

Primary Care Committee
Wednesday 12 December 2018
2pm – 4pm
Sherwood Board Room 1

A G E N D A

Item	Lead	Enc.	Time
1.	Welcome & Apologies	Chair	2pm
2.	Declaration of Interests	Chair	
3.	Minutes of Previous Meeting held on Wednesday 12 September 2018	Chair	PCC18/01 2.05pm
4.	Matters Arising	Chair	2.10pm
Operational			
5.	E – Consultations Update	Sarah Harwood	PCC18/02 2.10pm
6.	Primary Care Budget – PMS – Enhanced Services	Wendy Rowlands	PCC18/03 2.15pm
7.	Walnut Tree – Practice Boundary	Janine Welham	PCC18/04 2.25pm
8.	Clinical Admin Training	Liz Holland	PCC18/05 To Follow 2.30pm
9.	Terms of Reference	Janine Welham	PCC18/06 2.40pm
Any Other Business			
10.		All	2.45pm
Date of next meeting			
11.	Wednesday 9 January 2019, 2pm – 4pm Sherwood Board Room 1		

PRIMARY CARE COMMITTEE
Wednesday 12 September 2018
2pm – 4pm
Sherwood Board Room 1

Minutes

Present		
Dr Hopeson Alifoe	HA	Board Member, MK CCG
Richard Alsop	RA	Director of Programme Delivery, MK CCG
Hilary Jones	HJ	Acting Director of Nursing and Quality, MK CCG
Edna Muraya	EM	Senior Finance Manager, MK CCG
Kayley O'Sullivan	KO'S	Primary Care Support Officer, MK CCG (Minutes)
Will Perks	WP	Lay Board Member, MK CCG (Chair)
Mike Rowlands	MR	Lay Board Member, MK CCG
Janine Welham	JW	Primary Care Development Manager, MK CCG

Apologies:		
Dr Nesson Carson	NC	Board Member, MK CCG
Dr Nicola Smith	NS	GP Chair, MK CCG
Muriel Scott	MS	Director of Public Health
Nadia Shaw	NSh	Healthwatch Member
Alexia Stenning	AS	Deputy Director of Programme Deliver and Head of Primary Care, MK CCG
Matthew Webb	MW	Chief Officer, MK CCG

In Attendance		
Lisa Giles	LG	Primary Care Assistant Contract Manager, NHS England

		Action
1.	Welcome and Apologies	
	As above	
2.	Declaration of Interest	
	Dr Hopeson Alifoe – GP at Hilltops Medical Centre Will Perks – Centene as a client	
3.	Minutes of the previous meeting held on 13 June 2018	
	The minutes of the meeting held on 13 June 2018; to be amended to show Nicola not Nicole in the Declaration of Interest section. The minutes were otherwise agreed as an accurate record of the meeting. Action Log Update: The action log was updated.	
4.	Matters Arising	
	Action 26 – Item on the Private agenda Action 27 – JWe has currently not received any feedback from the fellowship. Action 28 – SG is currently working on extracting the data	

5.	Online Consultations	
	<p>There was an overview of the key milestones of the project and the next steps. Procurement advice has been sought to see if Silicon Footfall product which was approved on the framework following the procurement could be included as a number of practices within Bedfordshire and Luton has this facility already and there has been poor uptake with Wiggly Amps. They have informed us that this is not possible as the project has been through the procurement process and the contract was awarded to Wiggly Amps for 1 year + 1 year.</p> <p>The committee was informed that CCGs across the country are struggling to implement the online consultations and the CCG will try and push Wiggly Amps where possible. A new application is also being launched in the autumn which may change this project as it will be available for the whole population.</p>	
6.	Primary Care Budget	
	<p>The budget for 18/19 for delegated commissioning is £32.966m. As at month 4 the budget was £40K underspent and projected underspend of £100K at the end of the financial year.</p> <p>This underspend partly relates to an uncommitted contingency reserve of £200K. This is phased equally in the budget with no actual spend currently forecast. However there are areas of overspend that have utilised this contingency reserve.</p> <p>NHSE is still issuing guidance on the General Practice Pay awards and this will reflect the some changes in the spend especially on Global sum going forward.</p> <p>The areas that are expected to overspend are as follows:</p> <ul style="list-style-type: none"> • Global sum - MPIG and APMS contracts is forecast to overspend by £113K and £57K respectively. This is mainly due to the uplift in Price per patient in the global sum. • Seniority and CQC fees are forecast to be overspend by £41K and £62K respectively. This is due to increased costs in CQC fees for GP practices and Seniority assumed that this will reduce over time but has not reduced at the same level as the budget anticipated. • There is anticipation that there will be rental increases as the rent reviews are yet to take place and a contingency has been set aside for this. Rates are projected to be higher than budgeted as there is an increase in rates this year hence forecasting a £119K overspend. <p>The areas that are expected to underspend are QOF is forecast to underspent by £262K going by the Achievement attained in 2017-18 which was lower than anticipated. The other area of underspend is £13K in trade waste which the CCG is not liable to pick up as a cost.</p>	
7.	Procurement Assurance	
	<p>This paper has been submitted by Matt James and Caroline Goulding to the three CCGs in the STP to present at their Committees. It is to gain assurance on our evaluation for procurement on our financial risks. NHSE are requesting the CCG to confirm whether it has or is developing an objective process for assessing the economic and financial standing of bidders for CCG contracts in excess of £500k and the CCG will publish the process for assessing the economic and financial standing of bidders for CCG contracts in excess of £500k in future ITT documentation. Janine Welham has also gained assurance from Wendy Rowlands</p>	

