ENCLOSURE:

AGENDA ITEM:

NHS
South East London
Clinical Commissioning Group

Primary Care Commissioning Committee

DATE: 16 April 2020
VENUE: Videoconference due to government advice during COVID-19

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	Managing Director Bexley and Greenwich
Dr Angela Bhan	Managing Director Bromley
Martin Wilkinson	Managing Director Lewisham
Sam Hepplewhite	Managing Director Southwark
Neil Kennett-Brown	Managing Director Bexley and Greenwich
Andrew Parker *(for Andrew Eyres)*	Strategic Director Integrated Health & Care Lambeth
Mary Currie	Governing Body Registered Nurse

In attendance

Folake Segun	Healthwatch representative
Dr Simon Parton	LMC representative
Dr Sid Deskmukh	Lead GP Bexley
Dr Clive Anggiansah	Lead GP Bexley
Dr Ruchira Paranjape	Lead GP Bromley
Dr Krishna Subbarayan	Lead GP Greenwich
Dr Sabah Salman	Lead GP Greenwich
Dr Diane Aitken	Lead GP Lambeth
Dr Jacky Mcleod	Lead GP Lewisham
Dr Faruk Majid	Lead GP Lewisham
Dr Nancy Kuchemann	Lead GP Southwark
Tom Brown	London Borough of Lewisham representative
Kate Moriarty-Baker	Chief Nurse
Christina Windle *(for Sarah Cottingham)*	Director of Commissioning and Improvement
Jill Webb	Head of Primary Care
Nick Langford	Deputy Head of Primary Care
Nora Simon	Deputy Head of Primary Care
Jessica Arnold	Associate Director of Primary & Community Care Transformation
Irene Grayson	Assistant Director of Primary Care Greenwich
Jan Matthews	Primary Care Delivery Manager Greenwich
Ashley O'Shaughnessy	Associate Director of Primary care Lewisham
Garry Money	Associate Director of Primary and Community Care Lambeth
Sukh Singh	Assistant Director of Primary Care Service Delivery Bexley
Chima Olugh	Commissioning Manager – Primary Care
Mark Cheung	One Bromley Programme Director
Simon James	Primary Care Commissioning Manager (Greenwich)
Nick Brown	Director of Financial Management
Julian May (notes)	Business Support Lead (Bexley)

Note on the videoconference: some members experienced technical difficulties which meant that while they were able to see and hear the meeting, they were unable to participate verbally. However contributions from these members were made via instant message and were read out to all members for the record.

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. He added a particular welcome to representatives from the Local Authorities who were attending the first public meeting of the PCCC

1.2 Apologies were received from Professor Simon Mackenzie and Usman Niazi

2. Declarations of interest

2.1 Members noted that some amendments were required to the declaration of interest register:

- Dr Adrian McLachlan asked that amendments sent through to his declaration of interest be reflected in the log.
- Martin Wilkinson noted that the declaration should be updated with details of his joint appointment with Lewisham council. **Action: an updated declarations of interest register to be provided at the next PCCC (Julian May)**

2.2 There were no additional declarations or conflicts identified in respect of agenda items.

3. Minutes of meeting on 16 April 2020 and Actions

3.1 The committee **agreed** the minutes of the meeting on 16th April to be an accurate record.

3.2 The action log was updated.

4. Matters arising

4.1 Peter Ramrayka noted that helpful feedback had been provided following a discussion on a proposal for handling contractual issues relating to CQC inspections during the pandemic presented at the last meeting. The document had been provided again to show the amendments that had been made as a result of discussions Dr Simon Parton the committee's LMC representative.

4.2 Jill Webb added the original approach had been to monitor actions linked to the CQC 'are services safe' domain as usual, and additionally actions from any other domains which had been rated 'inadequate'. Following discussions with Dr Simon Parton, only actions related to patient safety from within these other inadequate domains would require action plans. One of the reasons for the original approach had been a concern over the difficulty in selecting which actions directly or indirectly related to patient safety from within these other domains. However the CCGs Chief Nurse had agreed to nominate a colleague from her directorate to assist officers to identify these actions in a consistent way.

