM) is an online service used for PM's to ensure their practice is compliant with regulation. This would give unlimited access to policies and procedure libraries, CQC guidance, HR employment guidance.</p> <p>The cost of an annual subscription per practice is £295.00 plus VAT.</p> <p>Workflow optimisation The proposal was to fund project development to enable the delivery of workflow optimisation at scale, probably across G&W with the federation. The service would need to be funded by participating practices, but set-up costs and project costs could be funded.</p> <p>CFA asked for thoughts from the members and it was agreed that options 1 and 3 be proposed to PCCC to proceed with as a suitable use for this underspend allocation.</p>  <p>180903 Winter Money- Paper 2.pdf</p>		
8	<p>SMI Health Checks SS and MH attended the meeting to update on the changes requested from the last meeting.</p> <p>The SHP LCS for SMI physical health checks was presented at PCOG on the 31 August. It was recommended at that meeting to move forward to PCCC once the costings for the LCS were finalised. SS reported that the costings had since been finalised and were being presented to the meeting again to ensure that members understood the costing and how it</p>		

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Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
	<p>would be funded by the CCG.</p> <p>Since its presentation in August a standard template had been devised with SABP to accompany the LCS with good practice guideline attached. Communication to the practices would be jointly devised with the primary care team.</p> <p>The costings were attached to the presented papers and based on a target achieved of 60%. In addition to this there is a requirement for each GP lead of suicide prevention to undertake training. This would be a licence cost of £55-£45pp, the final cost would be agreed once numbers had been confirmed.</p> <p>CF reported that NHSE considered that the funds had been allocated in the CCG's baseline but this had not been accounted for in 18/19. If the LCS was to proceed it would need to be taken from the underspend in the delegated budget in order to provide funding.</p> <p>It was agreed that from a NHSE perspective this must be recommended and members agreed to move it forward to PCCC to approve.</p>  <p>SMI - paper 3.pdf</p>		
9	<p>ADHD LCS</p> <p>Diane McCormack, Associate Director of Children's and LD Commissioning attended the meeting to discuss the ADHD LCS proposal.</p> <p>The LCS has previously been agreed in NWS CCG and is being rolled out across the SHP. The shared care documents with SABP have been updated to include Guanfacine.</p> <p>DM reported that there are currently capacity issues with the CAMHS service. This LCS would help to improve capacity by allowing patients to be reviewed annually within primary care.</p> <p>There are 2,800 children under the care of SABP on medications appropriate for this LCS and it's estimated that 17% of these are G&W CCG patients.</p> <p>The ADHD LCS means that the patient is seen in a specialist service annually and in primary care annually meaning that the patient is reviewed every six months for these medications which is in line with guidelines.</p> <p>It was agreed by the members that the LCS would be beneficial in freeing up CAMHS capacity. SD expressed concern that CAMHS would over-rely on primary care monitoring and not review the patients annually. DM said that this would be monitored.</p> <p>CF explained that this had not been allocated for and would require funding from G&W's delegated budget.</p> <p>Jl asked if an LCS that looked at adult patients on the listed medications</p>		

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	<p>had been considered. DM reported that this hadn't been looked at but would feed back to the mental health team.</p> <p>The recommendation was for the ADHD LCS to proceed to PCCC and to be funded out of the delegated budget.</p>  <p>ADHD LCS paper 5.pdf</p>		
10	<p>MOUs for PCH's</p> <p>LD presented the attached paper to the members for noting and to inform future conversations in the future planning of how MOU's can be designed and actioned at a local level.</p> <p>LD set out the benefits in establishing MOUs for primary care networks.</p> <p>Developing an MOU for network working would enable networks to set out guidelines for funding and employment liability. Attached within the paper gave examples of MOUs that have been developed and implemented in Nottinghamshire, Ramsgate and Thanet.</p> <p>Action: LD agreed to share the guidance that had come down from NHSE to support MOUs at a network level.</p>  <p>PCH MOU-paper 6.pdf</p>	LD	26/10/2018
AOB			
11	<p>AOBs</p> <p>No were no AOBs put forward at this meeting.</p>		
12	<p>Recommendations to PCCC</p> <p>The recommendations to PCCC are to:</p> <ul style="list-style-type: none"> • Agenda Item 6 - Review the C&D tracker. • Agenda Item 7 - To approve proposals 1 and 3 within the Winter Spend allocation paper. • Agenda Item 8 - To approve the funding of the SMI Health Checks LCS from the delegated budget. • Agenda Item 9 - To approve the funding of the ADHD LCS from the delegated budget. 		
Date of next meeting: 26th October 2018			