	<p>and ArdenGEM that these processes are in place.</p> <p>It was confirmed that if required the CCG will request parent companies as a guarantee. A Dun & Bradstreet report is also published along with the procurement information.</p> <p>The committee agreed to write to NHSE to confirm that all the processes are in place.</p>	JWe
8.	GP Patient Access Survey 2018	
	<p>In 2018 survey the questions were significantly redeveloped to reflect changes in primary care as set out in the GP Forward View therefore the CCG is unable to base the results on previous year's performance so we will not have the same baseline information. The CCG rankings will change due to the change in questions and we are 117 out of 195 CCGs. There was only a 35% return rate which is only around 3,000 questionnaires.</p> <p>Cobbs Garden, Milton Keynes Village and Sovereign have been highlighted at the top of the table as good practices however there are quite a few at the bottom end which are Wolverton Health Centre, Hilltops Medical Centre, Ashfield Medical Centre and Water Eaton Health Centre. Water Eaton currently have workforce issues with only 1 GP. Access is a standing item on the agenda for practice visits, seven of these have already been completed prior to this information being published. There will be a follow up visit with Water Eaton Health Centre to discuss their access. Janine Welham and Alexia Stenning are also promoting the direct booking through 111 and e-consultations within the practice visits.</p> <p>There was discussion around the poor performing practices and the correlation with the high A&E admissions. Practices need to be encouraged to improve their access such as triage to ensure that patients are seeing the right person rather than just open appointments until they have run out for that day. The public perception needs altering whether it could be telephone triage through 111 or the practice. Richard Alsop requested data for the number of patients going to Out of Hours, two hours after GP practices close against emergency admissions with a basket of measures and this to be circulated to the committee.</p> <p>A suggestion was made as to whether it would be a good idea to send a communication to the public and dovetail with the consultation from the urgent care centre going to bookable slots then in 12 – 18 months' time would it be advisable to send a household communication out.</p>	JWe
	Any Other Business	
	None	
	Date of next meeting	
	Wednesday 10 October 2018, 2pm – 4pm Sherwood Board room 1	

Action Log			Meeting Date	Outcome
1.	KO'S to ensure resources for delegation is added as a standing agenda item	KO'S	28/6/17	Completed
2.	JW will chase the other 8 practices for the signed copies of their constitution	JW	28/6/17	Completed
3.	GPFV schemes that are complete need to be archived on the GPFV plan	KO'S	28/6/17	Completed
4.	Further work to be carried out for PMS reinvestment and Commissioning Intentions for 18/19	AS/JWe	28/6/17	Completed
5.	EM to incorporate PMS plus and enhanced services within the budgets	EM	28/6/17	Completed
6.	JW to provide a GPFV Highlight Report update at the next meeting	JWe	19/9/17	Completed
7.	It was discussed that an additional report could be produced for the PCC which includes further areas that are being worked on e.g. Commissioning Intentions.	AS/JWe	19/9/17	Completed
8.	Dr Nicola Smith will promote the Consultant Connect service at the next PLT but to also acknowledge the teething issues that are being addressed	NS	19/9/17	Completed
9.	HJ to provide the PCC visibility on this piece of work and advised of the use of these funds	HJ	19/9/17	Completed
10.	HJ to catch up with Dr Nesson Carson and Edna Muraya as there will be a chance to bid next financial year for the workforce bid	HJ	19/9/17	Completed
11.	Alexia Stenning to draft a letter to escalate the PCSE issues to NHSE	AS	19/9/17	Completed
12.	E-Consultations - Janine to inform Alex that GPs need to be involved in the choice of provider	JWe	10/01/18	Completed
13.	AF to update the committee with NHSE framework for e-consultation	AF	10/01/18	Completed
14.	E-Consultations – Update at the next meeting	AF	10/01/18	Completed
15.	Clinical Admin Training - Advise Healthwatch that this training is commencing	AF	10/01/18	Completed
16.	Section 106 meeting with the Council - Edna to feed back at the next meeting	EM	10/01/18	Completed
17.	AF to enquire about medical and legal cover quotes	AF	06/02/18	Completed
18.	AF to provide an update regarding online consultations at the next meeting	AF	06/02/18	Completed
19.	MW to follow up with the provider regarding CNWL Mental Health switching to SystmOne	MW	06/02/18	Completed
20.	AS to speak to Jane Palmer regarding the signposting for LiveLife	AS	07/03/18	Completed
21.	Data to see how many people telephone in a day and how many seen in the urgent care on the day. JWe has the data for how many people are seen in Primary Care in a day	SG/JWe	07/03/18	Completed
22.	Richard Alsop to send the committee the link to the Corby business case	RA	07/03/18	Completed
23.	Alex Friend to send the links with the U Tube demonstration of the product with the minutes.	AF	09/05/18	Completed
24.	Pam Lewin to check with NHSE who is picking up the costs and where the budget is sitting as it is not with the CCG delegated budget.	PL	09/05/18	Completed
25.	Janine Welham to check that both Mental Health and District Nurse records can now be seen and share with committee members.	JWe	13/06/18	Completed

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26.	Update on NHSPS	EM	13/06/18	Completed
27.	Janine Welham to ascertain from the GP Fellow to see the reason why they did not want to progress and if there is any learning when we are recruiting to this role	JWe	13/06/18	Completed
28.	SG was asked to send the figures for how many on the day appointments are offered on the day across Milton Keynes? What percentage are in the wrong place?	SG	13/06/18	
29.	Will Perks requested that all comments are sent to Richard Alsop by email in the next week.	All	13/06/18	Completed
30.	Will Perks has requested that any comments are sent by email to Steve Gutteridge.	All	13/06/18	Completed
31.	Procurement Assurance - Write to NHSE to confirm that all the processes are in place.	JWe	12/9/18	
32.	The number of patients going to the Out of Hours two hours after GP practice closes against emergency admissions and circulated to the committee.	JWe	12/9/18	

DRAFT

Subject: GP Forward View (GPFV): Online Consultations

Meeting: Primary Care Committee

Date of Meeting: 12 December 2018

Report of: Sarah Harwood, Primary Care Commissioning Support Manager

1. SUMMARY

The recently published General Practice Forward View (GPFV) discusses GP services for the future and contains an important development that has begun nationally in relation to GP workload and patient care/experience. The future vision refers to a £45 million national programme to offer every practice in the country support for, and to stimulate the adoption of, online consultation (or 'e-consultation') systems. The Bedford, Luton, and Milton Keynes (BLMK) STP budget for this Project is circa £600,000 over a two year period.

Breakdown of Expected Funding:	Organisation	Patient Numbers 2017/18	Patient Numbers 2018/19	Online consultations 2017/18 £	Online consultations 2018/19 £
	NHS Milton Keynes CCG	290,450	294,246	74,892	100,438
NHS Luton CCG	232,514	235,223	59,953	80,292	
NHS Bedfordshire CCG	474,004	479,471	122,221	163,664	

The funding is to be used towards the costs of providing patients with the facility to conduct a clinical consultation with their GP practice online. It will cover a purchase cost associated with an annual licence for a hosted service on a per-patient basis and support the project costs, including the cost of services or software for the online system, including implementation, training at practice level and marketing materials.

