

Title of paper:	Primary Care Committee Report		
Author:	Alex Bacon, Primary Care Commissioning Manager		
Exec Lead:	Karen Parson, Chief Operating Officer		
Date:	10 th July 2015		
Meeting:	Governing Body		
Agenda item:	20	Attachment:	17
For:	Noting		
Executive Summary:			
<p>The primary care committee met during June. A copy of the minutes is attached. Key issues were as follows:</p> <ul style="list-style-type: none"> • Dr Kate Teasdale (external GP from East Surrey) has now jointed the committee • A process is in place for appointing a practice nurse • Commissioning decisions relating to primary care standards were agreed • Incentivisation of use of the RSS was agreed – potential savings of £8m • There were no plans to proceed with Co-Commissioning of Primary Care this year • Diabetes would be reviewed in September • Primary Care network development was noted • Community Medical Cover was noted <p>There will be a further meeting in September</p>			
Compliance section			
Please identify any significant issues relating to the following			



Risk Register and Assurance Framework	No specific issues
Patient and Public Engagement	No specific issues
Patient Safety & Quality	Patient Safety and Quality has been carefully considered in relation to commissioning of primary care standards
Financial implications	No specific issues other than those mentioned in the report
Conflicts of interest	The committee membership is designed to manage conflicts of interest proactively
Information Governance	No specific issues
Equality and Diversity	No specific issues
Any other legal or compliance issues	No specific issues
<p>Accompanying papers (please list):</p> <p>Minutes 12th June Primary Care Committee</p>	
<p>Summary: What is the Governing Body being asked to do and why?</p> <p>NOTE the minutes of the last Primary Care Committee</p>	



Meeting: Primary Care Committee

Date and time: 11am, 12th June 2015

Present

Peter Collis (Chair)
Miles Freeman
Dr Claire Fuller
Karen Parsons
Dr Kate Teasdale

In attendance

Julian Wilmshurst-Smith
Alex Bacon

1. Apologies for absence

Apologies were received from Ruth Turner & Eileen Clark.

PCC120615/001

2. Declaration of interests

There were no known conflicts relating to the agenda.

PCC120615/002

3. Minutes of the last meeting

These were agreed as an accurate record.

PCC120615/003

4. Matters arising and action logs

Ensure delivery actions report via Exec was agreed for closure.

PCC120615/004

Revise membership in Terms of Reference - on agenda.

PCC120615/005

Review meeting schedule – on agenda.

PCC120615/006

5. Terms of Reference & Practice Nurse on Committee

The terms of reference have been updated as agreed and were sent out with opportunities to comment.

PCC120615/007

The issue of a Practice Nurse on the committee is outstanding. Eileen Clark is intending to advertise outside of Surrey to comply with best practice, it was also suggest by Miles Freeman to use the LMC Newsletter. PCC120615/008

Action Eileen Clark

When co-commissioning commences, representatives from NHS England, LMC and the public will be invited to attend the committee, albeit as observers rather than as members. PCC120615/009

Any major decisions will sit with the Governing Body and will be referred to them via the Primary Care Committee on a case by case basis. PCC120615/010

6. Primary Care Standards

- **Agreement of 15/16 PCS** (*Papers distributed to the committee*) PCC120615/011

Mile Freeman informed the committee that when setting the cash envelope for our PCS for 2014-15 the CCG agreed to preserve 2015-16 funding at the same level, but reserved the right to modify standards as appropriate, to maintain quality, best practice, and Value for Money. This prior agreement was reviewed as part of the CCG's Financial Recovery Plan process and concluded that investment in our PCSs remained good value for money and the cash envelope would remain £2.4m.

