

**Minutes of the Joint Primary Care Co-Commissioning Group**  
**Thursday 13 September 2018**  
**Room 208, Endeavour House, Wrest Park, Silsoe**

**Present:**

Alison Borrett (Chair)	<b>AB</b>	Lay Member
Anne Murray	<b>AM</b>	Director of Quality & Nursing, BCCG
Caroline Goulding	<b>CG</b>	Deputy Head of Primary Care, NHS England
Dr Roshan Jayalath	<b>RJ</b>	GP, Bedford Locality Lead
Lisa Martin	<b>LM</b>	Primary Care Support Manager, NHS England
Matt James	<b>MJ</b>	Senior Programme Manager, NHS England
Mike Thompson	<b>MT</b>	Priority 2 Programme Director, Bedford Hospital
Nicky Wadely	<b>NW</b>	Assistant Director of Primary Care
Patricia Coker	<b>PC</b>	Central Beds Council
Peter Graves	<b>PG</b>	Chief Executive, Beds and Herts LMCS
Richard Noble	<b>RN</b>	GPFV Transformation Manager, BCCG
Roger Hammond	<b>RH</b>	Acting Deputy Chief Finance Officer, BCCG
Sally Adams	<b>SA</b>	Director for Out of Hospital and Primary Care, NHS Bedfordshire CCG
Simon White	<b>SW</b>	Assistant Director Commissioning and Business Support, Bedford Borough Council
Tony Medwell	<b>TM</b>	Business Manager, PC Commissioning, BCCG

**Apologies:**

Miriam Coffee, NHS England	<b>MC</b>	T. Medwell presenting in her place
Julie Ogley, Central Beds Council	<b>JO</b>	Patricia Coker attending in her place
Ian Brown	<b>IB</b>	Chief Officer for Public Health, Bedford Borough Council
Chris Marshall	<b>CM</b>	Annual leave

**In attendance:**

Anita McFarlane	<b>AM</b>	Administrator, Primary Care, BCCG
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Agenda Item		Action
1.	<p><b>Welcome, Introductions and Apologies for Absence</b></p> <p>AB welcomed everyone to the meeting. Apologies for absence were noted as above.</p>	
2.	<p><b>Declarations of Interest</b></p> <p>AB declared an interest as a patient at [REDACTED].</p>	
3.	<p><b>Minutes of the last meeting</b></p> <p>It was noted on Page 4 of the previous minutes (under section 8 Finance Update):</p> <p>The global sum was currently underspent by £291K – should read: GMS Primary Care total budget rather than “the global sum”.</p> <p>The minutes were then approved.</p>	

<p>4.</p>	<p><b>Action Tracker:</b></p> <p><b>Action JCC 077: Financial Planning</b> – plans going forward. Budget for next year will be looked at later in 2017. Action to be closed.</p> <p><b>Action JCC 078:</b> A meeting with the national team was held on 12 September around capital risk. This will be discussed further at the October JPCCC meeting.</p> <p><b>Action JCC 079: PMS 17/18 year end and 18/19 sign up</b> – paper on Agenda. Bring forward to October meeting.</p> <p><b>Action JCC 081: Transformation Funds</b> - Q2 meeting arranged for the end of September. Bring forward to November 2018 for an update.</p> <p><b>Action JCC 083: Financial update</b> - the process and timeframe for re-applying for delegated commissioning is still ongoing. An internal group to discuss this was require. RH agreed to pick this up.</p> <p><b>Action JCC 084: Business Cycle Planner 2017/18</b> – Close</p> <p><b>Action JCC 086:</b> Primary Care Co-Commissioning Risk Register – Members Forum will be held next week. David Archer has agreed to attend. Progress being made and will update at October JPCCC meeting.</p> <p><b>Action JCC 087: Extended Access Update</b> – Live with 2 hubs on 1 September 2018 covering Bedford and Chiltern Vale covering 55% of the population. Smaller practices have proved more difficult to roll out Ivel Valley live on 17 September. Weekend cover in Leighton Buzzard and West Mid Beds could be an issue going forward. DC raised concerns around this.</p> <p><b>Action JCC 088: Shortstown Surgery Update</b> – to be discussed during the meeting (Paper 6.0).</p> <p><b>Action JCC 089: Quality Report</b> – to be discussed during the meeting (Item 10.0).</p>	<p>RH</p> <p>DC/CG</p> <p>TM</p> <p>NW</p> <p>RH</p> <p>CG</p> <p>NB/CG</p> <p>MC</p>
<p>4(a)</p>	<p><b>PMS 2017/18 year end and 2018/19 implementation progress</b></p> <p>A paper to close off the year was being prepared. This had been delayed because some invoices could not be accounted for. This is not a major issue and we should be able to close off the end of the year by next month.</p> <p>Progress is good around MT working. MGT groups are working together and feedback was positive. All practices are signed up to component 1, except for one rural practice.</p> <p>Next year the focus will be around mental health, especially dementia. Efforts were being made to encourage GP's to refer patients and try to reduce the waiting times. Discussions regarding an upfront payment to GP's to encourage patients to use the</p>	<p>TM</p>