Wiggly Amps' system, Engage Consult, is accessed by registered patients from a configurable portal on a surgery's website. Patients can request help with medical or administrative problems, engage with Chronic Disease Management, upload Health Data, access self-help resources and alternative sources. Benefits include improving access for patients and a streamlined workflow, resulting in a reduction in burden on clinicians and practice staff.

Following a procurement process and an award of contract to Wiggly Amps the intention was for their system to be demonstrated to each of the 23 practices (across BLMK STP) who had agreed to take part in a pilot. Since the contract award, however, and initial demonstrations, many of the practices declined further involvement. Various reasons were cited including the system not meeting expectations, concerns with regard to duplication of work (noting that many practices across BLMK STP were using Silicon Practice's Footfall System) and the inability to respond to consultations within the recommended timeframe.

To move the project forward current actions include managing identified risks and re-visiting interest with sites who had initially agreed to take part in a pilot, whilst also engaging with others who have since indicated that they might want to be involved.

Additionally, if funding is approved, through the use of engagement events and practice visits attempts are to be made to re-gain practice interest through effective management of practice expectations and emphasis on the benefits of the system, noting that since the initial attempts in June 2017 there have been developments to the Engage Consult system which has improved its functionality.

2. UPDATE

Since the Primary Care Committee Meeting held in September 2018:

- Sarah Harwood, who has been recently recruited to the post Primary Care Commissioning Support Manager, has, following the departure of Alex Friend, taken over the role of leading the project locally in Milton Keynes and coordinating the wider project across BLMK STP
- Walnut Tree Health Centre are engaging with MK CCG and re-considering taking part in the pilot
- MK CCG are engaging with Oakridge Park Medical Centre, The Grove Surgery and The Practice Group (in relation to Brooklands and/or Kingfisher Surgery) who have highlighted their interest with regard to implementing the Engage Consult system
- The Engage Consult system has been implemented at Lea Valley (Luton) (Go Live pending)
- The potential to offer the system to all practices within the South East Luton Cluster has been identified by Assistant Director Primary Care Development (Luton CCG) and is to be discussed with the Cluster Clinical Lead
- Further demonstrations have been held for practices in the West Mid Beds Locality, with further engagement scheduled
- Proposal put forward by the Online Consultation Project Board to schedule engagement events which will utilize GPs who already use the system as advocates, enabling the benefits of Engage Consult to be promoted/understood
- Agreement by Silicon Practice that their site can host a link to Engage Consult.

Practice status:

CCG	PRACTICE	STATUS	COMMENTS
Milton Keynes	Central Milton Keynes	Declined due to application requiring further development	Interest to be re-visited. Practice visit to be scheduled
Milton Keynes	Newport Pagnell Medical Centre	Declined due to staffing issues / perceived overlap with SystemOne	Interest to be re-visited. Practice visit to be scheduled
Milton Keynes	Whaddon Medical Centre	Declined due to concerns regarding perceived increase to workload	Interest to be re-visited. Practice visit to be scheduled
Milton Keynes	Wolverton Health Centre	Withdrawn	No further engagement at this point
Milton Keynes	MK Village	Declined	Interest to be re-visited. Practice visit to be scheduled
Milton Keynes	Walnut Tree Health Centre	Considering involvement	Interest to be re-visited. Practice visit to be scheduled
Milton Keynes	Parkside	Withdrawn	No further engagement at this point

Milton Keynes	Oakridge Park Medical Centre	Considering involvement	Recent expression of interest
Milton Keynes	The Grove Surgery	Considering involvement	Recent expression of interest
Milton Keynes	Brooklands Health Centre	Considering involvement	Recent expression of interest
Milton Keynes	Kingfisher Surgery	Considering involvement	Recent expression of interest
Bedfordshire	Flitwick	Engagement ongoing	
Bedfordshire	Asplands	Engagement ongoing	
Bedfordshire	Houghton Close	Engagement ongoing	
Bedfordshire	Barton	Engagement ongoing	
Bedfordshire	Oliver Street	Engagement ongoing	
Bedfordshire	Greensands	Engagement ongoing	
Bedfordshire	London Road	Engagement ongoing	
Bedfordshire	Houghton Close	Engagement ongoing	
Bedfordshire	Barton	Engagement ongoing	
Bedfordshire	Oliver Street	Engagement ongoing	
Bedfordshire	Greensands	Engagement ongoing	
Bedfordshire	London Road	Engagement ongoing	
Bedfordshire	Great Barford	Engagement ongoing	
Bedfordshire	Pemberley	Engagement ongoing	
Bedfordshire	Priory	Engagement ongoing	
Bedfordshire	St Johns St	Engagement ongoing	
Bedfordshire	Kings St	Engagement ongoing	
Luton	Stopsley Village	Agreed to proceed. System set-up and training provided.	Switch-on paused following PM's departure
Luton	Medina	No contact for a number of months. Assumed declined	Interest to be re-visited
Luton	Lea Vale	System implemented – go live pending	
Luton	Dr Melzeard	No contact for a number of months. Assumed declined	Interest to be re-visited

