

## Agenda

Meeting: Buckinghamshire CCG Primary Care Commissioning Committee Meeting (in public)

Date: Thursday 4<sup>th</sup> March 2021

Time: 3pm-5pm

Location: Microsoft Teams Meeting: *(Joint Microsoft Teams)*

No	Agenda Item	Paper Ref.	Action	Timing	Lead	Risk Links
1	<b>Welcome and Introductions</b>	Verbal		15:00	Chair	
2	<b>Apologies for Absence</b>	Verbal	Noting		Chair	
3	<b>Declarations of Interest</b>	Verbal	Noting Mitigating Resulting Actions		All	n/a
4	<b>Minutes and Action Log from the meeting held on:</b> • 3 <sup>rd</sup> December 2020	Paper A	Approval	15:05	Chair	n/a
	<b>Risk</b>					
5	<b>Primary Care Risk Register Primary Care Covid Risk Register</b>	Paper B	Assurance	15:10	Jessica Newman	All
	<b>Operational Performance</b>					
6	<b>Head of Primary Care Report</b>	Paper C	Assurance	15:20	Jessica Newman	All
7	<b>Quality Report</b>	Paper D	Assurance	15:30	David Williams	
8	<b>Finance Report</b>	Paper E	Assurance	15:40	Alan Overton	
9	<b>Covid Vaccination Update</b>	Verbal	Assurance	15:45	Kate Holmes/ Simon Kearey	
	<b>Strategy / Policy and Decisions</b>					
10	<b>21/22 Primary Care Commissioning</b>	Paper F	Assurance	16:00	Jessica Newman/ Simon Kearey	
11	<b>Primary Care Estates – proposal to review Estates Strategy</b>	Paper G	Information/ Assurance	16:15	Jessica Newman	
	<b>Governance and Assurance</b>					
12	<b>Terms of Reference- Annual Review Update</b>	Paper H	Insurance/ Assurance	16:30	Wendy Newton	
13	<b>Decision Log for Update</b>	Verbal	Approval	16:45	Chair	n/a
14	<b>New Risks Identified by the Committee</b>	Verbal	Approval	16:50	Chair	n/a

	<b>AOB</b>				
15	<b>Questions Submitted in Advance</b>	Verbal			Chair
16	<b>Date of Next Meetings</b>				
	<u><b>Primary Care Commissioning Committee</b></u> <ul style="list-style-type: none"> <li>Thursday 3<sup>rd</sup> June 2021, 3-5pm</li> <li>Thursday 2<sup>nd</sup> Sept 2021, 3-5pm</li> <li>Thursday 2<sup>nd</sup> Dec 2021, 3-5pm</li> </ul>		<u><b>Primary Care Operational Group</b></u> <ul style="list-style-type: none"> <li>Thursday 22<sup>nd</sup> April, 3-5pm</li> <li>Thursday 22<sup>nd</sup> July, 3-5pm</li> <li>Thursday 14<sup>th</sup> Oct, 3-5pm</li> </ul>		Chair
	<b>For Information</b>				
17	<b>Report from Primary Care Operational Group</b>	Paper I	For Information		
18	<b>Contract Variations</b>	Paper J	For Information		

Please send apologies to: Gemma Richardson (Bucks PCCC Secretary)

Email: [gemma.richardson14@nhs.net](mailto:gemma.richardson14@nhs.net)

**A conflict of interest is defined as “a set of circumstances by which a reasonable person would consider that an individual’s ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold.**

**Minutes**
**DRAFT**
**Buckinghamshire CCG Primary Care Commissioning Committee**
**Thursday 3<sup>rd</sup> December 2020 (3-5pm)**
*(Joint Microsoft Teams)*

<b>Members</b>			
<b>Name</b>	<b>Role and Organisation</b>	<b>Initials</b>	<b>Attendance</b>
Graham Smith	Lay Member, CCG- Chair	GS	<b>Present</b>
Tony Dixon	Lay Member, CCG	TD	<b>Present</b>
James Kent	Chief Officer, CCG	JK	<i>Apologies</i>
Robert Majilton	Deputy Chief Officer, CCG	RM	<b>Present</b>
Kate Holmes	Interim Chief Finance Officer, CCG	KH	<b>Present</b>
David Williams	Deputy Director of Quality and Safeguarding, CCG	DW	<b>Present</b>
Louise Smith	Director Primary Care and Transformation, CCG	LS	<i>Apologies</i>
<b>Others: (Standing Invitees or In attendance)</b>			
Dr Raj Bajwa (RB), Clinical Chair, CCG		RB	<b>Present</b>
Dr Rebecca Mallard-Smith (RMS), Medical Director, Bucks LMC		RMS	<b>Present</b>
Stefan Kuetter (StK), Chair, Bucks LMC		<i>StK</i>	<i>Apologies</i>
Dr Rashmi Sawhney (RS), Clinical Director, CCG		<i>RS</i>	<b>Present</b>
Simon Kearey (SK) Head PCN Development and Delivery, CCG		<i>SK</i>	<b>Present</b>
Alan Overton (AO), Finance Analyst, NHS England		<i>AO</i>	<i>Apologies</i>
Jessica Newman (JN), Head of Primary Care, CCG ( <b><i>Deputising for voting member LS</i></b> )		<i>JN</i>	<b>Present</b>
Wendy Newton (WN), Primary Care Transformation Manager, CCG		<i>WN</i>	<b>Present</b>
Keira Walker (KW), Primary Care Commissioning Manager, CCG		<i>KW</i>	<b>Present</b>
Colin Hobbs (CB), Assistant Head of Finance – Primary Care, NHS England		<i>CB</i>	<b>Present</b>
Carol Giles (CG), Primary Care Senior Commissioning Manager. NHSE/I South East		<i>CG</i>	<b>Present</b>
Zoe McKintosh, (ZM) CEO, Healthwatch Bucks		<i>ZM</i>	<b>Present</b>
Anna Lewis (AL), Associate Director of Digitalisation and IM&T, CCG		<i>AA</i>	<i>Apologies</i>
Gemma Richardson, Corporate Governance Manager, CCG ( <i>Minutes</i> )		<i>GR</i>	<b>Present</b>
Anisah Wilson, Business Administration Apprentice, Primary Care, CCG		<i>AW</i>	<b>Present</b>

<b>1</b>	<b>Welcome, Introductions &amp; Apologies</b> Primary Care Commissioning Committee (PCCC) members were welcomed to the meeting. The meeting was declared quorate.	
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	<p>It was noted that 1 member of the public was in attendance, as a BHT employee on secondment to the CCG. In line with the Committee terms of reference, deputies were in attendance for absent voting members, therefore the meeting was quorate.</p>	
<p><b>2</b></p>	<p><b>Declaration of Interests</b></p> <p>The Chair reminded members of their obligation to declare any interest they may have, on any issues arising at the PCCC meeting, which might conflict with the business of NHS Buckinghamshire Clinical Commissioning Group.</p> <p>Declarations declared by members are listed in the CCG’s Register of Interests. The Register is available on the CCG website through the following link:  <a href="https://www.buckinghamshireccg.nhs.uk/public/about-us/how-we-make-decisions/registers-of-interests/">https://www.buckinghamshireccg.nhs.uk/public/about-us/how-we-make-decisions/registers-of-interests/</a></p> <p>The following conflicts of interest were identified:  <i>Agenda Item 9- Paper F: Covid Surge Planning/Capacity Expansion Fund</i>; A potential conflict of interest was identified for RB and RS, as Member GPs who are also CCG Clinical Directors and partners in their practices, which may benefit from the Capacity Expansion Fund.</p> <p>The Chair allowed Member GP representatives to remain in the meeting and to participate in discussion as the conflicts were deemed immaterial to the recommendation to the Primary Care Commissioning Committee as they have no voting rights as Standing Invitees. Member GPs are free to remain in the meeting of the PCCC given it is held in public, and may participate in discussion at the discretion of the Chair, who as a Lay member is not conflicted.</p> <p><b>The conflict of interests and mitigations are also described in the Paper F cover sheet.</b></p>	
<p><b>3</b></p>	<p><b>Questions From Members Of The Public</b></p> <p>There were no questions submitted from members of the public.</p>	
<p><b>4</b></p>	<p><b>Minutes and Action Log from the meeting held on 3<sup>rd</sup> September 2020</b></p> <ul style="list-style-type: none"> <li>• Minutes were agreed as a true and accurate record of the previous public meeting.</li> <li>• Updates to actions are as described on the separate action log</li> </ul>	
<b>Risk</b>		
<p><b>5</b></p>	<p><b><u>Primary Care Risk Register</u></b></p> <p>The PCCC was asked to:</p> <ul style="list-style-type: none"> <li>• <b>Review</b> the assessment of risk scores on the Primary Care Risk Register</li> <li>• <b>Be assured</b> that the risks on the Primary Care Risk Register are mitigated with appropriate actions in place.</li> <li>• <b>Moderate</b> risks relating to Primary Care and the ongoing Covid-19 pandemic as recorded on the Corporate Risk Register: COVID 19 Primary Care Risks</li> </ul> <p><b>Improved Access to Primary Care - Risk score after mitigation 12:</b></p> <ul style="list-style-type: none"> <li>• ICS discussions have started with regards to the commissioning of Improved Access to primary care for 2021/22.</li> <li>• A NHSE Communication is expected to be circulated soon, which may provide some steer.</li> <li>• The GPC will be undertaking discussions over the upcoming weeks.</li> </ul> <p>The Committee <b>AGREED</b> this risk should come back for discussion at a later PCCC, after ICS discussion has developed and there is further understanding of what the plan for CCGs are.</p>	

## **Covid-19 Risk Register- Primary Care Risks**

**32. Primary Care Staff Testing:** The meeting noted that the National Portal is working. The Committee **AGREED** the risk score will remain at 12 for monitoring.