Appendix 1. Action Log

No	Mtg Date	Ag No.	Action/Objective	Due Next Mtg	Lead	Update	Status
1	28/09/18	6	Action: SE to feedback to Procure concerns over inappropriate bookings and update PCOG at the meeting on the 26 th October.	26 th October 2018	SE	Update 28 th September	Open
2	28/09/18	6	Action: HS and SE to explore how the homeless population of the SHP could access an appointment through extended access.	26 th October 2018	HS/SE	Update 28 th September	Open
3	28/09/18	10	Action: LD agreed to share the guidance that had come down from NHSE to support MOU's at a network level.	26 th October 2018	LD	Update 28 th September	Open
4	31/8/18	6	ACTION: CF to look at the LCS caps	28th September 2018	CF	<p>Update 31st August: Comparison work will be undertaken to review the impact of lifting caps on Spirometry and LMC.</p> <p>To date, the budget is committed.</p> <p>This will form part of the LCS service review across Surrey Heartlands aligned with the additional pressures of the LCS for CAMHS ADHD and Health checks for mental health.</p>	Open
5	31/8/18	10	ACTION: NM, KA, SE and CF to have a meeting outside of PCOG to talk about engagement.	28th September 2018	KA	Update 31st August: A meeting has been organised with GPs to discuss	Open

Reviewed by

						Update 28th September: A meeting has been scheduled for the 4th October and an update would be given at the meeting on the 26th October	
6	27/7/18		Action: JB to liaise with the Governance Team for Guilford and Waverley to ensure the COI register for PCOG is updated to include all of the membership.	31 st August 2018	JB	<p>Update 31st August: Email sent on the 30th July to the Governance Team to request update of the COI register.</p> <p>Update 28th September: This action has been chased again as it's still not been received.</p> <p>Update 1st October: A new COI with CFA included has been added to the agendas.</p>	Open

PRIMARY CARE OPERATIONAL GROUP NWS Part 1

MINUTES

Date	Friday 28 th September	Time	12:30 -14.00
Venue	North West Surrey CCG, Room 1,58 Church Street, Weybridge, Surrey KT13 8DP		

Members/ Attendees:

	<i>Name</i>	<i>Title</i>
Chair	Claire Fuller (CF)	Deputy Chief Finance Officer, North West Surrey CCG
Members	Rachael Graham (RG)	Deputy Director of Contracts: Non Acute and Primary Care, North West Surrey CCG
	Helen Snelling (HS)	Head of Primary Care Contracts, North West Surrey CCG
	Nikki Mallinder (NM)	Associate Director of Primary Care Commissioning, Surrey Heartlands CCGs
	Steve McCarthy (SMC)	Patient Representative
	Mandeep Singh	Primary Care Finance Manager
	David Clippingdale (DC)	Practice Manager Operations, Woking Locality
	Cathie Sims (CS)	Practice Manager Operations, SASSE Locality
	Asha Pillai (AP)	GP Representative – Thames Medical Locality
	Liz Davis	Head of Primary Care, Surrey Heartlands CCG's
	Dr Deborah Shiel (DS)	GP Representative – Woking Locality
In Attendance	Safron Simmonds (SS)	Commissioning Manager for Mental Health and Learning Disabilities, Surrey Heartlands CCGs
	George Roe (GR)	Chief Operating Officer (NICS)
	Dr Mantel Cooper (NMC)	GP Thames Medical and NICS board member.
	Jessica Bungay (JB)	Locality Team Administrator (notes)
Apologies Members	Dr Clare Sieber (CS)	Medical Director, Surrey and Sussex LMCs
	Dr Paul Sodhi (PS)	GP Representative, SASSE Locality
	Linda Honey (LH)	Associate Director Medicines Management, North West Surrey CCG