Project Risks / Issues

Risk Owner	Risk Title	Risk Description	Likelihood	Impact	Rating	Mitigation Plan
CCG Leads (Bedford)	Alternative Online Consultation solution in place (Footfall)	Limited interest / uptake due to practices (Bedford) already using Footfall Online Consultation solution	4	3	12	<ul style="list-style-type: none"> • Jasbinder (NHS E) to be invited to Online Consultation Project Group Meeting to discuss whether consultation funding can be used to incentivize practices with Footfall to report activity • Alternative sites to be identified to take part in pilot • Agreement from Silicon Practice that their site can host link to Engage Consult
CCG Leads	Limited Uptake	Lack of interest from practices with regard to taking part in pilot, leading to inability to implement system and evaluate benefits / outcomes	3	5	15	<ul style="list-style-type: none"> • Engagement events scheduled, with Dr Hannan acting as advocate • Re-launch attempts to gain interest / practice visits scheduled
CCG Leads	Increased Demand	The online consultation solution increases demand through introducing another means of access rather than reducing / streamlining demand	2	3	6	<ul style="list-style-type: none"> • Care Navigation training completed • Training completed by practice staff, enabling effective use of system
CCG Leads	Staff Expectations	Practice expectations of system do not align with what it can / is designed to do	3	3	9	<ul style="list-style-type: none"> • Demo effectively demonstrates what the system is designed to do • Engagement event / advocate of system used as means of conveying benefits / outcomes
<ul style="list-style-type: none"> • CCG Leads • Engage Consult 	Patient Expectations	Patient expect their serious / life threatening conditions to be dealt with on line	2	2	4	Pre-qualifying statements inherent to system that states that patients experiencing serious / life threatening conditions must contact either 111 / 999 and as such will not be dealt with by Engage Consult
<ul style="list-style-type: none"> • CCG Leads • Engage Consult • Practice 	Patient Awareness	Low uptake following 'go live' due to limited patient awareness	2	4	8	<ul style="list-style-type: none"> • Comms plan / marketing materials in place • Training completed by practice staff
<ul style="list-style-type: none"> • Programme Lead • Primary Care Leads 	Loss of Funding	Potential funding underspend corresponding to the slow uptake / commencement of pilot	2	4	8	The potential to bring forward elements of ETTF (and as such 'switch' funding) to be discussed by Programme and Primary Care Leads

CCG Leads	Cancelled Involvement in Pilot	Contractual payment (30%) relating to a practice cancelling their involvement in the pilot following 'go live'	2	3	6	<ul style="list-style-type: none"> • Realization of benefits • Training completed by practice staff
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Next Steps:

- Engagement events to be scheduled (if approval re funding is granted)
- Contact to be made with those practices who had initially agreed to take part in the pilot with request to re-visit discussions regarding online consultations
- Demos to be scheduled accordingly as/when interest is expressed
- Once sites have gone live Contract Agreements to be amended to reflect practices / list sizes and to be signed accordingly
- DCO Team: Head of Digital Technology (NHSE) to be invited to Online Consultation Project Group Meeting to discuss whether consultation funding can be used to incentivize practices with Footfall (Silicon Practice) to report activity

3. RECOMMENDATION

The Committee is requested to approve the use of funding to hold engagement events enabling the benefits of Engage Consult to be promoted/understood, with the amount relating to such expected to be approximately £10,000.



MKCCG Delegated Commissioning Finance Report November 2018

By Edna Muraya
Senior Finance Manager



DELEGATED COMMISSIONING FINANCE REPORT- NOV 2018

KEY MESSAGES ON THE BUDGET

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The budget for 18/19 for delegated commissioning is £32.966m. As at month 7 the budget was £4K underspent and projected underspend of £44K at the end of the financial year.

The underspend from the previous months has been reduced due to the GP pay award which has led to an increase in Global sums and APMS contracts values.

The areas that are expected to overspend are as follows:

Global sum and APMS contracts is forecast to overspend by £323K and £86K respectively. This is mainly due to the uplift in Price per patient in the global sum due to GP pay awards.

Other corporate costs have gone up due to anticipated costs from contraceptive coil recharges, District valuer fees and a contingency for disbursement fees for a vulnerable practice.

Seniority, Maternity expenses and CQC fees are forecast to be overspend by £49K, £43K and £65K respectively. This is due to increased costs in CQC fees for GP practices, increased claims for maternity, paternity and adoption leave. Seniority is presumed to reduce over time but has not reduced at the same level as the budget anticipated.

DELEGATED COMMISSIONING FINANCE REPORT- JULY 2018



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The areas that are expected to overspend are as follows cont:

Rent and premises charges-There is an anticipation that there will be rental increases as the rent reviews are yet to take place and a contingency has been set aside for this. This has already been reflected for increase space at MK Village and the move of Broughton Gate to Brooklands.

Rates is projected to higher than budgeted as there is an increase in rates this year hence forecasting a £115K overspend. Work is being undertaken to ensure all practices put in their claims as well as due diligence with GL Hearn to ensure that practices are charged the right rate amounts.

The areas that are expected to underspend are:

QOF is forecast to underspent by £262K going by the Achievement attained in 2017-18 which was lower than anticipated.

The other area of underspend is £13K in trade waste which the CCG is not liable to pick up as a reimbursable charge.

		Month 7			PCC18/03	
Service	Budget 2018-19	Sum of YTD Budget	Sum of YTD Actual	Sum of YTD Variance	Sum of Forecast	Variance
APMS Contract						
APMS Contract	1,781,264	1,036,294	1,085,810	49,516	1,867,114	85,850
Sub total	1,781,264	1,036,294	1,085,810	49,516	1,867,114	85,850
Corp						
Other-Indem Insurance	0	0	0	0	0	0
Other-Corp	15,642	9,125	9,125	0	87,642	72,000
Caretaking Fees	0	0	0	0	0	0
Sterile Services	32,063	18,703	11,560	-7,144	24,919	-7,144
Sub total	47,705	27,828	20,684	-7,144	112,561	64,856
EHS						
Extended Hrs	403,402	235,318	230,940	-4,378	396,354	-7,049
Learning Dis	28,768	16,781	18,832	2,051	30,520	1,752
Minor Surg	281,728	164,341	152,423	-11,918	248,460	-33,267
Violent Patients	54,000	31,500	31,500	0	54,000	0
Sub total	767,898	447,941	433,695	-14,245	729,334	-38,564
GMS Contract						
Global Sum	20,860,555	12,129,340	12,326,007	196,667	21,183,278	322,723
MPIG	91,947	53,636	77,868	24,232	133,487	41,541
Sub total	20,952,502	12,182,976	12,403,874	220,899	21,316,766	364,264
PCO						
Mat Leave	108,856	63,499	116,083	52,583	151,584	42,728
PCO-Other	0	0	0	0	0	0
Seniority	175,300	102,258	131,013	28,755	224,610	49,310
sickness	85,572	49,917	65,315	15,398	90,273	4,702
Susp Drs	0	0	0	0	0	0
Sub total	369,728	215,674	312,411	96,736	466,467	96,740
PMS Contract						
FDR	708,067	413,039	413,040	1	708,068	2
PMS Reviews CCG	708,068	413,040	414,535	1,495	709,563	1,495
Sub total	1,416,135	826,078	827,574	1,496	1,417,631	1,497
Premises						
Actual rent	3,352,830	1,955,818	1,800,825	-154,992	3,071,994	-280,836
Clin Waste	188,397	109,898	109,898	0	188,397	0
Water	23,673	13,809	16,210	2,400	23,673	-0
CQC Fees	121,445	70,843	108,449	37,606	184,013	62,568
PIG	0	0	-450	-450	-450	-450
Rates	376,707	219,746	286,651	66,905	491,402	114,695
Sub total	4,063,052	2,370,114	2,321,583	-48,531	3,959,029	-104,023
Presc/Disp						
Disp	0	0	0	0	0	0
Presc	176,437	110,081	86,670	-23,411	140,716	-35,722
Sub total	176,437	110,081	86,670	-23,411	140,716	-35,722
QOF						
ach	1,030,845	601,326	486,152	-115,174	833,403	-197,441
Asp	2,146,281	1,251,997	1,213,345	-38,652	2,079,133	-67,148
Sub total	3,177,125	1,853,323	1,699,497	-153,826	2,912,537	-264,589
Other						
Voluntary levy deductions	0	0	-1,254	-1,254	-1,254	-1,254
Trade waste	13,664	7,971	420	-7,550	420	-13,244
Other Costs	0	0	0	-0	0	-0
Sub total	13,664	7,971	-834	-8,805	-834	-14,498
Total	32,765,510	19,078,280	19,190,965	112,686	32,921,321	155,810
Contingency	200,000	116,667	0	-116,667	0	-200,000
Grand Total	32,965,510	19,194,946	19,190,965	-3,981	32,921,321	-44,190