4.3 Since these changes did not materially alter the approach agreed at the last PCCC, the paper had been provided for information only. Work since the last meeting had focused on implementing the approach and as shown in the summary of officer's decisions.

5. Questions received from the Public

5.1 A question had been received from a member of the public regarding what the CCG was doing in primary care to mitigate the unequal outcomes of COVID-19, raising the following specific questions.

- Will you be taking any action for staff in primary care as set out by NHS Somerset FT for BAME staff?
- Will you be taking any action in line with letters from NHSE?

- Will you be taking action on supporting provision of appropriate PPE or local testing for local staff and patients, especially for people who are disabled or who do not have cars or cannot afford transport?
- Are there other specific actions you are taking or planning to mitigate adverse outcomes for local people due to the range of health inequalities and the digital divide?

5.2 Christina Windle noted that addressing health inequalities was at the core of the CCGs response to the pandemic in collaboration with its partners and stakeholders. CCG would plan to provide a fuller response to the question and publish alongside the minutes. **Action: a response to the question to be provided on the website (Christina Windle).**

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

6.1 Peter Ramrayka confirmed that there were no urgent or unplanned decisions to report.

7. Report of decisions made by Officers under SOP

7.1 Peter Ramrayka referred members to the routine report of decisions made by officers. Nick Langford advised that all letters referred to would be issued by the end of the day.

7.2 Jessica Arnold suggested that it be made clear in future papers which practice was referred to where a number of practices across south east London shared a name.

7.3 The primary care commissioning committee **noted** the report of decisions made by officers.

8. Recommendations to the PCCC for decision

8a. Knoll Medical - Premises Discretionary Funding

8.1 Mark Cheung outlined the history of the case noting an initial consultation on the future of healthcare services in Orpington undertaken by Bromley PCT, the subsequent approval of a full business case for the new Orpington Health and Wellbeing Centre, and the commitment of NHS England and Bromley CCG to support Knoll Medical Practice to move to the new centre by covering the associated recurring and non-recurring costs. The centre had opened in September 2019 and the commitment to provide support was confirmed by the Bromley Primary Care Commissioning Committee in January 2020 together with updates to reflect changes since the original assessment. The PCCC agreed that support for the non-recurrent costs would be in line with the relevant clauses relating to discretionary funding decisions in the 2013 Premises Costs Directions, as originally approved. Whilst the practice had recently requested 100% re-imbursement, commissioners considered the original commitment of 66% to be appropriate and in line with other similar decisions at the time. The cost of this 66% reimbursement had been calculated as £17,711. The cost would be non-recurrent and since it had already been accounted for in 19/20 expenditure there would be no impact on the current year.

8.2 Andrew Parson stressed that the Orpington Health and Wellbeing centre was a significant development for both primary and community care, and an important part of strategic work to improving out-of-hospital services. All parties had shown consistent commitment over a long period of time. He particularly thanked local authority colleagues and members of the public for their support, and recommended the committee honour the original commitment of the PCT by approving the discretionary funding.

8.3 The committee approved the discretionary funding in relation to 66% of non-recurring costs for legal fees and Stamp Duty Land Tax outlined in the paper (£17,711)

8b. Streatham Place Practice Strategic Review

8.4 Jill Webb referred members to the paper seeking support for a dispersal of the practice list while retaining the premises of the AT Medics Edith Cavell practice, subject to engagement with specified

stakeholders. The proposal was to extend for just one month rather than 5 years, in recognition of the exceptional circumstances of the COVID 19 pandemic. Additionally, the committee was asked to endorse the stakeholder engagement plan, with helpful comments already being submitted by Lambeth Healthwatch.

8.5 The former Lambeth PCCC Chair's action taken on 31st March related to an officer recommendation not to extend or re-procure the current APMS contract, based on the business case put forward by AT Medics. Jill Webb explained that decisions relating to potential procurement or re-procurement must be taken in private, as the outcome must be announced to the public at the same time and when organisations are ready to launch their procurements.

