

**NHS Southwark Clinical Commissioning Group (CCG)
Primary Care Commissioning Committee
Tuesday 24 July 2018, 1pm – 2.30pm
Cambridge House, 1 Addington Square, London SE5 0HF
MINUTES**

Present:		
Robert Park (Chair)	Lay Member, Southwark CCG (SCCG)	RP
Caroline Gilmartin	Director of Integrated Commissioning, SCCG	CG
Ross Greaves	Managing Director, SCCG	RGr
Richard Gibbs	Lay Member, SCCG Conflict of Interest Guardian	RGi
Jean Young	Head of Primary Care Commissioning, SCCG	JY
Andrew Nebel	Lay Member, SCCG	AN
Jill Webb	Head of Primary Care, South East London Primary Care team	JW
Dr Penny Ackland	Southwark Local Medical Committee	PA
Kate Moriarty-Baker	Director of Quality and Chief Nurse	KMB
Malcolm Hines	Chief Finance Officer, SCCG	MH
Rachel Doherty (notes)	Primary Care Commissioning Manager, SCCG	RDo
Catherine Negus	Southwark Healthwatch Manager	CN
Apologies:		
Dr Emily Gibbs	Clinical Lead, Primary Care, SCCG	EG
Dr Rob Davidson	Clinical Lead, Primary Care, SCCG	RDa
Joy Ellery	Lay Member, SCCG	JE
Ami David	Registered Nurse Member	AD
Stephen Whittle	Southwark Healthwatch	SW

1.0 Introduction

Introductions and apologies were noted as above.

1.1 Declarations of Interest

The group were asked to declare if there had been changes to their interests and if they had a conflict with an agenda item. All members confirmed no changes or conflicts.

2.0 Minutes from the last meeting

The minutes were agreed as an accurate record. PA asked for an update in relation to the LMC's query at the last meeting regarding the quoracy of the Committee. RG confirmed that a letter had been sent to Jane Cliffe with the relevant information and that PA could contact him with any other queries.

2.1 Actions from the last meeting

The actions were discussed as follows:

Date of Meeting	Action number	Action Point	Lead	Status
23.01.18	4	To create a principles document for mergers	RD	On-going, to be brought to next meeting
22.05.18	3.1	To inform Christine Andrews on local mental health service related meetings	CG	RD emailed the patient and put in contact with mental health commissioning colleagues to advise of mental health related meetings. Closed.
22.05.18	4.1	To confirm the London conflict of interest guidance for GP delegated commissioning to the LMC	RG	Complete. Closed.
22.05.18	8.1	To feed back all of the PCCC comments to NHS England	NL	Complete. Closed.

3.0 Public Open Space

RP welcomed members of the public.

Martin Dadswell asked if the utilisation of the extended primary care services was increasing. JY confirmed that utilisation of the service had increased.

4.0 Primary Care Finance Report: Month 3 2018-19

MH explained that the report included delegated and local primary care budgets. It was noted that the short fall in delegated funding had been met by the CCG. It was noted that there was no significant variances at month 3.

MH explained that the report format had changed following comments from the Committee. The Committee thanked MH for the changes made.

AN noted the variation in the prescribing budget and asked if the CCG was confident that the overspend could be mitigated. MH confirmed that the medicines optimisation team would be working with practices to mitigate an overspend in this area. It was noted that the budget is significant and therefore a minor change in prescribing can increase expenditure against the budget.

It was noted that the SELDOC budget had increased as the number of APMS caretaking contracts had increased but that it was expected the budget would break even. It was explained all APMS contracts are opted out of providing out of hours services.

5.0 Quality Improvement Report

KMB presented the paper. KMB explained that 4 practices have had CQC reports published since the last Committee. It was noted that the Hurley Group who have been caretaking Dr Hossain’s former practice were not assigned a rating due to the short time they had been managing the practice, but that the CQC recognised systems and processes at the practice have improved.

KMB explained that the Brid Nicholson, the infection control nurse for Southwark and Lambeth was leaving the CCG but that the CCG had appointed to the post. It was explained that the post holder will work with practices, the commissioning support unit and primary care commissioning to identify practices that require support.

It was noted that the south-east London general practice nurse strategy group had been set up to support the delivery of the general practice nurse 10 point plan. It was noted a successful bid to Health Education England was submitted to support delivery in south-east London and that the group is in the process of recruiting to a practice educator role. It was explained that Southwark had recruited to a preceptorship nurse role to support mentorship of new nurses in Southwark.

KMB explained that the CCG was working across south-east London to support the raising awareness of sepsis. It was confirmed all practices have a sepsis lead.

It was also explained that the CCG had revised the significant event template which includes guidance on how to develop SMART actions is being promoted alongside the quality alert process.

PA noted that infection control inspections of general practice services needed to be in line with standards that relate to general practice. JW confirmed that the south-east London team has engaged with Londonwide LMC over the development of the infection control audit tool.

JY noted that it was good that Falmouth Road Group Practice and Acorn and Gaumont Surgery had now been rated as ‘good’ by the CQC and noted the turnaround made at Falmouth Road Group Practice by the caretaker provider, AT Medics. The Committee noted the new presentation of CQC ratings was helpful.

JW confirmed that she would share the evaluation of the infection control audits completed across London and the sepsis audit tool with KMB.