### **33. Primary Care Workload and Resilience:**

As outlined in the risk register, a number of work streams have been put in place in order to mitigate the risk. The meeting noted that the recorded risk was about Practice resilience

#### Discussion for Moderation:

RMS reported feedback from her membership of the experience on the practice frontline; responses to the LMC's piloted Sitrep from practices in Buckinghamshire and some volunteering practices in Oxfordshire, suggest there is a significant increase in pressure in general practice. Numbers of Face to face appointments is almost back to pre-covid levels, along with increased telephone/virtual access.

The Committee noted that whilst the CCGs weekly Sitrep indicates practices managing effectively, this may not reflect the true pressure. As the pandemic continues to evolve, some practices may be unable to open and deliver core services due to staff self-isolating. PCCC to be kept informed if this happens.

The Committee **AGREED** the risk score will remain at 16 for continued monitoring and prompt escalation to the Governing Body

The Committee requested that any external stakeholder (including patient groups) communication on practice pressures is informed by PCCC discussion.

All practices have business continuity plans which come into effect if an individual practice is unable to open- it is hoped that the PCN would support in these instances e.g. buddying arrangements with support from the CCG to allow data sharing and smartcard access.

## Operational Performance

### **6 Head of Primary Care Report**

The report was provided for **information**.

**Flu Vaccination Programme:** There is also now an Enhanced Service in place to cover the new expanded cohort for people between 50 and 64 years old, for practices to implement from the 1<sup>st</sup> December 2020.

#### **New Chapel Surgery, Long Crendon- Unity Health**

Much interest has been shown in the public consultation as is further detailed within the report. Approximately 3000 patients are affected as they live in the Long Crendon area. The level of response is reflective of a good piece of engagement. It would also be useful to publish a joint report that includes any additional responses that were sent directly to the practice. The CCG Estates Strategy is to be refreshed as a result of the consultation to reflect approach with regards to smaller more rural populations such as this.

#### **Berryfields Primary Care Centre- Corporate Restructure**

There are some legal issues outstanding, with further meetings in the coming week to finalise in order to proceed with the planned building works.

#### **Delegated Commissioning Audit**

A delegated commissioning audit took place in the week of 21<sup>st</sup> September 2020 and was confirmed as substantially assured.

The Committee **NOTED** the report.

<p><b>7</b></p>	<p><b>Quality Report</b></p> <p>The PCCC were asked to <b>NOTE</b> the report for information.</p> <p>Clinical Concerns were dealt with in a different way during the Covid-19 pandemic. As issues have arisen the quality team have worked with the Clinical Leads to liaise with the relevant services and resolve issues promptly. This has been successful in most instances. A local piece of work has been undertaken around communication and mutual understanding of services and capacity issues.</p> <p>The PALs team have seen a number of enquiries around primary care and acute related issues, and have been interfacing regularly with BHT to resolve issues for patients.</p> <p><b>ACTION:</b> The Committee requested to see trends and themes of PALs/Complaints reported to the CCG. DW advised Rob Hicks will offer support to build this into future reports.</p> <p><b>ACTION:</b> The Committee requested the friends and family data be presented at practice level rather than PCN level. DW advised Rob Hicks will offer support to build this into future reports</p> <p><b>ACTION:</b> Healthwatch Bucks to share the Independent Health Complaints Advocacy Data with the CCG quality team, in order to assist with triangulation of reporting.</p> <p>Work is underway with the Business Intelligence Team at BHT and the CCG Quality Team, to see if the various data sources can be pulled together into a reporting dashboard. The general view from clinicians across the system is that there should be an integrated reporting mechanism for incidents.</p> <p>The CCG Quality Team has spoken with the Regional Chief Nurse in the Complaints Team at NHS England with regards to some gaps in information around complaints. NHS England will be restoring complaints reporting for Bucks CCG.</p> <p>Two safeguarding training sessions have been arranged with focus around Covid-19. Colleagues in primary care have fed back that they would like the CCG quality team to run some more sessions. At least two more sessions are planned between December and the end of March 2021, with consideration of a potential increase to four sessions.</p> <p>The Committee asked if there is any intelligence that could provide assurance that the changes to primary care ways of working over the past 6 months have not resulted in serious patient harm. The meeting noted that there has been no information reporting serious harm. The CCG Quality Team has requested information from cases in A&amp;E in order to conduct a pathway review. This intelligence will hopefully be able to assure the Committee that changes to working arrangements in primary care over the last 6 months has not led to serious harm.</p> <p>The Committee <b>NOTED</b> the report.</p>	<p>DW</p> <p>DW</p> <p>ZM</p>
<p><b>8</b></p>	<p><b>Finance Report</b></p> <p>PCCC was asked to <b>NOTE</b> the report, detailing the financial position of the GP Delegated Commissioning Budget for Month 7.</p> <p>The overall year to date position at the end of Month 7;</p> <ul style="list-style-type: none"> <li>£170k Overspend. This is solely related to the outstanding retrospective allocation adjustment in relation to Month 6, which has now been approved by NHS England. In future months the CCG will be reporting a break even position for the remainder of the year. <i>See report for breakdown.</i></li> </ul> <p><b>ACTION;</b> AO to remove the 3W merger information for future reports as this is no longer</p>	<p>AO</p>

	<p>relevant. The contract variations for Berryfields and Meadowcroft will need to be reflected in future reporting.</p> <p>The Committee <b>NOTED</b> the report.</p>	
<p><b>9</b></p>	<p><b>Covid Surge Planning</b> See <i>Declaration of interests</i> (minutes Section 2 and Paper F summary).</p> <p>The PCCC was asked to <b>note</b> progress to date and in particular the update regarding the Covid Capacity Expansion Fund and Covid Vaccination Programme. The report outlines the areas of work which have been developing in recent weeks around surge planning;</p> <ul style="list-style-type: none"> <li>• The General Practice COVID-19 SitRep; implemented to allow practices to report on a weekly basis and RAG rate based on self-assessment of how they are coping and to allow the CCG to identify where support may be required. To date, no practices have rated themselves as Red.</li> <li>• Primary Care Covid Response Team</li> <li>• Covid-19 General Practice Bulletin</li> <li>• General Practice Workload Prioritisation</li> </ul> <p><b>Covid Vaccination Programme;</b> This has been coordinated by a BOB Vaccination Cell, across the three counties. There is a place based cell within each county, led by the local authority, to co-ordinate Mass Vaccination sites and support to the Primary Care Network (PCN) sites when signed up to a national specification.</p> <p>The Committee encouraged the LMC to keep lines of communication open in order to allow the CCG to address concerns from practices as they arise.</p> <p><b>Covid Capacity Expansion Fund</b> The Pulse Oximetry and Learning Disability Health Checks goals were highlighted as key priority areas. The process for deploying this fund has been reviewed at ICS level, with agreement reached to commission as a Locally Commissioned Service. As the funding is over £1M and is framed as a new LCS through the CCG, Governing Body sign-off is required. In line with the NHSE/I guidance funding will flow directly to general practices.</p> <p>The Committee <b>NOTED</b> the report provided.</p> <p><b>POST MEETING CORRECTION:</b> The Covid Capacity Expansion Fund was mandated by NHSE therefore, sign off by the CCG Governing Body was not required.</p>	
<p><b>10</b></p>	<p><b>Primary Care Recovery Delivery Group</b></p> <p>The CCG led Primary Care Recovery and Delivery Group continues to meet monthly to monitor ongoing work on the five identified work streams. The latest GP appointment data from NHS Digital was highlighted as showing that appointments are now above what they were at the same time last year (pre-Covid). October is traditionally a busy period each year due to the flu vaccination process. A clear increase in the number of face to face appointments can be seen from the latest data.</p> <p><b>ACTION:</b> RM will seek support from the Communications Team on presentation of the information so it is accessible and supports practices to explain their work and pressures to external stakeholders and Patient Participation Groups (PPGs).</p> <p>Further work is needed to encourage the population to use other methods of contact alongside telephone services in order to reserve this for the most urgent escalations. The Committee noted the importance of all providers in the system understanding that primary care is still risk</p>	<p><b>RM</b></p>

	stratifying patients.  The Committee <b>NOTED</b> the report.	
<b>Strategy/ Policy and Decisions</b>		
<b>11</b>	<p><b>North Bucks PCN/Swan PCN-proposal for formation of a New PCN</b></p> <p>The Primary Care Commissioning Committee was asked to;</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> The Swan Practice's resignation from North Bucks PCN and</li> <li>• <b>APPROVE</b> the formation of a new PCN named The Swan PCN from 1 April 2021.</li> </ul> <p>The CCG is responsible for ensuring the affected registered population continues to receive services included within the Network Contract DES. The CCG is assured that the North Bucks PCN and the new Swan PCN will continue to work together and communicate with regards to population health management. The criteria for CCG assurance is outlined in the paper.</p> <p>Whilst appreciating that we are still in the early stages on PCN configuration issues, the Committee requested that the views and engagement from the rest of the System (Community Boards, PPGs, and other stakeholders) are, in future, captured before the stages where we are asked to consider configuration changes. The new proposal has been checked with SK, who advised that this would provide a better configuration.</p> <p>The Swan Practice has had major involvement in the proposals and plans for a new Health Centre in Buckingham. In light of the new configuration, meaning that they would be a stand-alone PCN, the practice has been informed that the plans as they stand will need to be reviewed.</p> <p>The Committee <b>AGREED</b> The Swan Practice's resignation from North Bucks PCN and <b>APPROVED</b> the formation of a new PCN named The Swan PCN from 1 April 2021.</p>	
<b>Governance and Assurance</b>		
<b>12</b>	<p><b>Decision Log for Update;</b> GR to update the log to reflect decisions made at the meeting.</p>	<b>GR</b>
<b>13</b>	<p><b>New Risks Identified by the Committee</b> None reported.</p>	
<b>Any Other Business</b>		
<b>14</b>	<p><b>Questions submitted in Advance</b> None received.</p>	
<b>15</b>	<p><b>Date of Next Meeting</b> <b>PCCC:</b> Thursday 4<sup>th</sup> March 2021, 3-5pm <b>PCCC:</b> Thursday 3<sup>rd</sup> June 2021, 3-5pm</p>	
<b>For Information</b>		
<b>16</b>	<p><b>Report from Primary Care Operational Group</b> With regard to the section reporting on PCN Organisational Development funding, RM clarified that the CCG supported the expansion of the PHM programme, which is separately funded. The focus of the use of the organisation development money was around supporting additional clinical time for PCNs.</p> <p>PCCC noted that funding is to be split 12 ways across the PCNs. There is a template which goes out to PCNs (with their allocations) based on the maturity matrix. PCNs detail their proposals for use of this fund and identify how this will help them develop. This is reviewed by the CCG, utilising expert advice as required, to ensure the proposals fit within the criteria.</p>	
<b>17</b>	<p><b>Contract Variations</b></p>	