Milton Keynes
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Other primary care budgets.
Table 2

MILTON KEYNES CCG BOARD REPORT MONTH 07

	Annual Plan £000	Year to Date - Month 07					Forecast Outturn			
		Budget £000	Actual £000	Variance £000	%	RAG Rating	Forecast £000	Variance £000	%	RAG Rating
GP Delegated Commissioning	32,966	19,195	19,191	-4	0.0%	G	32,921	-45	-0.1%	G
0.5% Transformation Fund NHSE (GP Alloc)	791	323	0	-323	-100.0%	G	0	-791	-100.0%	G
Local Enhanced Services	1,419	828	697	-131	-15.8%	G	1,212	-206	-14.5%	G
PMS Plus Contract	380	222	223	1	0.6%	A	385	5	1.4%	A
Support to GP Practices (£3/head)	861	143	143	0	0.0%	G	861	0	0.0%	G
Primary Care Development	-630	-188	-54	134	-71.1%	G	-523	107	-16.9%	G
GP Forward View	1,836	930	921	-9	-0.9%	G	1,822	-14	-0.8%	G
GP IT	723	422	417	-4	-1.0%	G	715	-7	-1.0%	G
Commissioning Schemes for over 75s	0	0	0	0	0.0%	G	0	0	0.0%	G
Pharmacy team	539	314	221	-93	-29.7%	G	451	-88	-16.3%	G
Urgent Care Contract	1,118	652	652	0	0.0%	G	1,120	2	0.2%	A
TOTAL PRIMARY CARE	40,002	22,840	22,412	-429	-1.9%	G	38,964	-1,038	-2.6%	G

Recommendations

Primary Care Committee is asked to note the content of this finance report.

Subject: **Approval to extend practice boundary at:**
Walnut Tree Health Centre (K82815)
Blackberry Court
Walnut Tree
Milton Keynes
MK7 7PB

Meeting: Primary Care Committee

Date of Meeting: **12 December 2018**

Report of: Lisa Giles, Assistant Contracts Manager - GP, NHS England
Janine Welham, Primary Care Manager, MKCCG

1. Introduction

The purpose of this paper is to inform the Primary Care Committee the result from the virtual decision to approve the extension of the practice boundary of Walnut Tree Health Centre to include Monkston and Kents Hill areas.

2. Background

The practice would like to apply for a formal change to their practice boundary following receipt of patient feedback who had been asked to register with a new practice when they moved a short distance away.

Walnut Tree Health Centre is a large surgery with a current actual list size of 10,632 (October 2018). This has steadily increased from 10,594 in October 2017. In October 2016 the list size was 10,649.

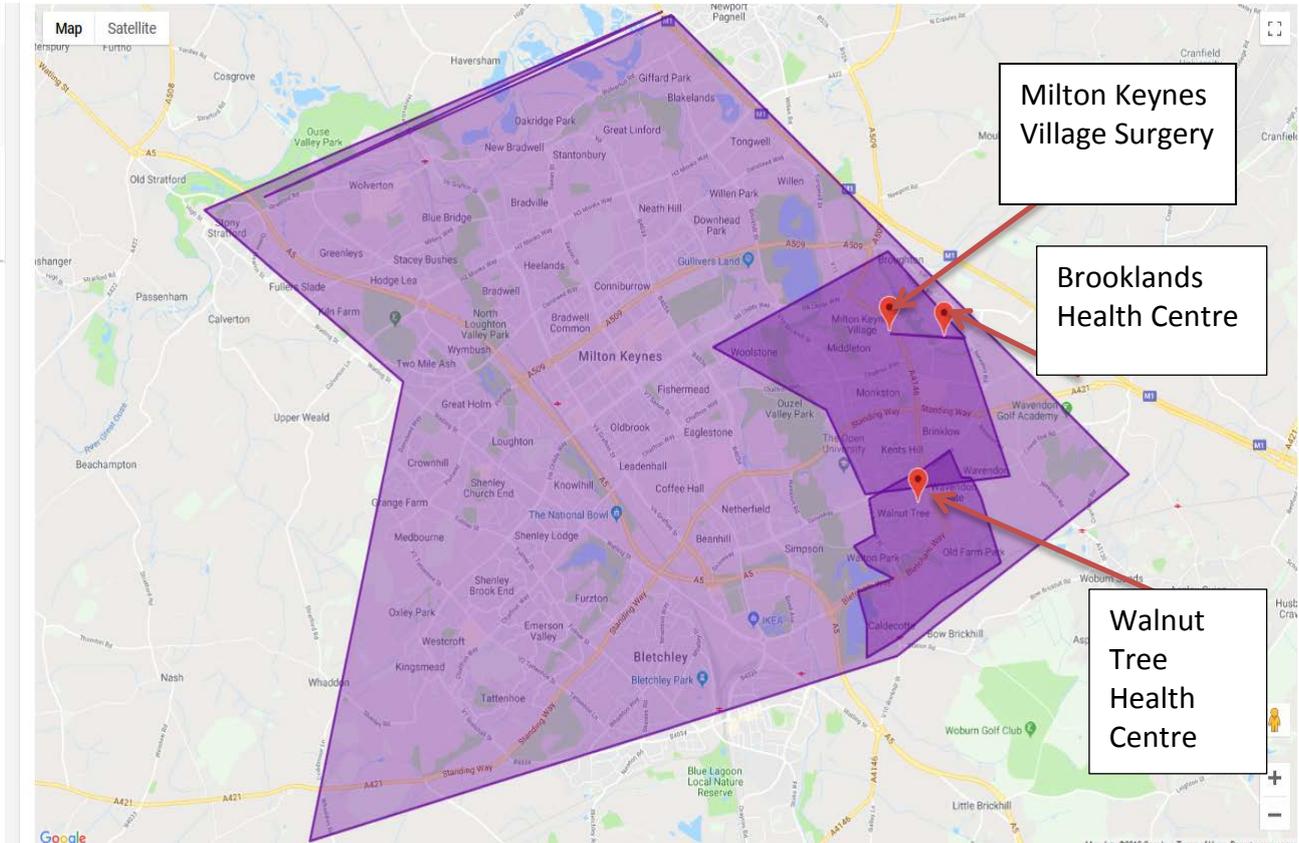
The two closest practices each within 1.5 miles of Walnut Tree Health Centre are Brooklands Health Centre and Milton Keynes Village Surgery.