PCS Level One's were agreed:- PCC120615/012

- **Shared Care Drugs** - The PCS should be **retained** as a Level 1 offer. Potential saving of 10%.
- **Phlebotomy** - Retain as Level 1.
- **INR** - Retain as Level 1 PCS **but remove funding (£9k) for training** (not part of PCS budget).
- **24 Hr Blood Pressure Monitoring - Retain as Level 1 until Sept 15**. Re-commission as Level 2 PCS from Oct 15 as part of the cardiology review. Savings of 66K to Level 1 PCS and future provision funded by reduction in secondary care costs.
- **Minor Surgery - Retain as Level 1 to Apr 16** (3 Quarters). Move to Level 2 PCS – to be confirmed by Dermatology review. Saving of 181K in Quarter 1 2016. Future Level 2 provision funded by savings in secondary care.
- **LHRH Injections (Prostate)** - The decision to discontinue the LHRH injections specification was questioned, e.g. would it lead to increased referrals to secondary care or would GPs move to monthly injections to create additional revenue (to fill the CCG gap). But the agreement was as per the recommendation; **LHRH will stop 1 July 2015**, with a view to review if the decision has a negative impact.
- **Denosumab** – Will be **discontinued as of 30th June 15**.

- **New PCS 15/16 (RSS)** (*Papers distributed to the committee*) PCC120615/013

Acceptance of the investment to incentivise the use of the RSS using the agreed pathway. The additional £300k could contribute to saving up to £8m by using more stringent thresholds and pathway.

The committee also agreed to acknowledge RSS claims from 1st April 2015 – 1st July 2015. PCC120615/014

- **Diabetes Payments** PCC120615/015

Karen Parsons informed the committee as per the recommendations, Diabetes would be reviewed for September 2015 and considerations would be made to move it to a Level 2 PCS but no savings were identified within the cost envelope.

7. Update on Co-commissioning

Karen Parsons informed the committee whilst we were assured by South East England Area Team that we would not have to reapply for Primary Care Co-Commissioning and that the application was 'paused' until Q2, we were officially informed that our application was declined by the NHSE Moderation Panel. But under the new arrangements we would not need to make a fresh application as such. Miles Freeman informed the committee that we would plan for co-commissioning to start, at the earliest, in the new financial year. PCC120615/016

The 'Primary Care Co-Commissioning' webinar presentation was circulated to the committee PCC120615/017

Peter Collis asked if the member practices would need to vote again on which of the three outcomes to take:- PCC120615/018

- Stay with current state of play
- Co-commission
- Delegated responsibility

Karen Parsons confirmed that the practices would be asked to vote again when NHS England indicates that the decision needs to be re-made. PCC120615/019

Kate Teasdale asked if the CCG has had any feedback from PPG's, Karen Parsons responded that work had been done with the PPGs via the Networks and the response was of those representatives that understood the situation that they were anxious about the proceedings. PCC120615/020

8. Development of Primary Care Networks

Karen Parsons informed the committee that there are three PCC120615/021

Primary Care Networks within SDCCG; we have been working closely with the LMC over the Networks.

- Epsom – GP Health Partners Ltd
 - Consisting of 20 practices
 - GP Health Partners Ltd were successful with the Prime Minister Challenge Fund bid and are currently planning five projects within the PM Challenge portfolio over two hubs (planned for Epsom and Leatherhead)
- Dorking – Dorking Healthcare Ltd PCC120615/022
 - Consisting of 5 practices
 - A slower implementation of CMT to start, with the view that implementing anything major before the Community Hospital Review of Dorking Hospital would be detrimental to their network.
- East Elmbridge – Surrey Medical Network Ltd PCC120615/023
 - Consisting of 8 practices
 - Implementing CMT to local fit

CMSPT PCC120615/024

CMSPT works in conjunction with the CMT (not just Out Of Hours). Full scope not due until September 2015, SDCCG currently looking at Community Services to realign to investment portfolio.

CMSPT will be led by a Manager, Lead Clinician and a Lead Nurse Clinician; there will be one single point of access (aligned to the Vanguard Bids) with an administrative co-ordinator. Epsom has appointed a Programme Director. PCC120615/025

9. AOB

There was no other business PCC120615/026

10. Future Meeting Dates

Next Committee date September 2015 will be a Friday morning-date to be confirmed PCC120615/027