	Noted	
18	<b>Meeting Forward Planner</b> Noted	

## Primary Care Commissioning Committee: Abbreviations and Acronyms Glossary

A&E	Accident and Emergency	K	Thousand
ACHT	Adult Community Health	KLOE	Key Lines of Enquiry
ACO	Accountable Care	LMC	Local Medical Committee
AF	Atrial Fibrillation	LPF	Lead Provider Framework
AGM	Annual General Meeting	M	Million
APMS	Alternative Provider Medical	MAGs	Multi Agency Groups
AO	Accountable Officer	MCA	Mental Capacity Act
AQP	Any Qualified Provider	MCP	Multi-specialty Community Provider
AT	Area Team	MIG	Minor Improvement Grant
AVCCG	Aylesbury Vale Clinical	MK	Milton Keynes Foundation Trust
BAF	Board Assurance	MusIC	Musculoskeletal Integrated Care
BCC	Buckinghamshire County	NHSE	NHS England
BCF	Better Care Fund	NHSi	NHS Improvement
BAF	Board Assurance	NOAC	New Oral Anticoagulants
BHT	Buckinghamshire	OCCG	Oxfordshire Clinical Commissioning
BME	Black and Minority Ethnic	OOH	Out of Hours
BPPC	Better Payment Practice	ORCP	Operational Resilience & Capacity
C4Q	Commissioning for Quality	OUH	Oxfordshire University Hospitals Trust
CCCG	Chiltern Clinical	PACS	Primary & Acute Care Systems
CDIF	Clostridium Difficile	PAS	Patient Administration System
CEPN	Community Education	PB	Programme Board
CFO	Chief Finance Officer	PBR	Payment by Results
CHC	Continuing Health Care	PIRLS	Psychiatric In Reach Liaison Service
CIP	Cost Improvement	PLCV	Procedures of Limited Clinical Value
COI	Conflict of Interest	PMS	Personal Medical Services
COPD	Chronic Obstructive	PCCC	Primary Care Commissioning Committee
CPA	Care Programme Approach	PCOG	Primary Care Operational Group
CQC	Care Quality Commission	POD	Point of Delivery
CQRM	Contract Quality Review	POG	Programme Oversight Group
CQUIN	Commissioning Quality &	PPA	Prescriptions Pricing Authority
CSCSU	Central Southern	PPE	Patient & Public Engagement
CSIB	Children's Services	QIPP	Quality, Innovation, Productivity &
CSP	Care & Support Planning	QIS	Quality Improvement Scheme
CSR	Comprehensive Spending	QOF	Quality & Outcomes Framework
CSU	Commissioning Support Unit	RAG	Red, Amber, Green
DES	Directly Enhanced Service		
DGH	District General Hospital	RBH	Royal Berkshire Hospital
DOLS	Deprivation Of Liberty Safeguards	RCA	Root Cause Analysis
DST	Decision Support Tool (CHC)	REACT	Rapid Enhanced Assessment Clinical Team
EDS	Equality Delivery System	RRL	Revenue Resource Limit
EOL	End of Life	RTT	Referral to Treatment

ETTF	Estates and Technology Transformation Fund	SCAS	South Central Ambulance Service
F&F	Friends and Family	SCN	Strategic Clinical Network
FHFT	Frimley Health Foundation Trust	SLA	Service Level Agreement
FOT	Forecast Outturn	SLAM	Service Level Agreement Monitoring
FPH	Frimley Park Hospitals NHS Foundation Trust	SRG	Systems Resilience Group
GB	Governing Body	STP	Sustainability & Transformation Planning
GMS	General Medical Services	SUS	Secondary Uses Service
GPFV	General Practice Forward View	TDA	Trust Development Authority
GPRP	General Practice Resilience Programme	TOR	Terms of Reference
HASU	Hyper Acute Stroke Unit	TV	Thames Valley
HETV	Health Education Thames Valley	TVN	Tissue Viability Nurse
HWBB	Health & Wellbeing Board	UECN	Urgent Emergency Care Network
ICE	Integrated Clinical	VuPS	Vulnerable Practice Scheme
ICS	Inhaled Corticosteroids	YTD	Year to Date
ICU	Intensive Care Unit	5YFV	5 Year Forward View
IFR	Individual Funding Request	PCN	Primary Care Network
IG	Information Governance	ACD	Accountable Clinical Director

Action Log								
Meeting:		Primary Care Commissioning Committee (in public)						
Date Action Raised	Action Number/l	Minutes Reference	Action Title/ Description	Responsibility	Target Date	Date Complete	Status	Progress Details / Comments
03/09/2020	1	5	<p><b>Communications improvement suggestions from all:</b> Suggestions for how we can improve communications and engagement with General Practice were requested for PCCC members to bring to the December meeting.</p> <p><b>03/12/2020 ACTION Update:</b> The Committee agreed to discuss further at the next Primary Care Operational Group meeting, with the inclusion of wider communications around Primary care to stakeholders and the public.</p>	JN	18/02/2021-PCOG		Open	<b>03/12/20 Update:</b> JN reported that communications to practices and PCNs are in place due to Covid-19 which mitigate some of the original issue/ action. <b>ACTION: The Committee agreed to discuss further at the next Primary Care Operational Group meeting, with the inclusion of wider communications around Primary care to stakeholders and the public.</b>
03/12/2020	2	7	<p><b>Quality Report:</b> ACTION: The Committee requested to see trends and themes of PALs/Complaints reported to the CCG. DW advised Rob Hicks will offer support to build this into future reports.</p>	DW			Open	Contained in latest report - close action
03/12/2020	3	7	<p><b>Quality Report:</b> ACTION: The Committee requested the friends and family data be presented at practice level rather than PCN level. DW advised Rob Hicks will offer support to build this into future reports</p>	DW			Open	
03/12/2020	4	7	<p><b>Quality Report:</b> ACTION: Healthwatch Bucks to share the Independent Health Complaints Advocacy Data with the CCG quality team, in order to assist with triangulation of reporting.</p>	ZM			Open	
03/12/2020	5	8	<p><b>Finance Report:</b> ACTION; AO to remove the 3W merger information for future reports as this is no longer relevant. The contract variations for Berryfields and Meadowcroft will need to be reflected in future reporting.</p>	AO			Open	Removed from current report - close action.
03/12/2020	6	10	<p><b>Primary Care Recovery Delivery Group:</b> ACTION: RM will seek support from the Communications Team on presentation of the information so it is accessible and supports practices to explain their work and pressures to external stakeholders and Patient Participation Groups (PPGs).</p>	RM			Open	

<b>Paper B</b>
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<b>Meeting: Buckinghamshire CCG Primary Care Operational Group</b>
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<b>Date of Meeting</b>	Thursday 4 March 2021
<b>Title of Paper</b>	Primary Care Risk Register
<b>Lead Director</b>	Robert Majilton, Deputy Chief Officer
<b>Author(s)</b>	Jessica Newman, Interim Head of Primary Care
<b>Paper Type</b>	The paper is presented for <b>Assurance</b>
<b>Action Required</b>	PCOG Members are asked to: <b>Review and Moderate</b> the Primary Care Risk Register and Corporate Risk Register.

### Executive Summary

The CCG has reviewed the way in which it manages risks and how these are reported to the Governing Body. Each sub-group of the Governing Body reviews the way it monitors and manages risks. This includes the Primary Care Commissioning Committee (PCCC) and the Primary Care Operational Group (PCOG).

The Primary Care Operational Group (PCOG) review the Primary Care Risk Register on a monthly basis and escalate any items scoring 12 or above to the PCCC. Currently only one of the risks recorded on the Primary Care Risk Register is scored at 12 or above.

The Primary Care Operational Group has been asked by the CCG Executive Committee to moderate risks relating to Primary Care and the ongoing Covid-19 pandemic as recorded on the Corporate Risk Register. Two risks have been identified; Primary Care Staff Testing and Primary Care Workload and Resilience.