	<p>scheme. A second payment will then be made depending on the number of patients that have signed up to the scheme.</p> <p>CCG have allocated £1.8m for 2017/18. TM confirmed that he is not aware of any underspend, but would confirm at the next meeting.</p> <p><b>MDT meetings</b> – Feedback that GP's felt that this took too much time out of their practices to attend. A dial in arrangement might work better. NW confirmed that she is currently looking into this. The PMS scheme was specifically designed this year to include MDT meeting attendance.</p> <p><b>Workforce data profile</b> – there were 9 outstanding practices to complete. NW would like to bring a future paper on to understand how many locums are being used and what vacancies exist as compared to last year.</p>	<p>NW</p>
<p>5.</p>	<p><b>Co-commissioning Transition to Delegation</b></p> <p>DC reported that there were a number of conversations regionally and nationally to get a sense of the environment and support for this. The application is welcomed and DC will pick this up with Alan Streets. A call with the Governance team is required to discuss what is required in the constitution around what is needed and expected. The current timetable is 1 November 2018. It will then go to the Central Panel in January 2019.</p> <p>This will be raised at the Members Forum next week. MJ has worked on the finance and a 'Task and Finish Group' is in place to show that we have followed the process. A verbal update will be given at the next JPCCC in October 2018.</p> <p>SA asked is we have the resource to cover this and CG said there is insufficient resource to cover this on quality. AM confirmed that conversations around how we address this have begun. There were also issues around how do we make the quoracy work if we don't have an understanding of some of the issues. Weekly conversations were taking place to keep on top of this.</p>	<p>DC</p>
<p>6.</p>	<p><b>Update on Shortstown</b></p> <p>Bellway advised that the cost for the fit out would be approx. £380,000 which is calculated from the difference between the estimate of £88,000 for the landlords works and £468,000 for the full fit out.</p> <p>Once we reach agreement on the final designs (at the meeting on 13<sup>th</sup> Sept) Bellway will send the detailed drawings out to tender to ascertain exact costings; they already have a potential 4 contractors lined up for the works. This stage will also allow for the tenders to be broken down into separate criteria and if necessary only the crucial NHS compliant work be completed.</p> <p>Once the exact costings are known then Bellway will be happy to approach the consortium with the support of commissioners and Bedford Borough Council. The consortium is made up of Bellway, Wyboston Lakes and Forthprice; currently they are all aware that</p>	

	<p>the S106 is very vague, even after its revision , however Bellway sense that we need to get to this stage before engagement with the other two parties is made, and then to engage and bring them along with the project.</p> <p>██</p> <p>but this could only be achieved once all space had tenants – Bellway have been advised of a possible interest in that space this morning from Cambridge Community Services</p> <p>NHSE currently working with the District Valuer to ascertain the rent with/without a fit out.</p> <p>Meeting with Bedford Borough Councillors on 21<sup>st</sup> September, Bellway, NHSE/BCCG to attend.</p>	<p><b>CG/NB</b></p>
<p><b>7.</b></p>	<p><b>Update on Cranfield</b></p> <p>Nikki Barnes (NB) has been working with Cranfield Practice and the Council to obtain agreement on S106 funding. There were problems around the office space next to the existing building as they wanted to rent this out. A meeting to discuss this was scheduled for 13 September. PC stated that there were concerns around this as this is a privately owned asset. The Council has a duty of care around the £300k requested and were required to demonstrate that refurbishment to a privately owned asset was a good way of allocating the money when the money could be used to develop other areas of the community.</p> <p>A meeting to discuss this should take place between the practice and the Council. TM stated that Laura Greenish had experience of S106 applications and thought it would be good for her to meet with PC.</p> <p>A joint meeting between NHSE and BCCG with the practice to discuss the S106 and S96 applications is scheduled to take place on 13 September.</p>	<p><b>CG/NB</b></p>
<p><b>8.</b></p>	<p><b>Assurance of GP Access and 'Reasonable Needs' Test</b></p> <p>NHSE local teams have been asked to work with CCGs to review all practice opening hours and, in particular, practices that are closed during 'core' opening hours.</p> <p>Visits to practices will be carried out to ensure they have the support they require to meet the requirements. New contracts will be drawn up and monitoring meetings held around this issue.</p> <p>PG stated that this will be an issue for rural practices.</p> <p>TM/LM are working on this project and have visited various practices to ascertain what is currently in place ie if the hours stated on their websites are currently happening. This will take a couple of months to collate and the results will be brought back to the meeting in November 2018.</p>	<p><b>TM/LM</b></p>

9.