	<i>Name</i>	<i>Title</i>
	Shelley Eugene (SE)	Head of Primary Care, Surrey Heartlands CCGs
	Perminder Oberai (PO)	Primary Care Pharmacist
	Tracey Amatt	SS LMC
	Dr Richard Brown (RB)	SS LMCS Medical Director
Apologies Attendees	N/A	

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
1	<p>Welcome, Introductions and Apologies The Chair welcomed members and attendees; apologies were received as detailed above.</p> <p>They reminded all that confidential papers should be handed in after the meeting for secure disposal.</p>		
2	<p>Declarations of Interest See separate document for templates</p>		
3	<p>Quorum * As the required quorum was met, the Chair declared the meeting open.</p>		
4	<p>Minutes from last meeting on 31st August 2018 The minutes from the previous meeting were agreed as an accurate record of the meeting</p>		
5	<p>Matters Arising from last meeting: Action Log Please see appendix 1 for the Action Log.</p> <p>Following discussion of action 7 of the minutes of the 31st August a discussion arose surrounding the ADHD LCS and the impact on primary care. Concerns were raised by members around patients still not being identified for shared care arrangements and released back into their care. In addition, practices were receiving requests from the acute for patients to have bloods and ECG's.</p> <p>It clearly states within the LCS that if ECG and bloods are required these are the responsibility of the SABP consultant and patients should be stabilised and on medication before shared care with general practice.</p> <p>Discussion surrounded around ensuring that the LCS and SABP clinical model were clearly understood, to ensure general practice did not continue to receive inappropriate request for bloods and ECG's.</p> <p>It was agreed that this be fed back to Sumona Chaterjee to enable the commissioners to ensure there was a clinical discussion between primary care and SABP consultants.</p>		
Agenda Items			
6	Primary Care Commissioning and Development Assurance Report		

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
	<p>LD presented the Primary Care Commissioning and Development Assurance Report. This highlighted the following;</p> <p>Primary Care Home (PCH) There have been varying degrees of progression across the Surrey Heartlands Partnership (SHP)</p> <ul style="list-style-type: none"> • The menu of opportunities has been circulated across the SHP detailing a number of potential services that could be delivered at cluster level. • Regular contact is being undertaken with General practice to talk through PCH. • Three out of eight clusters in NWS have identified areas of focus for local service delivery. Five out of six in Surrey Downs and one out of two in Guildford and Waverley. • The Primary Care Team have offered support and assistance with business models and project plans. <p>A refined report proposing the future governance arrangements and financial processes will be presented to the November PCCC.</p>  <p>CD Delivery and Assurance report.pdf</p> <p>Extended Access RG reported that draft contracts had been issued to the federations to review and return by the 5th October.</p>		
7.	<p>Dopplex ability Dopplex Ability had been presented to OLT. The paper outlines the purchase of doppler machines within community services and a few within general practice.</p> <p>The purpose is to improve the holistic assessment of patients with complex leg ulcers and improve efficiency of the leg ulcer service within primary care.</p> <p>Machines would be distributed fairly within primary care based on 1 per locality according to population need.</p> <p>Concerns were raised by the members about how the machines could be fairly distributed among practices. It was noted that there is an LCS for Doppler's within NWS and there would be greater benefit in implementing a 2 tier payment process for the LCS instead.</p> <p>The members asked for a clearer understanding within the paper for purchase of Doppler machines. NM reported that Linda Honey had done a piece of work which articulated the activity of the Doppler service within Primary care and this should be articulated within the paper.</p> <p>Following discussion it was agreed that further work was required and it was agreed that the paper be represented at a future meeting of PCOG.</p> <p>Action: LD to bring back the Dopplex ability paper to PCOG in either</p>		