The PCOG is asked to:

- **Review** assessment of risk scores on the Primary Care Risk Register
- **Be assured** that the risks on the Primary Care Risk Register are mitigated with appropriate actions in place.
- **Moderate** risk relating to the Vaccination Programme as recorded on the Corporate Risk Register

<b>Previously considered by (CCG and/or ICS, ICP Boards and/or Committees)</b>	The management of the risk register has been considered and agreed by the PCCC and the PCOG at monthly meeting since March 2017.
<b>Financial and resource implications</b>	None Applicable

<b>Risk and Assurance</b>	CCGs have a responsibility to ensure proper governance which will in turn enable the CCGs to be compliant with statutory obligations and ensure aims/goals and objectives are met. Every activity that the CCGs undertake, or commissions others to undertake on its behalf, brings with it some element of risk that has the potential to undermine or prevent the organisation achieving its strategic aims/goals. Therefore it is vital that appropriate governance is applied to manage and mitigate this.
<b>Legal implications/regulatory requirements</b>	
<b>Consultation, public engagement &amp; partnership working implications/impact</b>	Not applicable
<b>Public Sector Equality/Equity Duty</b>	Not applicable

<b>Conflicts of Interest</b>
None identified

No conflict identified	✓
Conflict noted: conflicted party can participate in discussion and decision	
Conflict noted, conflicted party can participate in discussion but not decision	
Conflict noted, conflicted party can remain but not participate in discussion	
Conflict noted, supporting paper withheld from conflicted party e.g. pecuniary benefit	
Conflicted party is excluded from discussion	

<b>Authority to Make a Decision – process and/or commissioning (if relevant)</b>
<p>The authority for decision as documented in the PCOG Terms of Reference, and the CCG Constitution/Scheme of Reservation and Delegation- <b>(P3)</b></p> <p>PCOG hold delegated authority from the PCCC to discuss Day to day decisions on provider performance management and risk management associated with Primary Care to provide robust assurance to the Governing Body and NHS England. (up to £100k only within agreed and approved budget).</p>

# Primary Care Risk Register

Risk Title	Raised On	Risk Causes	Risk Description (IF & THEN)	Consequence (LEADING TO)	Project Risk Owner	Delegated Risk Owner	Corporate Risk Owner	Risk Baseline Score	Risk Score After Mitigation	Corporate Risk Score	Reasoning for Current Score	Risk Proximity	Controls & Assurances in Place	Actions Required	Last Review Date	Update	Next Review Date
<b>STPProg01 : Primary Care</b>																	
Improved Access to Primary Care	02/03/17	Improved Access to General Practice. The contract for provision of this service ends on 31 March 2020	If the CCG does not agree commissioning plans for this service from April 2020 then the CCG will be unable to meet government expectations on 24/7 access. Patients will not have access to 24/7 primary care	<ul style="list-style-type: none"> <li>Poor reputation</li> <li>Poor patient outcomes</li> <li>Local unsustainability</li> </ul>	Louise Smith	Jessica Newman	Louise Smith	16	9	12	<p>Risk score after mitigation reflects that the CCG has engaged with providers and service users to determine commissioning plans for 2020/21.</p> <p>The impact would be moderate (3) with the possibility (3) that the risk might occur</p>	3-6 months	<p>Contract in place until 31 March 2020 and quarterly CRMs taking place.</p> <p>Confirmation that arrangements for Extended Hours DES to be provided at PCN level.</p>	<p>National Access Review delayed.</p> <p>Workshop on 19.11.2019 agreed extension of current IA contracts for 2020/21. Single Tender Waiver submitted to Finance Committee in January 2020 and approved subject to due diligence.</p>	27/08/20	Update September 2020 - Letter confirming extension issued to FedBucks until 31.03.21. Allocation for 20/21 confirmed by NHSE in August.	01/02/21

# Corporate Risk Register – Covid-19

Risk Title	Risk Causes	Risk Description (IF)	Risk Effect (THEN)	Consequence (LEADING TO)	Risk Owner	Delegated Risk Owner	Corporate Risk Owner	Risk Baseline Score	Risk Score After Mitigation	Corporate Risk Score	Risk Score target (what is the aim)	Reasoning for Current Score	Reasoning for Target Score	Risk Proximity	Controls & Assurances in Place	Actions Required	Action category	Integrated Care Partnership	Buckinghamshire Healthcare NHS Trust
32. Primary care staff testing	The government's testing system - part of its test, track and trace operation - has faced criticism in recent weeks with capacity for testing unable to meet demand which is sated as not having been predicted. NHS Providers, which represents English hospital trusts, has said staff are having to self-isolate because they cannot get tests for themselves or family members.	primary care staff (including BAME) are unable to be tested due to known national testing issues	subsequent safety and sickness/self-isolation issues could arise	<ol style="list-style-type: none"> <li>Reduced staffing levels Continuity of primary care</li> <li>Practices unable to meet both expectations of NHS England and CCG contractual obligations</li> </ol>	Robert Majilton	Jessica Newman	Robert Majilton	25 (5*5)	12 (4*3)	12 (4*3)	4 (2*2)	<p>Reviewed at Primary Care Working Group 04/11/2020 and update from Primary Care Team 17/11/2020. moderated by Primary Care Commissioning Committee on 03/12/2020</p> <p>-The National Testing Portal has capacity for staff testing.</p> <p>-Ongoing progression with the set-up of Surrey Portal, an ICS solution, to support testing, backed with BHT/ Frimley and Oxford testing capacity.</p> <p>-Future mobilisation of Rapid Tests (testing a symptomatic staff) as part of a Government programme roll out.</p> <p><b>RECOMENDATION THAT THE RISK LEVEL REMAIN AT 12</b></p>	Testing no longer required	Immediate	<p><b>CONTROLS:</b></p> <p>1. Daily testing Task and Finish Group led by Frances Habgood</p> <p><b>ASSURANCES:</b></p> <p>1. Reporting through this register</p> <p>2. Implementation of Sit rep and monitoring of practice resilience</p>	As identified through the Task and Finish Group	No SMART actions but cross references to other sources	TBC	TBC

33. Primary Care workload and resilience	Primary Care currently facing levels of workload that are above normal - with rising demand for consultations, the strain of remote patient contacts, staff absences and the backlog of NHS treatment adding to pressure as a COVID-19 second wave builds in the UK.	member practices report inability to sustain resilience during a second wave	patient services will be affected	1. increased risk of poor health outcomes . 2. Related risk of a practice having to close	Robert Majilton	Jessica Newman	Robert Majilton	20 (5*4)	16 (4*6)	16 (4*6)	4 (2*2)	<p>Update on current contingencies provided at all staff briefing on 12 October 2020. Moderated by Primary Care Commissioning Committee on 03/12/2020</p> <p>The Primary Care Team have been working with practices to help ensure robust business continuity plans (BCPs) are in place for the event of general practice level closures or service disruption due to COVID-19 outbreaks. While many practices already have plans in place, those who do not are offered support from both the CCG and the LMC working together. Action cards and NHS England's briefing which describes different outbreak scenarios have been provided to all practices. Nine practices have taken up an offer made by the LMC for assistance writing their BCP and a template is available for them to use. Work to assist with business continuity and resilience in primary care is ongoing with more communications planned in the coming weeks.</p> <p><b>RECOMMENDATION THAT RISK IS MODERATED AT 16 TO PROMPT ESCALATION TO THE GOVERNING BODY</b></p>	Resilience maintained and routine face to face returns	Immediate	<p><b>CONTROLS:</b></p> <ol style="list-style-type: none"> <li>Primary Care Recovery Delivery Group has been established to make timely recommendations to the CCG's PCCC and the Buckinghamshire ICP System Recovery and Renewal Board and about the sustainable steps required to enable primary care in Buckinghamshire. <ul style="list-style-type: none"> <li>take on board lessons learned from the Covid-19 pandemic,</li> <li>take action to implement agreed recovery work programmes and</li> <li>assure resilience of primary care in the event of a further peak.</li> </ul> </li> <li>Practices supported to make changes for social distancing/safe delivery of care.</li> <li>Hot and cold hubs to manage patient escalations.</li> <li>Business Continuity Planning assurance including buddying arrangements at practice/PCN level - reflecting on first wave experience and learning.</li> <li>Primary care support offer development - digital and workforce.</li> <li>Additional funding invested to support practices where identified, with COVID-19 claims process in place as described elsewhere.</li> <li>Remote working as has in place to continue to support resilience.</li> </ol> <p><b>ASSURANCES:</b></p> <ol style="list-style-type: none"> <li>Reporting through this register</li> <li>Primary Care Commissioning Committee</li> <li>Primary Care Recovery Delivery Group papers and minutes</li> <li>Sit rep reporting at place and ICS level</li> </ol>	As identified through the Primary Care Recovery Delivery Group	No SMART actions but cross references to other sources	n/a - CCG only risk	n/a - CCG only risk
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Agenda Item: C

**Meeting: Buckinghamshire Primary Care Commissioning Committee**

<b>Date of Meeting</b>	Thursday 4 <sup>th</sup> March 2021
<b>Title of Paper</b>	Head of Primary Care Report
<b>Lead Director</b>	Robert Majilton, Deputy Chief Officer
<b>Author(s)</b>	Jessica Newman, Head of Primary Care
<b>Paper Type</b>	For Information
<b>Action Required</b>	Committee Members are asked to: Note the report for information

**Executive Summary**

Paper provided to **inform** the Primary Care Commissioning Committee of local and national developments within primary care between December 2020 and March 2021 in the context of NHS Buckinghamshire CCG.