8.6 The paper that requires a decision today by the PCCC at its meeting that is open to the public for transparency is the proposal for a dispersal. Previous options 1, 2 and 4 described in the paper had been eliminated based on the reasons set out by officers in their detailed assessment . The business case submitted by AT Medics requested officer support to consolidate the 3 contracts they held in the PCN from 3 to 2. Secondly the business case proposed retaining Streatham Place premises, recognising that it had previously been approved by Lambeth PCCC as a strategic site in the area, and because of an acute shortage of space preventing Streatham Place patients being absorbed by the Edith Cavell site.

8.7 Had the business case not been submitted, commissioners would have been recommending an extension to the APMS contract as it was clearly a well-performing contract. Officers had endorsed the recommendations of the business case in the context of a history of concerns expressed by patients about losing the Streatham place site, which had been a significant investment in when built; the need to retain the site for use for the PCN infrastructure; and the opportunity to provide continuity of access for patients, 86% of whom lived within one mile of the site, as well as allowing them the option to exercise patient choice and register elsewhere.

8.8 Financial support was not proposed to support re-registration of patients as it is expected most patients would wish to re-register and use the Streatham place site.

8.9 Neil Kennett-Brown asked for clarification on whether the APMS contract would change to a PMS contract. Garry Money responded that the APMS contract for Streatham Place would be dispersed but the premises would be used under another APMS contract (Edith Cavell) meaning there would be no change to a PMS contract.

8.10 Dr Nancy Kuchemann asked whether there had been engagement with other local practices regarding their ability to absorb dispersed patients choosing to register elsewhere, and while it was understandable that AT Medics had submitted a business plan, whether this opportunity had been advertised to other practices.

8.11 Jill Webb replied that where business cases were put forward in relation to contractual changes it would not be typical to invite further submissions from with other practices, and in this case there was an obvious link between the proposal to disperse and the retention of the site. However, with a potential dispersal the ability of other practices to take on new patients would normally be tested, and in this case this had not been the focus had instead been on establishing whether a dispersal was viable. This was because of the history and knowledge that most patients would choose to register with the Edith Cavell Practice. However in hindsight, a capacity analysis should have been carried out and this should be included in the recommendation.

8.12 Folake Segun reported that while colleagues in Healthwatch Lambeth were happy to support the move, there was concern about the engagement, as AT Medics did not seem to have a Patient Participation Group, and the pandemic created particular challenges in relation to engagement with patients particularly those who were vulnerable.

8.13 Garry Money advised that the practice did have a PPG but this was not advertised on the practice's website, an omission which would shortly be corrected. Support was being provided for the engagement work, in particular virtual engagement and ways to reach vulnerable groups, in light of the concern that some patients may interpret the change as a loss of services. Jill Webb highlighted that it was the responsibility of the commissioner to manage the outcome of the dispersal so the burden would not fall on the practice.

8.14 Joy Ellery recognised some of the challenges engaging with patients and the public and noted the thought that had gone in to plans. The word 'closure' could be alarming for the public, and there was the additional challenge of COVID-19 which hampered communication and may give rise to inequality. Jill Webb agreed that the current period was not ideal for engagement and advised that the one month extension period had been recommended partly in recognition of the need for extra time to put in place more support for patient engagement.

8.15 Andrew Parker commented that the complexities of the proposal should be acknowledged as well as the helpful discussion on engagement. He concluded that the dispersal was important for the resilience of the practice, as well as a step forward towards the integration of the PCN, which at the same time made allowances for patient choice.

8.16 Simon Parton asked why the CCG wished the premises to be kept if the list was being dispersed. Jill Webb noted that CCG was following the rationale set out in the business case submitted by AT medics, focusing on the need to retain the space to make sure the PCN was resilient, acknowledging pressures in both of the other practices run by AT Medics. Garry Money added that as the mapping and data showed there was significant growth in the area including additional patients registering at the existing Edith Cavell site as well.