Brooklands Health Centre's current list size is 12,657 compared to 11,509 in October 2017. The practice is open 8am – 8pm, 7 days a week and has a practice boundary covering all of the Milton Keynes area.

Milton Keynes Village Surgery current list size is 14,783. This practice has in the past applied to NHS England to close its patient list due to capacity of space.

Should Walnut Tree Health Centre expand its practice boundary this would alleviate pressure on neighbouring practices, thus assisting with patient access fluidity within the Milton Keynes southern region.

The map below indicates the current boundaries of Walnut Tree Health Centre, Milton Keynes Village Surgery and Brooklands Health Centre.



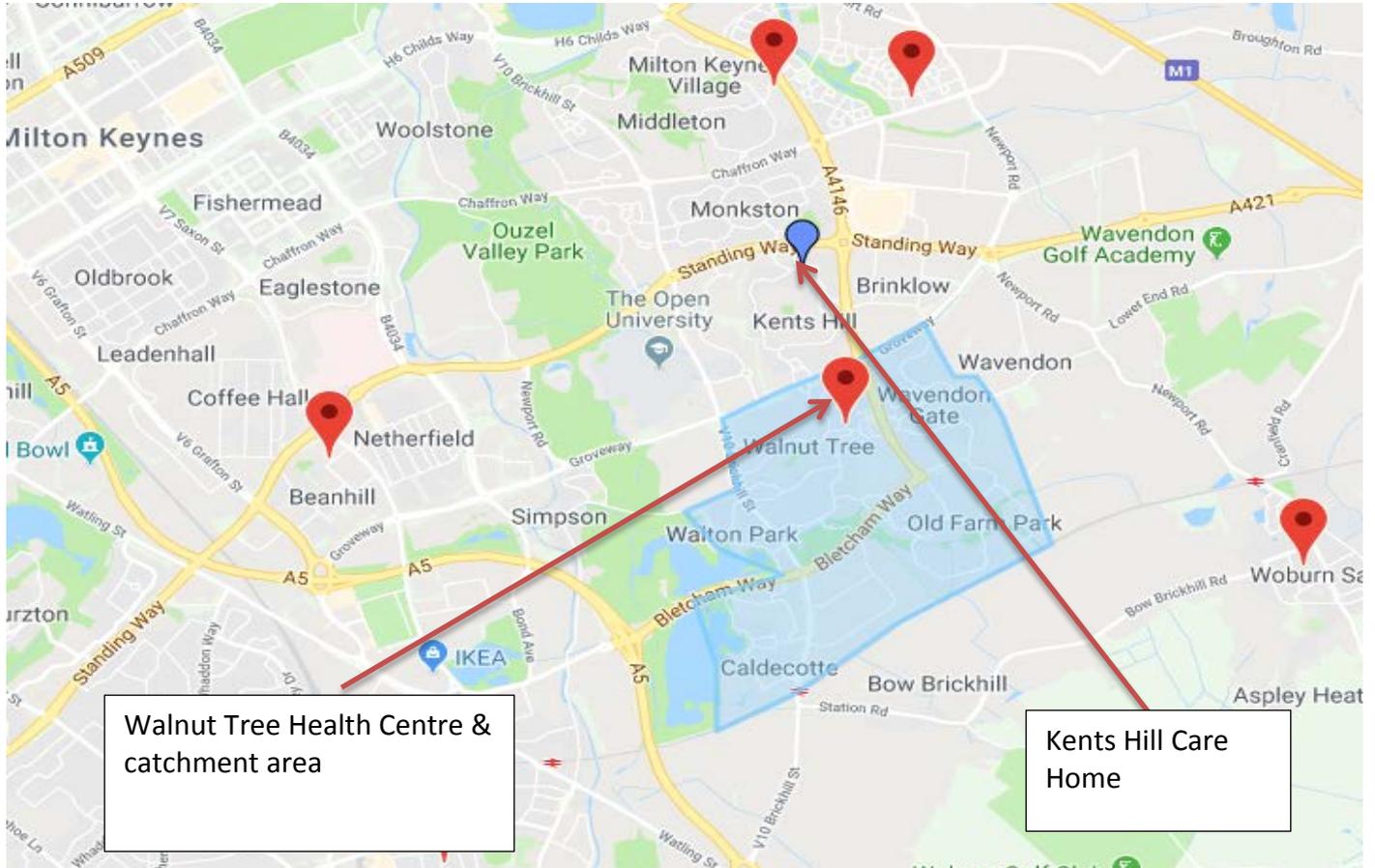
Kents Hill Care Home

Whilst applying to extend its practice boundary, Walnut Tree Health Centre has confirmed their desire to work collaboratively with Kents Hill Care Home and would continue to register their patients. Total number of beds within Kents Hill Care Home: 75.