Date of Meeting	Action number	Action Point	Lead	Status
24.07.18	1	To share the evaluation of the infection control	JW	New

		audits completed across London and the sepsis audit tool with KMB.		
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6.0 Contract Action Log

JW presented the paper. It was noted that there were 5 open cases and that action in relation to Lordship Lane Surgery would be discussed later in the meeting.

PA noted that it would be helpful to include in the report what support the practice had been provided. It was confirmed that this information is included in the quality report.

7.0 Primary Care Commissioning Committee decisions for reporting

It was explained that the Committee has the ability to make urgent decisions in between public meeting. JY noted that the Primary Care Commissioning Committee had made two urgent decisions in between the public meetings.

The first was an urgent unplanned decision to close Camberwell Green’s Surgery list to new patient registrations. JY explained that this excludes family members of patients currently registered with the practice. It was noted that this decision was taken urgently to support the practice’s resilience. CN asked if the practice was the only practice in Southwark with a closed patient list and if the other practices engaged with prior to the decision had any objections. JY confirmed that all other practices in Southwark had lists that are open to new patient registrations and that the surrounding practices to Camberwell Green had supported the temporary closure to support the resilience of the practice.

JY also noted that the Committee made an urgent planned decision to issue the Bermondsey Spa practice with 3 remedial breach notices in line with the CCG’s contract management framework.

8.0 Lordship Lane Surgery Breach and Remedial Notice

JW explained that the situation in relation to this practice was highly unusual. In fact, it was noted that this scenario was not covered by the Requires Improvement London standard operating procedure, although the considerations that are included in the SOP had been applied.

It was explained that as well as the evidence obtained from the 3 CQC visits and desk top review, the practice had, on numerous specified occasions, failed to provide sufficient information to officers that they had addressed all areas included in their remedial breach notices following previous CQC inspections. It was noted that the CQC had now rated the practice as ‘good’ overall, with one area rated as requires improvement, following its third inspection visit on 12 March 2018. Whilst the PCCC could gain some assurance from the improvements that the practice had made, officers were not in a position to provide full assurance to the PCCC that all compliance issues had been addressed satisfactorily. Where there were outstanding actions relating to breach notices that had been assessed as now compliant by the CQC, officers had

confirmed to the practice that they would not be seeking further separate evidence of compliance.

It was noted that there were a number of outstanding areas where the practice had not provided sufficient assurance to the CCG that the required actions had been taken. JW summarised the areas that were included in the report. It was noted that there were outstanding areas of non-compliance, despite the practice receiving support from the Londonwide LMC support team.

JW confirmed that the recommendation to the Committee was that the practice was issued with a fourth remedial breach notice in order to require the practice to remedy outstanding compliance issues within a 28 day period.

JY advised that she had spoken to the lead GP at the practice and advised the Committee that he took the situation very seriously.

RP noted that the outstanding areas seemed to be areas which could be addressed quickly by the practice, although it was also noted that there were matters outstanding, such as the practice’s repeat prescribing policy, that required clinical input. It was noted that the management capability of practices to provide assurance to commissioners was vital in this process.

The Committee were satisfied that contract levers were needed to be utilised to seek assurance about the quality of general practice services and agreed the issuing of the fourth remedial breach notice.

Date of Meeting	Action number	Action Point	Lead	Status
24.07.18	2	To issue a remedial breach notice to Lordship Lane Surgery.	JW	New

9.0 Procurement Update – extended primary care services to residents in residential and nursing homes

JY reported in public that Quay Health Solutions Community Interest Company was the successful bidder following a procurement for the extended primary care service to residents of residential and nursing homes. It was noted the service for nursing home residents started on 1 July 2018 and that the service for residential patients will be mobilised over the summer.

10.0 Silverlock Relocation Update

RD reported in public that the Silverlock Medical Centre had relocated to the Health Centre on Verney Way from 2 July 2018. It was noted that the relocation had enabled the practice to provide services from a purpose built premises with capacity for the list size. It was explained that

the CCG had been successful in getting capital funding to increase the number of consultation rooms at the premises.

RP suggested that the CCG reviewed the outcomes of the relocation at a Committee in the future to include data regarding patient registrations, patient experience to identify if any lessons could be learnt.

Date of Meeting	Action number	Action Point	Lead	Status
24.07.18	3	To present a review of the relocation of Silverlock at a future Committee.	RD	New

11.0 GP Forward View Resilience Funding

RD explained report was being presented to the Committee following an action from the last meeting. RD summarised the areas which practices used the funding for in 17/18 to support with their resilience. It was noted that outcomes all practices who had received funding improved in terms of their CQC ratings and that practices had been able to demonstrate improvements in relation to patient outcomes, experience and recruitment of staff. It was discussed that the resilience funding has supported practices with their management capacity but also enabled lead GPs time to work on improvement plans to support the practice’s resilience.

It was noted that NHS England was leading evaluations of resilience funding and that many case studies had noted improvements as a results of funding.

RD explained that the CCG would work with the LMC to prioritise practices for 18/19.

12.0 AOB

RP noted that the meeting was PA’s last as Chair of the LMC. RP thanked PA for her contributions to the Committee and wished her luck for the future. PA thanked the Committee for the opportunity.

13.0 Public Open Space

No questions were raised.

Meeting closed 2.30pm