

ENCLOSURE:
AGENDA ITEM:

Primary Care Commissioning Committee

DATE: 11 June 2020

VENUE: Videoconference

Voting Members present

Peter Ramrayka (Chair)	Lay Member: PCCC
Joy Ellery	Lay Member: PPI
Dr Adrian Mclachlan (for Dr Jonty Heaversedge)	Chair
Neil Kennett-Brown	Borough Director Greenwich
Dr Angela Bhan	Borough Director Bromley
Martin Wilkinson	Director of Integrated Care & Commissioning
Andrew Parker (for Andrew Eyres)	Strategic Director Integrated Health & Care Lambeth
Prof Simon Mackenzie	Secondary Care Doctor
Diana Braithwaite (for Stuart Rowbotham)	Borough Director Bexley
Christina Windle (for Sarah Cottingham)	Director of Commissioning and Improvement
Usman Niazi	Chief Finance Officer

In attendance

Kate Moriarty-Baker	Chief Nurse
Folake Segun	Healthwatch representative
Dr Kishor Vasant	LMC representative
Dr Sid Deskmukh	Lead GP Bexley
Dr Ruchira Paranjape	Lead GP Bromley
Dr Krishna Subbarayan	Lead GP Greenwich
Dr Sabah Salman	Lead GP Greenwich
Dr Jacky Mcleod	Lead GP Lewisham
Dr Faruk Majid	Lead GP Lewisham
Dr Nancy Kuchemann	Lead GP Southwark
Cllr Evelyn Akoto	London Borough of Southwark representative
Cllr Jim Dickson	London Borough of Lambeth representative
Irene Grayson	Assistant Director of Primary Care Greenwich
Nick Langford	Assistant Head of Primary Care
Garry Money	Associate Director of Primary and Community Care Lambeth
Chima Olugh	Commissioning Manager Primary care
Jean Young	Associate director health Populations.
Mark Cheung	One Bromley Programme Director
Jill Webb	Head of Primary Care
Nora Simon	Assistant Head of Primary Care
Jessica Arnold	Associate Director of Primary and Community Care Transformation
Gerry Owen	Estates Programme Director Southwark
Diane Hannaford (producing)	Communications officer
Lucy McCafferty (producing)	Head of Communications and Engagement (Bexley)
Julian May (notes)	Head of Governance

1. Welcome from the Chair and Apologies for Absence

- 1.1 Peter Ramrayka welcomed attendees and explained that videoconference being live streamed to enable members of the public to view the meeting and submit questions.
- 1.2 Apologies were received from Neil Kennett-Brown, Sam Hepplewhite and Andrew Bland

2. Declarations of interest

- 2.1 No further declarations or amendments to the conflicts of interest register were made.

3. Minutes of meeting on 11 June 2020 and Actions

- 3.1 The committee **agreed** the minutes of the meeting on 11th June to be an accurate record.
- 3.2 The action log was updated.

4. Matters arising

- 4.1 Jill Webb noted that at the previous committee members had asked for a communication to practices reminding them of the GP locum re-imburement process, as a number of late claims had resulted in discretionary decisions not to pay full reimbursements. A joint communication agreed with LMC representative Dr Simon Parton had now been sent out to practices which should mitigate the risk of practices not receiving funding to which they were entitled.
- 4.2 Jill Webb noted that the merger of Sherard Road and Coldharbour Hill practices had been agreed at the last meeting subject to a number of conditions being met. Updating on progress with these conditions, members should note the minutes of Sherard Road PPG meeting 11 March had been received; the contractor's mobilisation implementation plan had been reviewed to ensure it was deliverable, and the actions outlined were well underway; thirdly the contractualised improvement plan as part of the merger had been agreed and included a patient access improvement plan. It was noted that there is good co-operation between primary care commissioners and the practice, as well as engagement with healthwatch and PPG leads.
- 4.3 Dr Kishor Vasant representing the LMC confirmed later in the meeting that he was content with the matters raised in this item

5. Questions received from the Public

- 5.1 **Given the well publicized failings of the National Test Track and Trace services, and dwindling public confidence in the process would the Primary Care Commissioning Committee consider implementing a local Test Track and Trace system across the six boroughs. If this is not possible, can you explain what the obstacles are?**

Christina Windle noted the PCCC and the CCG were not responsible for the track and trace system which was managed by the local authorities with NHS support. Angela Bhan added that it was important to make use of collective resources effectively by avoiding creating duplicate services, and while test and trace was still evolving, the system was improving.

6. Report on urgent decisions taken by former PCCC meetings or under former Chair's action.

- 6.1 Jill Webb reminded members that the April 2020 PCCC had received a report on a number of urgent decisions made by the previous six CCG PCCCs in south east London. One of these decisions made had not been reported in April and so full paperwork was now included to rectify this. The decision had been signed off by the then Southwark CCG Chair, and related to a cost-neutral reallocation of space to AT Medics, which was already paid for by commissioners and had been freed up due to the move of Federation services to the Tessa Jowell Centre.

7. Report of decisions made by Officers under SOP

- 7.1 Jill Webb reminded PCCC members that any decisions taken which raised concern could be reviewed if so directed by the committee. Local primary care forums would be consulted on changes but decisions would be made by officers on behalf of the PCCC.