## Financial Update

9.1

### Central Midlands GP Services Primary Services for Bedfordshire CCG 2018/19 – Month 4

RH reported that we are currently in a good position financially for month 4 and the Co-commissioned budget was ahead of plan.

Potential issues going forward could be:

- Funding for the Clapham Road dispersal sits within the GMS contract budget line.
- Locum support for Maternity/Paternity and sickness is underspend by £115k.
- CQC fees have increased by on average 20%.
- £160k expenditure centrally incurred across 7 CCGs has not yet been coded in any GP Practice.
- The GP services allocation includes a 0.5% contingency reserve of £301k for 2017/18; this is phased in the budget.
- DDRB pay ward has yet to be paid and reflected in the financial figures.

MJ stated that the improvement against plan is significant. We are at breakeven £120k ahead of where we thought we would be at this time. We do not know if GDRP will be funded as this would not come from the Department of Health. A question around our current resources remains and will have to be looked into. Underspends on maternity and locum cover will be difficult to judge going forward with the possibility of demands on this service being less this year compared to last year. Issues around dispensing could potentially occur as prescribing could increase costs considerably going forward.

Issues around the Putnoe budget is additional expenditure occurs. RH stated that he thought this would not come out of this year's budget.

9.2












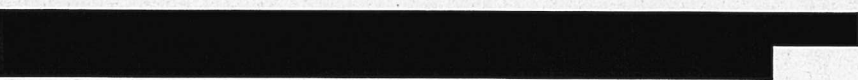
### Evaluation of Economic & Financial standing for Bidders of Procurements

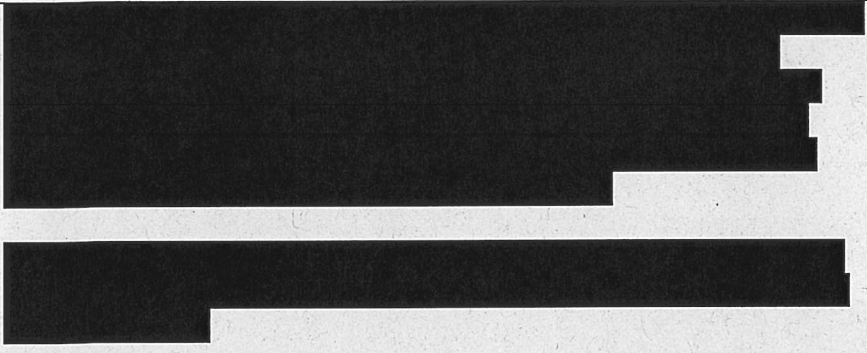
The purpose of the paper is to get assurance for NHS England around processes for looking at sustainability for bidders around procurement. All procurement valued over £500k would have a pre-qualification element where the financial ability of the bidder is looked at to ensure they have the necessary financial robustness to be able to take on that contract over the period you are procuring.

Whilst there is a process in place within NHS England, that process required a certain amount of subjective decision making where we felt that the organisation was strong enough. For example, a recent bidder had been excluded from a particular procurement and has challenged NHS England around this.

Legal advice is clear that basically any process around assessing practices within procurement for financial sustainability should be objective and transparent to the bidders. NHS England request to CCG about whether there would be a process in place, if you have can you share it with us or if not can we seek assurance that you



	      	
11.	  	CG
12.	 	

		<p>CK</p>
<p>13.</p>	<p><b>Any other business</b></p> <p>PG raised an issue with the Lister Hospital in respect of the lack of discharge summaries reaching GP's. 48,000 patients had been discharged from the Lister since September 2017 and 25,000 did not provide a discharge summary to the GP. Patients had been given a printed copy on discharge but this did not always reach the GP. This resulted in an enormous amount of work for GP's with a possible 8,000 hours' worth of work to input this information on to the system. This is potentially worth £8,000 for GP time.</p> <p>The Lister Hospital did not seem to comprehend the impact on surgeries of this. Practices were required to make sure that the correct medications were issued when a patient is discharged.</p> <p>AM confirmed that this had always been an issue across the region. Weekly updates are taking place to try and break this down to individual patient levels so we understand the numbers involved.</p>	
<p><b>The meeting was closed at 11.01am</b></p>		
<p><b>The next meeting was scheduled for: 10 October, 9am – Room 208, Endeavour House, Wrest Park, Silsoe</b></p>		