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
	<p>Dec/Jan with a clear articulation of where the funding would be coming from and how this service could be delivered at a locality level.</p> <p>No recommendation was made to PCCC at this stage.</p>  <p>Dopplex Ability - paper 3.pdf</p>	LD	28/12/2018
8.	<p>ADHD LCS</p> <p>NM reported to the members that the LCS which had previously been agreed in NWS CCG is being rolled out across the SHP. The shared care documents with SABP have been updated to include Guanfacine.</p> <p>The members recommend to PCCC to approve the updated spec for the LCS.</p>		
9	<p>Primary Care investment non-recurrent</p> <p>Through the Financial framework for 18/19 £2million of funding had been identified.</p> <p>A list of potential schemes for investment in Primary Care had been produced and discussed. NM updated the members that a care home LCS was being reviewed and draft specification was being formulated.</p> <p>Action: NM to share draft specification for a Care Home LCS with members.</p>	NM	26/10/18
10	<p>LCS Expenditure</p> <p>CF reported that reports were being pulled together on the LCS expenditure for Primary Care following the data gathered from quarterly claims and this would be issued to members following this meeting.</p> <p>Action: CF to issue a report on LCS expenditure following PCOG on the 28th September.</p>	CF	
11	<p>SMI Health Checks</p> <p>The SHP LCS for SMI physical health checks was presented at PCOG on the 31 August. It was recommended at that meeting to move forward to PCCC once the costings for the LCS were finalised. MH reported that the costings had since been finalised and were being presented to the meeting again to ensure that members understood the costing and how it would be funded by the CCG.</p> <p>SS also updated on amendments following the suggestions made about the LCS specification at the meeting held in August. The suggestions included devising a care plan template, requesting additional bloods needed when conducting the AHC, having a sliding scale bonus rather than a flat rate bonus for equity among the practices, adequate time for appointments. Members were informed that there is no national care plan template available however SABP had been contacted to review their template for use on the GP clinical systems. A section was devised with Linda Honey and the MH Clinical Lead Dr Drepaal around blood requests and added to the specification and the 'Psychotropic Monitoring: A best practice guideline' provided by SaBP for further information was included in the appendix. A sliding scale was included with the support of the Finance Team based on £50 per 1000 patients on practice list (as at</p>		

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
	<p>Jul18). The bonus was based on the original financial envelope. Additional time for GPs was added and time for cascading training was built into the specification.</p> <p>Communication to the practices about the LCS would be jointly devised with the primary care team.</p> <p>The costings were attached to the presented papers, which set out the half year and full year costings for the service based on 60% achievement of the LCS. In addition to this there is a requirement for each GP lead of suicide prevention to undertake training. This would be a licence cost of £55-£45pp, the final cost would be agreed once numbers had been confirmed.</p> <p>CF reported that NHSE considered that the funds had been allocated in the CCG's baseline but this had not been accounted for in 18/19. It was proposed that the LCS would be funded from the carried forward enhanced services allocation for 2017/18.</p> <p>It was agreed that it was a good service and as it was a national 'this must be recommended and members agreed to move it forward to PCCC to approve.</p>  <p>SMI - paper 3.pdf</p>		
AOB			
	<p>AOB's</p> <p>(i) North West Surrey Business Case – LTS 2018/19 George Roe and Dr Nicki Mantel-Cooper attended the meeting to present the attached business case for the second tranche of Locality Transformation Scheme allocation. (year 2)</p> <p>It was reported that the purpose of the paper is to set out the funding and allocation of the LTS 2018/19, £1.50 per patient in NWS.</p> <p>NWS is split into 3 localities, SASSE, Woking and Thames. Three groups of GP practices within these localities have volunteered to be pilot network sites.</p> <p>GR and NMC outlined the identified schemes within the paper. These where:</p> <ul style="list-style-type: none"> • GP Home Visits – NICS wishes to employ a GP per Locality to do home visits for patients who need clinical assessment. Concerns were raised by the members that this would be better delivered at a cluster level or through the federation rather than using the CSH infrastructure. PCOG felt that this scheme was very focused on the services that are already within the contract of CSH and whilst the group understood why the service would suit a co-location with the 'hubs' they requested that the business case clearly articulated a service that was to support the visiting services of General Practice. <p>Action: GR and NM to review the wording before onward travel to PCCC.</p>	<p>GR/NM C</p>	<p>26/10/2018</p>