<b>Previously considered by (CCG and/or ICS, ICP Boards and/or Committees)</b>	Not applicable
<b>Financial and resource implications</b>	There are no financial and resource implications arising from this paper
<b>Risk and Assurance</b>	Not applicable
<b>Legal implications/regulatory requirements</b>	There are no legal implications arising from this paper
<b>Consultation, public engagement &amp; partnership working implications/impact</b>	Not applicable
<b>Public Sector Equality/Equity Duty</b>	Not applicable

**Conflicts of Interest**

Not applicable- Paper is for information only

No conflict identified



Conflict noted: conflicted party can participate in discussion and decision	
Conflict noted, conflicted party can participate in discussion but not decision	
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Conflicted party is excluded from discussion	

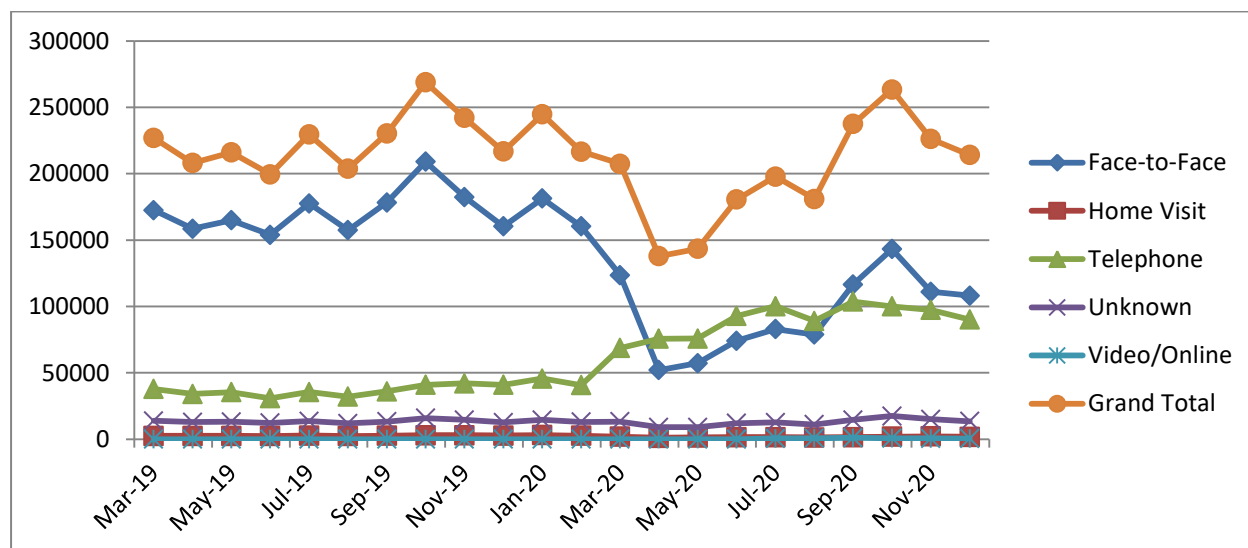
<p><b>Authority to Make a Decision – process and/or commissioning (if relevant)</b>  Not applicable -no decision or approval required.</p>
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**Head of Primary Care Report**  
**Primary Care Commissioning Committee**  
**4<sup>th</sup> March 2021**

**1. Primary Care Recovery and Renewal**

Due to the recent surge and roll out of the vaccination programme the Buckinghamshire Primary Care Recovery Delivery Group has not met since 17 December 2020. This group is part of the Buckinghamshire Recovery and Renewal Board which is refreshing its programme of work in light of the surge. Initial discussions about what the recovery and renewal plan should look like took place on 22<sup>nd</sup> February 2021 and it is likely that the revised plan will take a more outcomes based approach and have sub-groups which support these.

Key to this next phase of recovery will be time for staff to recuperate, recognising that many people have had little time off in the past year and been working under stressful conditions for much of that time. As with recovery after the first phase, there is likely to be an increase in demand for health services which also needs to be met although the latest appointment data shows activity to be at similar levels to the previous year (table shows December 2020 data).



The next Primary Care Recovery Delivery Group meeting on 11<sup>th</sup> March will discuss the primary care element of the revised plan and the support that can be offered to the primary care workforce to aid recuperation.

**2. Community Pharmacy Consultation Service (CPCS)**

The NHS Community Pharmacist Consultation Service (CPCS) was launched by NHS England and Improvement on 29 October 2019. The aim was to progress the integration of community pharmacy into local NHS urgent care services, providing more convenient treatment closer to patients' homes. The first phase of the CPCS offered patients the option of having a face to face or remote consultation with a pharmacist following an initial assessment by an NHS 111 call advisor. This service is now being extended to include

referrals for lower acuity conditions from general practice. The practice care navigator will be able to make a digital referral to a convenient pharmacy where the patient will receive pharmacist advice and treatment for a range of minor illness, or for an urgent supply of previously prescribed medication. Should the patient need to be escalated or referred to an alternative service, the pharmacist can arrange this. The service should alleviate pressure on GP appointments, harness the skills and medicines knowledge of pharmacists and improve patient access.

Due to Covid-19 and the prioritisation of the Covid Vaccination Programme, many CCGs across the country have delayed the roll out of this programme to their local practices/PCNs. Across BOB it has now been agreed that communication and engagement with practices/PCNs should commence in early March. With the help of the NHS England Regional Team the BOB team will share information, including hosting dedicated webinars, about the benefits of the service, along with lessons learnt from some early adopters in other parts of the country. The focus will be to seek expressions of interest for practices / PCNs who would like become local early adopters for this service whilst working closely with our LPC colleagues and to ensure a successful launch. It is hoped that all practices / PCNs will be in a position to come on board later in the year.

### **3. Nurse Locum Bank**

NHS England has introduced the Covid Capacity Expansion Fund which has provided primary care across BOB together with a support package of £120k to create flexible staff pools in 2020/21. Utilising some of this funding and working in collaboration with Frimley ICS, Buckinghamshire CCG has agreed to pilot a staff bank. This will initially be for nursing but has the capacity to include AHP's and other roles. The staff bank will be established for nurses who have capacity to offer additional work from a substantive role or for professionals wishing to work flexibly who would be able to hold a bank contract with a practice/PCN. The aim of the bank is to provide a flexible pool of nursing staff (AHPs and other roles following in a later phases) for delivery of primary care services at a time where the workforce is particularly stretched. The CCG have been asked to find workforce solutions to backfill practices roles and COVID vaccine clinics. Despite several offers from external providers it is recognised that there is not a sustainable solution to match availability of a workforce that wishes to work flexibly with the needs of practices. The locum bank is designed to fill this gap.

We are in the process of developing a platform for e-rostering and recruitment of flexible staff with the National Association of Sessional GPs (NASGP). This will be available from June 2021 and can then be used by practices/PCNs or a host provider. The CCG will be working closely with key stakeholders to take this initiative forward and ensure a successful launch.

### **4. Community Mental Health Framework (CMHF)**

The NHS Long Term Plan 2019 and subsequent Community Mental Health Framework (CMHF) for adults and older adults 2019, outlines an ambition to transform and modernise community mental health services. In practice, there has been a shift towards a new placed based multidisciplinary service across health and social care:

- Aligning community mental health services with primary care networks
- Maximising the strengths of the voluntary community and social enterprise (VCSE) and
- Deploying strength -based approaches to sustain people's long-term mental health and wellbeing.

Three key principles that underpin the CMHF for people with SMI:

1. Access to mental health care where and when people need it, the ability for people to move through the system easily, so that those who need support receive it in the appropriate place, rather than face being discharged to no support.
2. Manage their condition or move towards individualised recovery on their own terms based on their identified needs and goals, surrounded by their families, carers and social networks, and supported in their local community.
3. Contribute to and be participants in the communities that sustain them

CCGs will be provided with transformation funds over the course of three years (starting 21/22) to implement the new model within the scope of the community mental health framework. Each county within the BOB ICS will be asked to identify the PCNs they plan to work with in years 1 – 3 with an expectation of 33% coverage of the county's population in each financial year, with 100% coverage by the end of year 3 (23/24). One of the key drivers for the implementation of the community mental health framework is to address some of the significant health inequalities that people with an SMI face. Public health data was therefore used to inform selection for year 1, with decision making being based on where the model would have greatest impact in terms of addressing these health inequalities.

The High Wycombe area has some of the highest levels of deprivation in the county. It is widely acknowledged that people living in more deprived areas have a higher prevalence of SMI. The High Wycombe area also has the highest Black and Minority Ethnic population. National benchmarking demonstrates that the prevalence of SMI in this cohort of people is much higher than the rest of the population. As a result the PCNs from the Wycombe / South Bucks area have been chosen for year 1 implementation:

- Cygnet PCN
- Dashwood PCN
- ARC PCN

There will be opportunities through the ARRS roles for all PCNs to develop their mental health primary care offer which will need to be closely aligned to the CMHF.

## **5. Learning Disability Health Checks**

NHSE/I have advocated that the annual health checks for people with a learning disability are given priority this year and through the latest surge of Covid. This was reflected in the checks being highlighted for action as part of the Covid Capacity Expansion Fund, which provided additional support for expanding capacity in primary care and is a target within the Investment and Impact Fund for PCNs. The national target set this year is the highest yet at 67%. Over half of Buckinghamshire practices have already exceeded 67% and 9 x PCNs now qualify for the PCN IIF.

<b>Agenda Item: D</b>
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<b>Meeting:</b> Buckinghamshire CCG Primary Care Commissioning Committee
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<b>Date of Meeting</b>	Thursday 4 <sup>th</sup> March
<b>Title of Paper</b>	Primary Care Quality Report
<b>Lead Director</b>	David Williams, Deputy Director of Quality
<b>Author(s)</b>	Asela Ali, Quality & Patient Safety Manager
<b>Paper Type</b>	<ul style="list-style-type: none"> <li>• Assurance</li> <li>• Information</li> </ul>
<b>Action Required</b>	The Committee Members are asked to: Review this report and provide feedback.

### Executive Summary

This report provides a progress update of the work being completed by the Quality Team within Primary Care in the Buckinghamshire CCG during the COVID-19 period.