8.17 Jessica Arnold noted that there was a risk that patients would delay registering with the new practice, which would affect the list size for the new contract holder as well as possibly hindering access for patients, and suggested learning from previous allocations be considered. Jill Webb reminded members that the arrangements for the SEL Allocation process had been approved at the last meeting and would be followed soon after the dispersal.

8.10 The committee **approved** the recommendation to disperse the practice list and to retain the premises as a branch surgery of the AT Medics' Edith Cavell Practice, subject to engagement with all local stakeholders including registered patients, Healthwatch and Lambeth LMC as outlined in the paper and **additionally subject to** reviewing the capacity of local practices about their readiness to accept dispersed patients choosing to register with them.

8.11 The committee **endorsed** the stakeholder engagement plan and **noted** the practice close down plan.

8.12 The committee **approved** a contract extension of 1 month to 30th September 2020, in order to provide a more reasonable timeframe to implement patient engagement and close down plans.

8c. Royal Arsenal Medical Centre – Full Rent Reimbursement for GP practice

8.11 Peter Ramrayka noted that a conflict of interest had been identified for Neil Kennett-Brown in relation to the item which would be addressed by asking him to abstain from voting on any decision.

8.12 Irene Grayson noted that the Royal Arsenal Medical Centre practice was located near a new riverside housing development in Woolwich, and the list size had been growing over time alongside this development. The growth of the list was such that 100% reimbursement of rent could now be considered. Managing the growth had been challenging for the practice, and as other services in the medical centre vacated there was now an opportunity to use the space. Conversations on how

to make full use of the building in the context of PCNs had been underway before the pandemic but had not concluded. The single handed GP partner was also required to recruit an additional partner and not having the assurance on full rent reimbursement had made this more difficult.

8.13 Jill Webb stated that the issue had been considered urgent enough to be brought to the committee's attention during the pandemic because of the importance of maintaining the resilience of this practice in a key location in an area of growth - the contractor had taken on a huge space, and as a result of giving notice to other users of non-reimbursable space, was only being reimbursed for part of it now. The 'in principle' decision would provide the contractor with an agreement to support the practice which would help them with strategic planning.

8.14 The request for a decision 'in principle' rather than approval was sought because the pandemic had prevented the required engagement on the proposed use of space by the PCN, and changes to more digital ways of working arising during the pandemic would also need to be factored in to the final decision about the additional reimbursement being requested for the full footprint. However, there was a good case for an immediate decision on the increase in original car parking reimbursement of four spaces by an additional four spaces, given the doubling of the list size. The increased reimbursement costs for both rent and car parking had been accounted for in the 20/21 budgets and would therefore not create an additional cost pressure.

8.15 The committee approved in principle the extension of practice rent reimbursement from 82.84% to 100% backdated to 1 April 2020

8.16 The committee **approved** the additional car parking reimbursement for four spaces amounting to an additional £4,222.16 (inc. VAT). backdated to 1 April 2020.

9. Finance Report

9.1 Nick Brown referred to the 2019/20 finance report which showed a position of £0.2m overspend against a £267m budget and confirmed that the report captured all known expenditure with no further risks expected to the position.

9.2 Jill Webb advised that there had been a regrettable underspend of the budget for Additional Roles Reimbursement Scheme, and this meant that some of the funding available was in effect 'lost'. However the committee could be assured that where there was sufficient evidence, accruals had been made to allow payments to be made for claims on the scheme not yet submitted. Nick Brown confirmed that every commitment made for expenditure had been accrued and was accounted for within the 19/20 position so that there would be no issue in making the payments when the claims were submitted.

9.3 NKB asked if primary care development funds were also accrued in the context of an underspend in the last financial year. Nick Brown confirmed that the report outlined only the delegated primary care budget which did not include primary care development funds, but for all budgets where there evidence had been provided there would be an accrual as normal.

10. Any other business

10.1 Peter Ramrayka observed that some members had experienced technical problems when joining the meeting, and apologised on behalf of the CCG for the inconvenience caused. He noted that the issues would be explored in order to resolve them in the future.

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