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
<p>(ii)</p> <p>(iii)</p>	<ul style="list-style-type: none"> • Bluestream Academy – a three-year contract for all practices in NWS. This was well received by the group and this would improve the training, retention and morale of all staff within General Practice. The committee requested that it was made clear that any practice who has already paid for Bluestream would still receive the funding to support a further 3 years. • QI improvement – to purchase a package of training days for Primary Care Networks. The committee agreed that this area would improve the ‘patient centred’ approach and improve the quality of services. • Docman Workflow – The committee felt that this project had been funded already via the GPFV money via a project called Here. The group discussed the need to embed the learning and if this was an equitable delivery of funds to each practice to release more administrative time to embed the shift of administrative roles from GPs to trained admin staff, given it is a small sum of money, this would complement the Here training. • EMIS optimisation – to fund an IT technician to visit each practice for a day, members asked that consideration be given an alternative option of an EMIS trainer. The committee felt that the money ‘badged’ to this scheme would not cover an EMIS trainer which is preferable to an alternative trainer. The CSU contract also has training allocated and the locality team deliver EMIS user groups. These areas would need further work to receive a recommendation from the committee to PCCC. • Digital appointments – NICS as part of extended access have recently partnered with LIVI to offer digital appointments across NWS. The business case proposed funding an additional 200 consultations a week. The committee requested that NICS will need to study and evaluate the initial LIVI appointment delivery that has been purchased through the improved access scheme. Once this evaluation was understood by both the provider and commissioner – then the allocation from the transformation fund could be applied. The committee was happy to make this recommendation to the committee. • Group Consultations – To provide with a partner organisation to provide group consultations to patients across NWS. The committee felt that this is a positive approach to creating a sustainable and efficient workforce. The area of choice for delivering this service would need consideration with members and again the learning shared. • Primary Care networks – to provide additional funding to PCN’s to develop their pilot projects. In the spirit of next year’s transformation money – NICS will support practice with service provision to suit the needs of their population. The committee felt that this was a good start to each Networks being empowered and getting finances directly into patient service delivery. <p> LTS 2018-19 Business Case.pdf</p> <p>The paper would be presented to PCCC on Friday xx</p>		

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
	<p>Breathlessness Update During the meeting on the 31st August it was agreed that some work need to be done to measure the activity in NWS practices and to identify those that have the necessary equipment and those that would require training to support.</p> <p>LD updated the members that Secondary Care had been asked to provide and audit of activity, this had not yet been received.</p> <p>Phlebotomy DC raised that phlebotomists within general practice where receiving high numbers of work back into general practice from secondary care. It was agreed that clarification with ASPH and phlebotomy arrangements be undertaken with Jack Wagstaff and contracts lead for ASPH.</p>		
	<p>Recommendations to PCCC</p> <p>The recommendation to PCCC is:</p> <ul style="list-style-type: none"> • Agenda item 6 - Review the C&D tracker. • Agenda Item 8 - To approve the updated specification for the ADHD LCS. • Agenda item 11 - To approve the SMI Health Checks LCS specification and funding from the enhanced services budget. 		
<p>Date of next meeting: Friday 26th October 2018</p>			
<p>Confirmed and signed off</p>			
<p>Claire Fuller/ Deputy Chief Finance Officer North West Surrey CCG Date: 26/10/2018</p>			
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Appendix 1. Action Log

No	Mtg Date	Ag No.	Action/Objective	Due Next Mtg	Lead	Update	Status
1	28/09/18	7	Action: LD to bring back the Dopplex ability paper to PCOG in either Dec/Jan with a clear articulation of where the funding would be coming from and how this service could be delivered at a locality level.	26 th October 2018	LD	Update:	OPEN
2	28/09/18	9	Action: NM to share draft specification for a Care Home LCS with members.	26 th October 2018	NM	Update:	OPEN
3	28/09/18	10	Action: CF to issue a report on LCS expenditure following PCOG on the 28 th September.	26 th October 2018	CF	Update:	OPEN