<b>Previously considered by (CCG and/or ICS, ICP Boards and/or Committees)</b>	Not applicable
<b>Financial and resource implications</b>	None
<b>Risk and Assurance</b>	No further risks identified.
<b>Legal implications/regulatory requirements</b>	No material breaches identified
<b>Consultation, public engagement &amp; partnership working implications/impact</b>	Not applicable.
<b>Public Sector Equality/Equity Duty</b>	Not applicable.

Date:  
Filename:

<b>Conflicts of Interest</b>	
Not applicable- Paper submitted for information	

No conflict identified	✓
Conflict noted: conflicted party can participate in discussion and decision	
Conflict noted, conflicted party can participate in discussion but not decision	
Conflict noted, conflicted party can remain but not participate in discussion	
Conflict noted, supporting paper withheld from conflicted party e.g. pecuniary benefit	
Conflicted party is excluded from discussion	

<b>Authority to Make a Decision – process and/or commissioning (if relevant)</b>
n/a - no decision or approval required.

Date:  
Filename:

# Primary Care Quality Report

## 1. Introduction

This report provides a progress update of the work being completed by the Quality Team within Primary Care in the NHS Buckinghamshire CCG.

- Patient Safety – Incidents and Clinical Concerns
- Safeguarding
- Quality oversight

## 2. Patient Safety

### 2.1 Incidents

As of 1 April 2017 Buckinghamshire CCG became fully delegated. This means that the CCG is responsible for tracking and supporting practices as and when they log Significant Events.

Since the previous report in December 2020, the CCG has been made aware of no further incidents via the incident reporting route through the National Reporting and Learning System (NRLS).

### 2.2 Clinical Concerns

Since the December 2020 report, three additional Clinical Concerns have been raised with the CCG. The CCG believes the low number of concerns being raised is due to the on-going response around COVID19. Primary Care colleagues are encouraged to continue to use the platform although the CCG has relaxed the required response timeframe to allow for flexibility due to the ongoing COVID19 pandemic.

All three concerns raised were directed to BHT for investigation but as yet have not been responded to; they are still within the 30 working day deadline.

During the Covid-19 period there have also been a number of concerns raised directly with Clinical Leads which have been addressed either through the Recovery Group, direct interface across local services or via the Clinical Harms Steering group, predominantly these have related to communication and mutual understanding of services and capacity issues.

## 3. PALS & Complaints

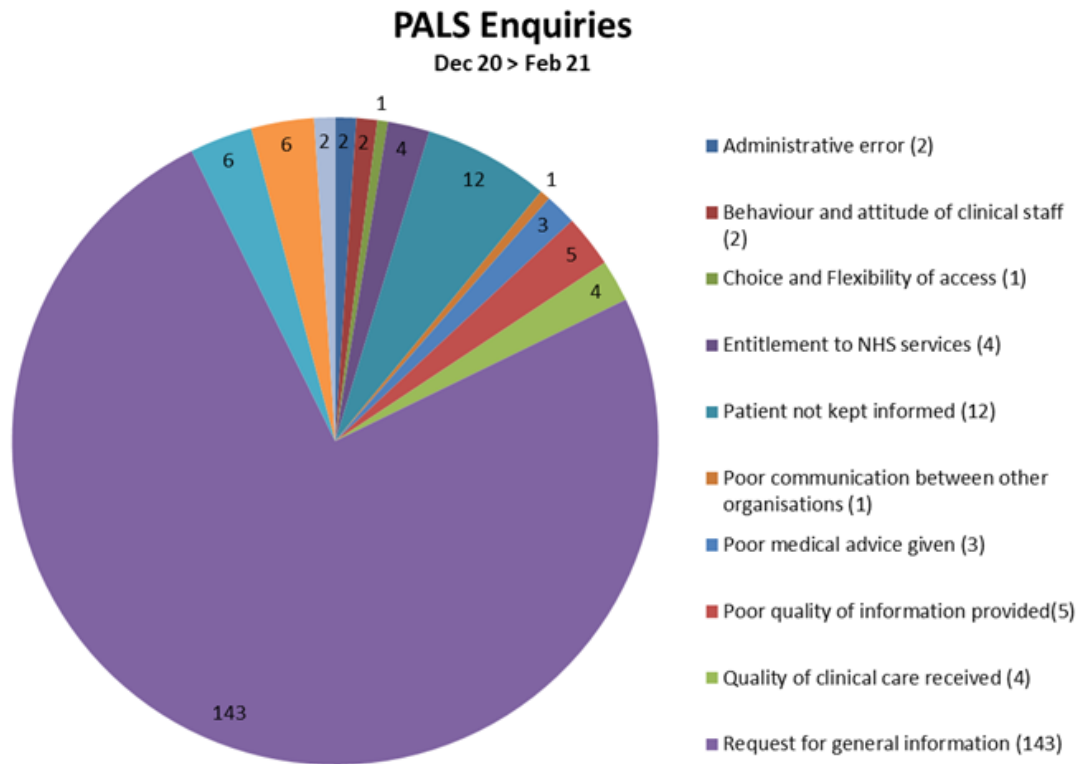
The CCG is communicating with NHS England on an individualised basis in relation to primary care complaints. To date and since the last period of reporting, routine reporting of complaints has not occurred, previously this was due to limitations of the reporting system hosted by NHSE and more latterly due to Covid-19. As summary of CCG reported Patient Advice and Liaison Queries (related to Primary Care) is detailed below, and has been used to support learning from the Primary Care response to Covid and the wider system, the quality team are doing some additional

Date:  
Filename:



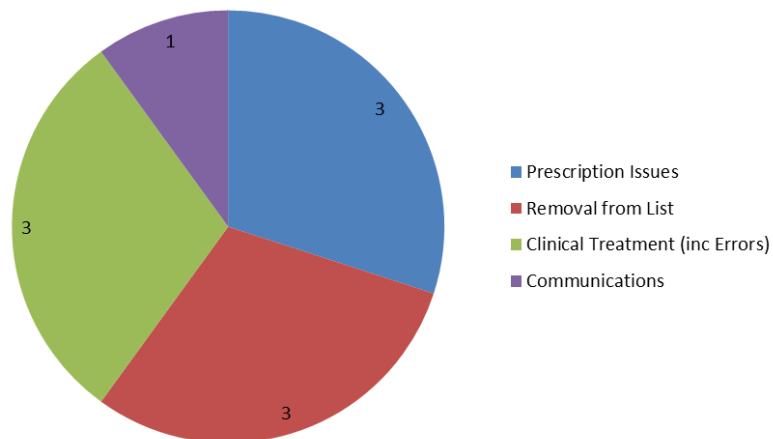
work to identify how to appropriately analyse data from the Datix system to inform reporting for the next report.

The most common type of PALS enquiry was “request for general information” (140) following that, “Patient not kept informed” (12) and then “Service not available” (6) and “Unable to access service” (6).



### Complaint Data – NHSE

The latest data set available to the CCG relates to complaints received by NHSE between April 2020 and November 2020. In total **10** complaints were received by NHS England relating to Buckinghamshire CCG GP Practices. A further request for up to date complaints data has been requested from NHS England.



Date:  
Filename:

#### 4. Safeguarding

The safeguarding training for both adults and children was delivered in December and January, via TEAMS. It was well received and further consideration to virtual training methods will be discussed. The safeguarding team has successfully recruited two new members of staff who are due to start before the spring. The safeguarding agenda continues to be busy and published literature suggests a surge in activity is to be anticipated as the current lockdown restrictions are lifted. We are well placed to support primary care with advice and guidance should this occur and look forward to working with our new colleagues.

#### 5. Quality Oversight

Following the CQC inspections that took place in the quarter, as at March 2020, all 48 of our practices are rated as good or outstanding. This is a positive sign of the general quality of primary care in Buckinghamshire. During the Covid-19 period the team have continued to provide remote advice and guidance to all providers in Buckinghamshire, and where concerns have been identified (3 practices currently) have been doing supportive visits in a Covid-19 safe manner to services in Buckinghamshire.

#### 6. Friends and Family Test

Whilst there is a contractual responsibility to collect and submit patient experience data to NHSEI, sometimes results are not reported because the number of responses is low. New guidelines recently published <https://www.england.nhs.uk/wp-content/uploads/2020/02/fft-revised-submission-guidance-gp-practice.pdf> were circulated to all practices and compliance will form part of the PC QIAF assessments and visits.

Following the outbreak of COVID19, FFT data collection was placed on pause from February 2020 and was due to recommence September 2020 this pause has been extended by NHSE until March 2021. The below data is the most up-to-date available.

**Data to February 2020**

Recommended	Average (Mid Chilterns)	96.11%
	Average (Chesham & Little Chalfont)	92.56%
	Average (Maple)	No results
	Average (BMW)	87.68%
	Average (Westongrove)	No results
	Average (North Bucks)	94.83%
	Average (AV South)	94.79%
	Average (South Bucks)	91.53%
	Average (Chalfonts)	No results

Date:  
Filename:

	Average (Arc Network)	92.51%
	Average (Dashwood)	88.46%
	Average (Cygnet)	91.54%
	Average (Bucks CCG)	92.35%
	National Average	90.38%
Not Recommended	Average (Mid Chilterns)	3.89%
	Average (Chesham & Little Chalfont)	7.44%
	Average (Maple)	No results
	Average (BMW)	12.32%
	Average (Westongrove)	No results
	Average (North Bucks)	5.17%
	Average (AV South)	5.21%
	Average (South Bucks)	8.47%
	Average (Chalfonts)	No results
	Average (Arc Network)	7.49%
	Average (Dashwood)	11.54%
	Average (Cygnet)	8.46%
	Average (Bucks CCG)	7.65%
	National Average	5.55%

<b>Agenda Item: E</b>
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<b>Meeting:</b> Buckinghamshire CCG Primary Care Commissioning Committee
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<b>Date of Meeting</b>	Thursday 4th March
<b>Title of Paper</b>	GP Delegated Budget, financial position Month 10.
<b>Lead Director</b>	Director of Primary Care and Transformation
<b>Author(s)</b>	Alan Overton, Senior Finance Analyst, Primary Care
<b>Paper Type</b>	For Information
<b>Action Required</b>	Members are asked to: <b>Note</b> the financial position of the GP delegated budget.

