



## REPORT TO THE MERTON CLINICAL COMMISSIONING GROUP GOVERNING BODY

**Date of Meeting:** 18<sup>th</sup> April 2018

**Agenda No:** 11.1

**Attachment:** 16

<b>Title of Document:</b> Summary Report of the Primary Care Commissioning Committee meeting on 30.11.17	<b>Purpose of Report:</b> To Receive and Note
<b>Report Author:</b> Tony Foote, Board Secretary, NELCSU.	<b>Lead Director:</b> Andy McMyllor/Clare Gummatt
<b>Executive Summary:</b> This report summarises the key items discussed at the Primary Care Commissioning Committee meeting on 30.11.17 Note: this summary is not intended to replace the formal minutes of this meeting. Those minutes are available upon request.	
Key sections for particular note (paragraph/page), areas of concern etc: All of the summarised minutes.	
<b>Recommendation(s):</b> The Merton Clinical Commissioning Group Governing Body is requested to note the contents of the summarised minutes.	
<b>Committees which have previously discussed/agreed the report:</b> The Primary Care Commissioning Committee has approved the full minutes of these meetings.	
<b>Financial Implications:</b> Only any detailed within the meeting summaries.	
<b>Implications for CCG Governing Body:</b> N/A	
<b>How has the Patient voice been considered in development of this paper:</b> N/A	
<b>Other Implications:</b> N/A	
<b>Equality Analysis:</b> N/A	
<b>Information Privacy Issues:</b> N/A	
<b>Communication Plan:</b> All documents appearing on Part 1 of the Governing Body meeting will be accessible via the CCG's website.	



## SUMMARISED MINUTES

Committee:	Primary Care Commissioning Committee
Meeting date:	30.11.17
Members Present	Clare Gummett, Julie Hesketh, Neil McDowell The meeting was not quorate and any decisions to approve would need to be ratified later.
<u>Main Items Discussed:</u>	<p><u>Primary Care Commissioning Update (inc. Primary Care Budgets)</u></p> <p><u>PMS Contracts</u> PMS contracts had been circulated to practices with an extended deadline of 30<sup>th</sup> November. There have been no major issues reported and over half the contracts have been returned signed. This work is now in the mobilisation phase.</p> <p><u>Rowans Surgery Procurement Contract</u> The Streatham Common Practice had been providing GP services from 1<sup>st</sup> October 2017, patient engagement was ongoing and the aim was to create a new Patient Engagement Group.</p> <p>The Committee <b>NOTED</b> the Primary Care Commissioning Update.</p> <p><u>Primary Care Budgets Update</u></p> <ul style="list-style-type: none"> <li>- Prescribing: expected savings for later in the year may not materialize due to an unavailability of generic drugs leading to the prescribing of more expensive drugs. This issue will continue to be monitored.</li> <li>- NHS 111 contract: this was going well but could be affected by winter pressures.</li> <li>- Delegated Commissioning: results to September show an over-spend of £83k but the full year forecast remains on plan</li> <li>- The PMS core contract costs include £132k for additional caretaking and short term contract payments.</li> </ul> <p>MJ asked if any under-spend in Primary Care Commissioning could be allocated to local Primary Care services, particularly to stabilise practices under threat. NM said it this could not routinely be done and would require a decision by the Governing Body.</p> <p>The Committee <b>NOTED</b> the Primary Care Budgets Update.</p> <p><u>Primary Care Strategy Update</u></p> <p>A key theme of the strategy was significant new investment in primary care services by deploying GPFV funding, Estates and Technology Transformation Funding, National Resilience Funding and new investment by Merton CCG in the PMS contract review. There were four key areas of focus:</p> <ul style="list-style-type: none"> <li>- Strong relationships with the CCG members.</li> <li>- New transformation funding from both the CCG and NHS England for access has paved the way for significant developments needed in primary care in relation to access.</li> <li>- Integrated care will support the proactive arm of primary care required for complex patients.</li> </ul>

	<ul style="list-style-type: none"> <li>- Underpinning all of the above is a consistent focus on core quality and practice resilience.</li> </ul> <p>TH reported that Phase 3 of Practice Variation visits had started. Visits to all 23 practices have been booked in up until January. AMc said he felt there was genuine progress and highlighted other aspects of primary care not covered within the report.</p> <ul style="list-style-type: none"> <li>- General Practice at Scale</li> <li>- Strategy for vulnerable practices</li> </ul> <p>The Committed <b>NOTED</b> the Primary Care Strategy Update.</p> <p><u>Ravensbury Park Update</u></p> <p>The Practice was re-inspected in September 2017 and was rated 'good' for caring but, overall, the CQC's rating was 'inadequate'. The CCG is in discussion with the Practice and CQC on next steps and the outstanding work needed to improve arrangements within the surgery.</p> <p>AMc commented that support for the practice had continued following the second visit. A decision had been made for the practice to work more closely with the Wide Way Practice and for two GP Principals and the Managing Partner from Wide Way to be added to the PMS contract held by the Ravensbury Practice. An application to the CQC would also be made to change the Ravensbury Registered Manager. These changes had effectively provided additional clinical support and leadership.</p> <p>The Committed <b>NOTED</b> the Ravensbury Park update.</p>
Points to Note:	None.