Vision for the future

In the long term the practice would consider extending the boundary further into the new Wavendon development area as well as other local estates.

The map below shows the current boundary of Walnut Tree Health Centre and indicates the location of Monkston and Kents Hill as well as Kents Hill Care Home



3. Recommendation

- To note the decision made virtually to approve the practice boundary.

Subject:	General Practice Development Programme - Training for reception and clerical staff
Meeting:	Primary Care Committee
Date of Meeting:	12 December 2018
Report of:	Liz Holland – Delivery Manager Planned and Primary Care

1. Summary

As part of the GPFV, a five year £45 million fund has been created to contribute towards the costs for practices of training reception and clerical staff to undertake enhanced roles in active signposting and management of clinical correspondence. In turn, this will help practices lay the foundations for new models of integrated care. Practices have received the first cohort of training. This paper is written around the next stages of training available and the associated cost for consideration.

Active signposting by reception staff

This provides patients with a first point of contact which directs them to the most appropriate source of help. Receptionists acting as care navigators can ensure the patient is booked with the right person first time. This may include services in the community as well as within the practice.

Benefits for practices: this innovation frees up GP time, releasing about 5 per cent of demand for GP consultations in most practices.

Benefits for patients: It is easier for patients to get an appointment with the GP when they need it, and shortens the wait to get the right help.

24 practices have received training by DNAInsight to date.

Correspondence management by clerical staff

Clerical staff are given additional training and relevant protocols in order to support the GP in clinical administration tasks. All incoming correspondence about patients from hospitals is processed by a member of the clerical team. Working against standard protocols developed in-house and refined through continuous improvement, the member of the team reads the letter, enters details into the patient's record and takes appropriate follow-on action

23 practices have received training from Insight Solutions with a further 3 due to have training in early 2019.

Benefits for practices: using this system, 80-90 per cent of letters can be processed without the involvement of a GP, freeing up approximately 40 minutes per day per GP. For the clerical team, job satisfaction is often increased as well.

Benefits for patients: practices report they are often able to take speedier action on some issues. More detailed coding of clinical information in the GP record results in improved monitoring and management of certain conditions.

Funding allocation

MKCCG has been allocated £50,000 to support training.

Criteria for use of this funding

This funding is allocated solely for the purpose of supporting the training of reception and clerical staff in GP practices. The CCG and their practices may choose any training provider they deem appropriate. The funds may be used for any of the following:

- The cost of purchasing training
- Backfill costs for practices to cover staff time spent undertaking training
- Support in kind for practices for planning this change or undertaking training

Options for next stage training

It has been over a year in some cases since the initial training was given. Feedback has been varied. The main theme is that follow up training as a refresher is needed and also the next stage for those practices that use care navigation should include motivational interview techniques.

DNAInsight offer Enhanced Care Navigation for Social Prescribers and Link Workers - Three half day sessions

Cost £549.00 + VAT per delegate

Module 1 – The role of the social prescriber to include Motivational interviewing techniques

Module 2 – Case management skills

Module 3 – Active learning session

Total cost based on two members of staff from each practice attending (54) inc room hire for three sessions = £36,691.20

Clarimed offer Signposting level 2 – Two half day sessions

Cost £1078 +VAT and travel for groups of max 20 delegates (6 sessions in total)

This level of the programme enables understanding and learning in:

- Active listening skills
- Enhanced questioning skills
- The receptionist's extended role as curator of information relating to local services
- Red flag symptoms and relevant actions relating to these.

Total cost based on two members of staff from each practice attending (54) inc room hire for six sessions = £9993.60



Insight Solutions

Insight do not offer training on Motivational Interview techniques.

Procurement

Advice has been sought from procurement and given that the level of spend is below the SFI a single tender waiver is not required.

2. Recommendations

Clarimed offer best value for money and appropriate content which can be tailored for our local needs.

Luton CCG commissioned this course and feedback was excellent.

Agreement is sought to commission Clarimed to offer training support to MK practices.



Subject: Update to the Terms of Reference for the Committee

Meeting: Primary Care Committee

Date of Meeting: 12 December 2018

Report of: Janine Welham, Primary Care Manager

1. SUMMARY

The terms of reference for the Primary Care Committee Membership have been updated to reflect the Executive Management changes within the CCG structure.

2. RECOMMENDATION

- To ratify the virtual decision to approve the changes made.

PRIMARY CARE COMMISSIONING COMMITTEE TERMS OF REFERENCE

1. Introduction

- 1.1 ~~Simon Stevens, t~~he Chief Executive of NHS England, announced on 1 May 2014 that NHS England was inviting CCGs to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG's preference for how it would like to exercise expanded primary medical care commissioning functions. One option available was that NHS England would delegate the exercise of certain specified primary care commissioning functions to a CCG.
- 1.2 In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of the functions specified in Schedule 2 to these Terms of Reference to NHS Milton Keynes CCG.
- 1.3 The CCG has established the NHS Milton Keynes CCG Primary Care Commissioning Committee ("Committee"). The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.

2. Statutory Framework

- 2.1 Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between the Board and the CCG.
- 2.2 Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act.
 - a) Management of conflicts of interest (section 14O);
 - b) Duty to promote the NHS Constitution (section 14P);
 - c) Duty to exercise its functions effectively, efficiently and economically (section 14Q);
 - d) Duty as to improvement in quality of services (section 14R);
 - e) Duty in relation to quality of primary medical services (section 14S);
 - f) Duties as to reducing inequalities (section 14T);
 - g) Duty to promote the involvement of each patient (section 14U);
 - h) Duty as to patient choice (section 14V);
 - i) Duty as to promoting integration (section 14Z1);
 - j) Public involvement and consultation (section 14Z2).
- 2.3 The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those in accordance with the relevant provisions of section 13 of the NHS Act
- 2.4 The Committee is established as a committee of the governing body of NHS Milton Keynes CCG in accordance with Schedule 1A of the "NHS Act".