<b>Executive Summary</b>
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To note the financial position of the GP delegated budget for month 10.
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<b>Previously considered by (CCG and/or ICS, ICP Boards and/or Committees)</b>	None
<b>Financial and resource implications</b>	Financial reporting
<b>Risk and Assurance</b>	None
<b>Legal implications/regulatory requirements</b>	None
<b>Consultation, public engagement &amp; partnership working implications/impact</b>	Not applicable
<b>Public Sector Equality/Equity Duty</b>	Not applicable

**Conflicts of Interest**

No conflicts of interest identified.  
Report is for information.

No conflict identified	
Conflict noted: conflicted party can participate in discussion and decision	
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**Authority to Make a Decision – process and/or commissioning (if relevant)**

The authority for decision as documented in the PCOG Terms of Reference, and the CCG Constitution/Scheme of Reservation and Delegation- **(P3)**  
PCOG hold delegated authority from the PCCC to discuss Day to day decisions on provider performance management and risk management associated with Primary Care to provide robust assurance to the Governing Body and NHS England (up to £100k only within agreed and approved budget).

**Additional Papers**

**Report to the Joint Primary Care Co-Commissioning Committee/Operational Group**  
NHS Buckinghamshire CCG

**Prepared by:**

Alan Overton, NHS England South East (Thames Valley),  
Senior Finance Analyst Primary Care.

**Classification:**

**OFFICIAL**

The National Health Service Commissioning Board was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the National Health Service Commissioning Board has used the name NHS England for operational purposes.

## 1.0 Introduction

This paper sets out the financial position for month 10 of 2020/21 for the NHS England delegated primary care GP Services joint commissioning budget of Buckinghamshire CCG.

Buckinghamshire CCG <b>GP Services 20/21</b>	Month 10			Year to Date			Full Year		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	FOT	Variance
	£k	£k	£k	£k	£k	£k	£k	£k	£k
GP Contract payment	4,191	4,174	17	41,795	41,746	50	50,177	50,177	0
QOF payments	552	552	0	5,416	5,416	0	6,520	6,520	0
GP Seniority and Locums	159	159	0	1,801	1,801	0	2,118	2,118	0
GP Drug payments	209	209	0	2,033	2,033	0	2,452	2,452	0
GP Premises	629	629	0	6,306	6,306	0	7,565	7,565	0
GP Enhanced Services	47	47	0	475	475	0	569	569	0
GP Primary Care Networks	427	427	0	4,124	4,124	0	4,977	4,977	0
GP Other Items	3	5	(2)	50	60	(10)	56	56	0
Collaborative Fees	6	21	(15)	65	104	(40)	78	78	0
GP Premises other	5	5	0	49	49	0	59	59	0
GP COVID CEF	342	342	0	1,366	1,366	0	1,366	1,366	0
GP General Reserves	0	0	0	0	0	0	71	71	0
<b>Total</b>	<b>6,571</b>	<b>6,571</b>	<b>0</b>	<b>63,480</b>	<b>63,480</b>	<b>0</b>	<b>76,009</b>	<b>76,009</b>	<b>0</b>

## 2.0 Budget 2020/21

Budget April 2020 to September 2020.

Guidance has been received from NHS England covering budget and reporting for the period April to September 2020.

The notified allocation has been revised for the 6 months April to September 2020 and based on the M11 19/20 forecast outturn. The budget has been uploaded using the expected 20/21 expenditure values. The NHS England expectation was that the CCG breakeven across the 6-monthly period. Actuals were monitored against these budgets and where there is a variance a retrospective allocation adjustment will be made by NHS England.

Additional allocations have been received for this period - £170k in month 8 covering the M6 overspend, £308k in month 6 covering the M5 overspend, £136k in month 5 covering the M4 overspend and £403k in month 4 covering the reported YTD month 3 overspend. This has now been allocated to the relevant budget items.

Budget October 2020 to March 2021.

For the period October 2020 to March 2021, the budget is based on the notified funding allocation 20/21.

The delegated GP Services budget for the full year 20/21 is £76,009k.

In M9, an additional allocation of £1,366k was received for the GP Covid Capacity Expansion Fund (CEF), a new Enhanced Service commissioned to achieve the nationally required deliverables.

## 3.0 Month Position

The current month 10 position is on plan.

### 3.1 Year to Date Position

Overall the YTD position at month 10 is on plan.

- GP Contract payment £50k underspend      Population growth below planning assumption.
- GP Other Services      £10k overspend      GP safeguarding above plan.
- GP Collaborative Fees £40k overspend      Increase in number of claims. A review of costs underway.
- All other areas      on plan

### **3.2 Forecast Outturn 2020-21**

The forecast outturn for year 20-21 is on plan.

For M1 to M6, the budget allocation has been based on M11 19/20 forecast outturn which was £1017k below the expected 20/21 expenditure for the 6-month period April to September 20. Additional allocations have been received for the M1-M6 overspends.

From M7 to M12, the budget allocation has been based on the notified funding allocation 20/21.

### **4.0 Assumptions on reporting**

The figures have been prepared in accordance with the following national guidance:

- Accruals are as per accounting standards and in the year end outturn position.



<b>Meeting: Buckinghamshire Primary Care Commissioning Committee</b>
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<b>Date of Meeting</b>	4 <sup>th</sup> March 2021
<b>Title of Paper</b>	Primary Care Commissioning in 21/22
<b>Lead Director</b>	Robert Majilton, Deputy Chief Officer
<b>Author(s)</b>	Jessica Newman, Head of Primary Care
<b>Paper Type</b>	For Information and Assurance
<b>Action Required</b>	Committee Members are asked to: Note the report for information

### Executive Summary

This paper summarises the CCG's intentions in relation to a number of primary care contracts which cease on 31 March 2021. Of relevance is the NHSE/I letter of 21 January 2021 which describes support to PCNs and practices in terms of commissioning arrangements in the coming year [C1054-supporting-general-practice-in-21-22.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/media/1212/c1054-supporting-general-practice-in-21-22.pdf)

The letter acknowledges the impact that the Covid pandemic has had on primary care and the additional pressure responding to it and delivering the Covid vaccination programme has had on business as usual in primary care.

The CCG will mirror the approach taken in the NHSE/I letter and minimise changes to be made in current service specifications, particularly in the first two quarters of 21/22 when the covid vaccination programme will still be operational and as we move along the Government Roadmap for easing Covid restrictions.

With the direction indicated in the White Paper of ICS becoming statutory bodies, we also need to take opportunities to align commissioning approaches across Buckinghamshire, Oxfordshire and Berkshire West in readiness for April 2022.

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<b>Previously considered by (CCG and/or ICS, ICP Boards and/or Committees)</b>	None
<b>Financial and resource implications</b>	Allocations for 21/22 are awaited.
<b>Risk and Assurance</b>	Intentions for LCS and SNS ending on 31.03.21 need to be agreed for continuity

	of service delivery.
<b>Legal implications/regulatory requirements</b>	There are no legal implications arising from this paper
<b>Consultation, public engagement &amp; partnership working implications/impact</b>	Not Applicable
<b>Public Sector Equality/Equity Duty</b>	Commissioning to tackle health inequalities will be a priority The needs of vulnerable groups will be taken into account when

<b>Conflicts of Interest</b>
Not applicable- Paper is for information only

No conflict identified	✓
Conflict noted: conflicted party can participate in discussion and decision	
Conflict noted, conflicted party can participate in discussion but not decision	
Conflict noted, conflicted party can remain but not participate in discussion	
Conflict noted, supporting paper withheld from conflicted party e.g. pecuniary benefit	
Conflicted party is excluded from discussion	

<b>Authority to Make a Decision – process and/or commissioning (if relevant)</b>
The paper is for assurance and information only.

## Buckinghamshire CCG Primary Care commissioning 20/21

Service	Date of Expiry	Action
Locally Commissioned Services <ul style="list-style-type: none"> <li>• Depo Antipsychotics</li> <li>• Insulin initiation (community Diabetes Specialist Nurses)</li> <li>• GLP-1 and insulin therapy</li> <li>• Near Patient Testing</li> <li>• Suture Removal</li> <li>• Venous &amp; Mixed Aetiology leg ulcer</li> <li>• Phlebotomy</li> </ul>	31.03.21	<ul style="list-style-type: none"> <li>• Use 2021/22 as a transition year</li> <li>• Roll over of current service specifications to 21/22.</li> <li>• Payment based on 19/20 activity – no inflation</li> <li>• ICS alignment for 22/23</li> <li>• Alignment with BOB</li> </ul>
Locally Commissioned Service D2A beds	31.03.21	<ul style="list-style-type: none"> <li>• Specification revision due for April 2021. Interim payment arrangements for surge will end 31.03.21.</li> <li>• Task and finish group being convened to agree future model.</li> </ul>
Locally Commissioned Service SMI checks	31.03.21	<ul style="list-style-type: none"> <li>• Payment based on 19/20 activity – no inflation.</li> <li>• Review of specification in light of the Community Mental Health Framework and QOF indicators.</li> <li>• Alignment with BOB.</li> </ul>
Care Homes SNS	31.03.21	<ul style="list-style-type: none"> <li>• Specification to be reviewed.</li> <li>• Implement Phase 2 and 3 of MDT developments during the year.</li> <li>• Set local SMR targets (if no national ones).</li> <li>• Closer monitoring and reporting of activities and outcomes via the dashboard.</li> <li>• Co-development of service and monitoring with rest of BOB.</li> </ul>
FedBucks Covid Services <ul style="list-style-type: none"> <li>• Covid hubs</li> <li>• SCAS home visiting</li> <li>• Care homes visiting</li> </ul>	31.03.21	Extension to current arrangements agreed for April 2021 pending review of need for services and service model.
FedBucks Improved Access	31.03.22	In line with NHSE/I letter 07.01.21 the CCG re-commissioned FedBucks to manage Improved Access in 21/22. Work to be started by September on PCN intentions for 22/23.
Buckinghamshire Special Allocation Service	30.06.21	The current provider has given notice. Discussions with Milton Keynes and Oxfordshire CCGs on possible joint commissioning arrangements.