- 7.2 Southwark primary care group had been updated with progress on the Bermondsey Spa practice improvement plans, which had been agreed at PCCC. It had been agreed that the practice had met the requirements of the improvement plan and so this had been closed by officers.
- 7.3 An agreement had been made to commence a Prescribing Improvement Scheme previously endorsed by the Southwark PCCC but delayed during the pandemic, having confirmed LMC support and agreeing to halve the funding which otherwise would have been available.
- 7.4 The CQC had suspended dermatology services in Kent and Medway CCG and another practice with four branches in Chatham run by DMC (Dulwich Medical Centre) Ltd. Since individuals from DMC also run practices in Southwark, meetings with the contractor were continuing in order to obtain assurances that the issues causing the suspensions in Kent would not occur in the Southwark practices.
- 7.5 All practices had been required to reaffirm their commitment to the Network Contract DES for the coming year. All practices had taken up the DES apart from two, one in Bromley which closed on 30th June, and one in Bexley, which had not taken up the DES in the previous year – arrangements had been made to ensure the patients of the Bexley practice were not disadvantaged.
- 7.6 Actions had been taken to implement national guidance to reinstate extended hours services (before 8am and after 6.30pm and on Saturdays in PCNs. PCNs were asked to resubmit checklists only if there was a change to the model of extended hours, for example a centralisation rather than an historic practice-based model, which also required evidence that patients to be appropriately involved.
- 7.7 Four of the six boroughs now had primary care working groups established, which were the recommending groups to the local borough based boards as well as to the PCCC for strategic items.
- 7.8 An update was provided on SEL CCGs monitoring of contractual plans following CQC action, as well as the CQC's Emergency Response Framework, which had powers to take enforcement action at the last resort, as had happened with DMC Ltd in Kent. Both the CCG and CQC's approach was intended to mitigate risk and provide support. There was some clarification awaited on whether NHS England would expect contractualised action to again be part of the way practices were monitored around the country. Any change in the CCG's operating model would be subject to engagement with the LMC and then brought to the PCCC, including and changes relating to requesting other non-patient safety unresolved actions before the pandemic.
- 7.9 Angela Bhan commented on restarting some of the contractual arrangements and asked that where local flexibility was possible, that the approach should recognise pressures on practices which included restarting screening, vaccinations, and the important flu programme for winter. Jill Webb confirmed that was exactly the spirit in which discussions would progress.
- 7.10 The primary care commissioning committee **noted** the report of decisions made by officers.

8. Recommendations to the PCCC for decision

8a. Dysart Medical Practice – minor refurbishment (Bromley)

- 8.1 Mark Cheung advised that £140k of section 106 funding held by the London Borough of Bromley had been secured to increase primary care capacity at the Dysart practice. The scheme aimed to optimise use of the space and bring online an additional consulting room. These changes would also help the practice respond better to social distancing requirements.

- 8.2 The area in the town centre was one of the highest growth areas in the borough, leading to a continuing growth in the practice's list size, which had now outgrown the practice's premises which was a converted house. A medium to long term solution had been developed for a purpose built health centre however this would not be ready for around two years, although progress on the Outline Business Case was going well. It was appropriate that Section 106 funding arising from the new developments should go to the practice. The funding had a limited time span and so needed to be prioritised for use asap. There was no revenue impact as a result of this proposal. Organisations were being procured via the NHS Property Services framework, so after approval works could begin quickly.
- 8.3 Peter Ramrayka praised the thorough paper, noting the inclusion of details such as the building notes and noted that the district valuer service which had not been engaged on this occasion as the s106 agreement would result in no additional cost pressure.
- 8.4 Jill Webb noted the large document attached to the case which was the SOP for Schemes that do not require access to NHS Capital, and advised the committee that it should be assured that the due diligence relating to this case was in line with London's guidance. There were sometimes questions about why a practice should be singled out to receive the funding, but Mark Cheung had outlined the fact there was only one practice in this locality which was under significant pressure.
- 8.5 Joy Ellery expressed concern about the 'bottleneck' causing privacy and dignity issues as well as DDA compliance, and asked if the plans would address the problems as far as possible. Mark Cheung responded that the team had worked closely with architects to maximise the space. There was little space available, and an extension asked around five years ago had been refused planning permission, probably due to the situation of the premises in the town centre. One of the rooms used as a records store had been converted to clinical space after a digitisation of records.
- 8.6 Angela Bhan reiterated the need for this with the numbers of patients. There was a need to balance keeping the practice as good as it could be, as well as focussing on the new health and wellbeing centre. The practice had zoned the practice into clean and dirty areas, and done the most they can to adhere to infection prevention and control.
- 8.10 The primary care Committee **APPROVED** the decision.

9. Delegated Primary Care Finance Report

- 9.1 Usman Niazi focused on the financial position as at May 2020. In-year there had been a £745k overspend at month 2 against primary care medical services budget line in reference to the year to date budget of £46.8m and £93.7m for months 1-4. He reminded members that the arrangements during the pandemic currently only provided a framework for allocations for month 1-4, so annual budget only shows for first four months. The overspend on primary care related entirely to additional spend as a result of COVID such as PPE and zoning and hot hub clinics. Payments had been made in block rather than against specific KPIs to make sure there was cash flow in the system and practices had what they needed for their response.

10. Any other Business

There was no other business

11. Date of the next meeting - 10 September 2020 2-5pm