- 2.5 The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

3. Role of the Committee

- 3.1 The Committee has been established in accordance with the above statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary care services in Milton Keynes, under delegated authority from NHS England.
- 3.2 In performing its role the Committee will exercise its management of the functions in accordance with any agreements entered into between NHS England and NHS Milton Keynes CCG, and which should be read alongside these terms of reference.
- 3.3 The functions of the Committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.
- 3.4 The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.
- 3.5 The delegated functions are set out in Annex 1 to these terms of reference.

4. Geographical Coverage

- 4.1 The Committee will cover the area served by NHS Milton Keynes.

5. Membership

- 5.1 The Committee shall comprise the membership set out at Schedule 1.
- 5.2 The Chair and Vice Chair of the Committee shall be appointed by the MK CCG Board. The Chair and Vice Chair shall be a Lay Representative of the CCG Board.
- 5.4 A Standing invitation will be made to representatives from partner organisations, although those representatives will not form membership of the committee, be permitted to vote or form part of the quorum of meetings. Deputies of such representatives will be allowed.
- 5.5 The Committee may call additional individuals to attend meetings on an ad hoc basis to inform discussions.

6. Meetings

- 6.1 Meetings shall be administered in accordance with the CCG's Constitution, Standing Orders and Prime Financial Policies.
- 6.2 The Committee shall meet not less than bi-monthly and on other such occasions as agreed between the Chair of the Committee and the Chair of the CCG Board. The frequency of meeting should be such as to ensure the Committee achieves its annual work-plan.
- 6.3 The Director of Transformation & Delivery will ensure the Committee is supported administratively, and will ensure the adherence to the CCG's Standing Orders, specifically in relation to:
- Notice of Committee meetings;
 - Operation of Committee meetings;
 - Preparation of Committee agendas;
 - Circulation of Committee papers; and
 - Management of conflicts of interest.

- 6.4 The Committee shall meet in public, save for when they resolve to exclude the public from a meeting (whether for the whole or part of the proceedings) as they determine publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.
- 6.5 Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.
- 6.6 The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.

7. Voting

- 7.1 Members will work collaboratively to reach decisions by consensus and agreement wherever possible. Where exceptionally this is not possible, the following arrangements will apply.
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- 8.1 The quorum for meetings shall be four members including the Chair (or Vice Chair in the Chair's absence).
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9. Reporting arrangements

- 9.1 All meetings shall be formally minuted and a record kept of all reports/documents considered.
- 9.2 Copies of the Minutes are a standing item on the CCG governing body and shall also be sent to NHS England. The Committee will provide an Annual Workplan to the CCG governing body for approval and an Annual Report.
- 9.3 The chair of the committee may seek the advice of the senior officer with responsibility for corporate governance in relation to any matters where an exemption as defined within the Freedom of Information Act 2000 is believed to apply.

10 Links and interdependencies

- 10.1 The Primary Care Commissioning Committee will link to the following forums:
- CCG governing body (board);
 - CCG Primary Care Risk Sharing Sub-Committee (a sub-committee of this committee)
 - CCG Estates Forum Sub-Committee (a sub-committee of this committee)

11. Confidentiality and Conflicts of Interest / Standards of Business Conduct

- 11.1 All Members are expected to adhere to the CCG Constitution and Standards of Business Conduct and Conflicts of Interest Policy.
- 11.2 In circumstances where a potential conflict is identified the Chair of the Committee will determine the appropriate steps to take in accordance with the CCG's Conflicts of Interest Policy. Any determination by the Chair in respect of any conflict, or potential conflict, of interest must be recorded in the minutes.
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12. Other provisions

- 12.1 The Committee will make decisions within the bounds of its remit.
- 12.2 The decisions of the Committee shall be binding on NHS England and NHS Milton Keynes CCG.
- 12.3 These terms of reference will be formally reviewed not less than annually. NHS England may also issue revised model terms of reference from time to time.

Schedule 1 and Annexes 1 & 2 follow and must be read as part of this document

SCHEDULE 1 COMMITTEE MEMBERSHIP

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- Milton Keynes CCG Lay Member (Chair)
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- Milton Keynes CCG Chair and Clinical Lead
- Milton Keynes CCG GP Board Member
- ~~Milton Keynes CCG Chief Operating Accountable Officer~~
- ~~Joint Accountable Officer~~
- ~~Milton Keynes CCG Joint Chief Finance Officer (or immediate deputy for MK)~~
- ~~Milton Keynes CCG Director of Transformation and Delivery (or immediate deputy)~~
- ~~Milton Keynes CCG Director of Quality and Nursing Chief Nurse (or immediate deputy for MK)~~
- ~~NHS Milton Keynes CCG Deputy Director of Programme Delivery and Head of Primary Care Associate Director of Primary and Planned Care~~

Non-voting attendees

- ~~NHS England Representative, Head of Co-Commissioning (Localities) (or immediate deputy)~~
- ~~NHS England Representative, Deputy Director of Nursing (or immediate deputy)~~
- Healthwatch Milton Keynes Representative
- LMC Representative
- ~~NHS Milton Keynes CCG Associate Director of Primary and Planned Care~~
- NHS Milton Keynes CCG – Primary Care Development Manager
- Director of Public Health, Milton Keynes or a representative
- Health and of Wellbeing Board representative

In attendance, as and when required

- Commissioning Support Representatives
- Other representatives of the CCG
- Other representatives of NHS England

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Annex 1 –Delegated Functions

- a) Decisions in relation to the commissioning, procurement and management of Primary Medical Services Contracts, including but not limited to the following activities:
- i) Decisions in relation to Enhanced Services;
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- c) The approval of practice mergers;
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- h) Premises Costs Directions functions;
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- j) Such other ancillary activities as are necessary in order to exercise the Delegated Functions.

Annex 2 - Reserved (to NHSE) Functions

- a) Management of the national performers list;
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- c) Administration of payments in circumstances where a performer is suspended and related performers list management activities;
- d) Capital Expenditure functions;
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- Milton Keynes CCG GP Board Member
- Milton Keynes CCG Chief Operating Officer
- Joint Accountable Officer
- Joint Chief Finance Officer (or immediate deputy for MK)
- Chief Nurse (or immediate deputy for MK)
- NHS Milton Keynes CCG Deputy Director of Programme Delivery and Head of Primary Care

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- g) Decisions in relation to the Prime Minister's Challenge Fund; and
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