<b>Meeting:</b> Buckinghamshire CCG Primary Care Commissioning Committee
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<b>Date of Meeting</b>	Thursday 4 <sup>th</sup> March 2021
<b>Title of Paper</b>	Primary Care Estates Update
<b>Lead Director</b>	Robert Majilton, Deputy Chief Officer
<b>Author(s)</b>	Jessica Newman, Head of Primary Care
<b>Paper Type</b>	For Information
<b>Action Required</b>	PCCC is asked to <b>note</b> the work programme for Primary Care Estates and the planned review of the Buckinghamshire Primary Care Estates Strategy.

### **Executive Summary**

This paper provides an overview of Primary Care Estates work in Buckinghamshire. It summarises current and planned activity and highlights the need for a review of the Buckinghamshire Primary Care Estates Strategy.

Timescales for project development and capacity to support the estates programme have been hindered by the need to focus on response to the Covid pandemic and more recently the roll out of the Covid vaccination programme. The attached paper summarises key primary care estates projects and their status.

Since the publication of the Primary Care Estates Strategy in April 2018 there have been a number of significant changes which have a bearing on the strategy:

- The publication of the Long Term Plan, creating Primary Care Networks. The Additional Roles (ARRs) scheme as part of the PCN DES mean that PCNs will need to accommodate their expanded workforce in some way.
- The Covid pandemic has necessitated different ways of working including more telephone and on-line consulting, greater use of digital support such as NHS On-line, Ask NHS app. There has also been a need to change premises to accommodate the control of infection requirements created by Covid to keep patients and staff safe.
- Developing relationships within the ICP are creating greater opportunity to align the primary care estates strategy with our Buckinghamshire partners, particularly BHT and other ICP partners, to develop models of integrated care with the estate to

support. With the direction indicated in the White Paper of ICS's becoming statutory bodies, the footprint for consideration of primary care estates project and funding may change.

- Changes to branch surgeries serving populations of less than 10,000 people have led to exploration of community based solutions to maintain access at a local level. The strategy should be revised to reflect these innovative approaches.

Whilst these factors indicate that a refresh of the current Buckinghamshire Primary Care Estates Strategy is needed, to update and take into account PCN development and the impact of Covid, the establishment of the ICS will mean it is likely that the estates strategies of the BOB CCGs will be reviewed to form an ICS wide document. Therefore it is proposed to:

- Update the Buckinghamshire strategy adding in changes as necessary.
- Make changes to align content with those of Oxfordshire and Berkshire West CCGs.

However, the principles on which the Estates Strategy is based are likely to remain given they align with the Long Term Plan and Buckinghamshire Primary Care Strategy:

- The CCG will strive to develop modern, fit for purpose services that are accessible to local populations. The CCG will also consider the development of commercial/semi industrial fabric that is easy to convert, provides flexibility for the future and is located within areas of need and is close to public transport and parking facilities.
- Ensure that practices remain resilient and sustainable; the CCG will no longer support the establishment of new single-handed GP practices and would only wish to fund new practices that can cater for at least 10,000 population (5 GPs).
- Wherever possible, the CCG will promote the consolidation of services onto fewer sites to maximise the use of existing infrastructure and to promote joint working.
- The CCG will increasingly commission services that can be delivered in primary care that have traditionally been delivered in secondary care, thus promoting care closer to home. The CCG wants to explore the development of out of hospital services provided in a community hub-type setting.

A task and finish group will be established to do this work with the aim of presenting a revised strategy to PCCC in September 2021.

The PCCC is asked to **note** the current programme of work in relation to Primary Care estates and the planned review of the Buckinghamshire Primary Care Estates Strategy.

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**Previously considered by (CCG and/or ICS, ICP Boards and/or Committees)**

The premises sub-group of the PCCC manage the primary care estates agenda and provide regular reports to the PCOG.

<b>Financial and resource implications</b>	Capital is available for the approved projects as described in the paper. There is no indication that capital for new major projects will be made available although a minor improvement grant fund for 21/22 is possible. Rent reimbursements are managed according to Premises Cost Directions and will come under increasing pressure as the estate expands.
<b>Risk and Assurance</b>	Risks associated with not developing adequate primary care estate impeding the development of services and recruitment of staff.
<b>Legal implications/regulatory requirements</b>	Premises Cost Directions. Tests for Planning gain under the CIL Regulations.
<b>Consultation, public engagement &amp; partnership working implications/impact</b>	Individual projects are subject to the usual requirements to consult and engage with the public
<b>Public Sector Equality/Equity Duty</b>	

<b>Conflicts of Interest</b>
None arising from this paper.

No conflict identified	✓
Conflict noted: conflicted party can participate in discussion and decision	
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Conflict noted, conflicted party can remain but not participate in discussion	
Conflict noted, supporting paper withheld from conflicted party e.g. pecuniary benefit	
Conflicted party is excluded from discussion	

<b>Authority to Make a Decision – process and/or commissioning (if relevant)</b>
Not applicable- No decision required

# Primary Care Estates Update

March 2021

(A glossary of abbreviations used in this paper relating to primary care estates is provided at the end.)

## 1. Introduction

In the past year, timescales for estates project development and capacity to support the estates programme have been hindered by the need to focus on response to the Covid pandemic and more recently the roll out of the Covid vaccination programme. We now need to take stock and prioritise projects to ensure delivery within the deadlines for currently available funding and need.

As the revision of the Buckinghamshire Primary Care Estates Strategy progresses, the work programme will be flexed to reflect changing priorities. The ability to support projects is dependent on the availability of additional finance, both capital and revenue and S106 or CIL developer contributions.

## 2. Major schemes

Buckinghamshire CCG has received NHSE/I funding from the ETTF and from STP capital to take forward 6 major schemes:

Table 1

Scheme	Funding	Timescale	Update
<b>Berryfields/Meadowcroft</b> New primary care centre situated in area of housing development. Will house Berryfields and Meadowcroft practices who have registered the majority of patients from this development. Berryfields is currently housed in portacabins.	ETTF £3.655m	FBC approved by NHSE/I December 2019 Works must commence by 31.03.21	
<b>Beaconsfield</b> New primary care centre housing The Simpson Centre and Millbarn Medical Centre.	ETTF £3.423m	FBC approved by NHSE/I December 2019	Work commenced February 2021
<b>Three Ways</b> Refurbishment of Three Ways Surgery to create a primary care hub including out of hours provision for the South of the county.	ETTF £500k	FBC approved by NHSE/I October 2019	Completed July 2020
<b>Lace Hill Buckingham<sup>1</sup></b> New primary centre moving 3 of Swan Practice town centre sites to an area of housing growth in Buckingham.	STP Wave 2 capital Phase 1 £3.8m Phase 2 £1.4m	OBC required by 31 March deadline for funding retention.	OBC in preparation
<b>Calcot Medical Centre<sup>1</sup></b> Refurbishment of vacant space in the medical centre in Chalfont St Giles to house The Hall Practice, allowing The Allen Practice to occupy existing space.	STP Wave 2 capital £1.6m	BJC submitted to NHSE/I December 2020.	Outcome of BJC awaited
<b>Stoke Mandeville<sup>1</sup></b> Creation of a health and care centre in conjunction with BHT and Buckinghamshire Council	STP Wave 2 capital £2m	Plans to be worked up.	Funding at risk.

<sup>1</sup>Following the submission of the BJC for Calcot Medical, NHSE/I asked the CCG in February to prepare a Programme Business Case pulling all 3 STP Wave 2 projects into 1 programme rationale document. Work on this will be complete by 5 March.

## Aylesbury

Over the past years the CCG has worked ICP partners, GP member practices, planners and developers to ensure that the significant housing development around the town is supported by sufficient, resilient primary care facilities (Table 2). A key component of achieving this is the agreement with Developers and Buckinghamshire Council of suitable S106 Agreements that provide adequate financial contributions towards new health infrastructure. The CCG will continue to work with partners to agree the best use of the S106 financial contributions recognising that flexibility and consideration to the fast pace of change within primary care is needed within this process to deliver our shared vision.

Table 2

Housing Growth	Development size	Practice	Update
Aylesbury South West	1,500 dwellings/4,500 people	Mandeville Whitehill	STP Wave 2 funding available to develop a primary care centre in this area. Whitehill has submitted a PID to the CCG for re-build of their main site.
Kingsbrook Broughton Crossing	5,500 people 2,200 dwellings/7,500 people	Poplar Grove	Business case for temporary arrangements at Poplar Grove to meet interim growth submitted to BC and awaiting their decision. Business case for permanent facility complete, discussions on-going with BC and practice about transfer of S106 to an extension at Poplar Grove rather than new build.
Woodlands Hampden Fields Aylesbury South	1,100 dwellings + care home 3,111 dwellings + care home 1,000 dwellings c. 15,000 people	Westongrove Partnership (Aston Clinton, Bedgrove + Wendover)	SOC for Hampden Fields completed November 2020. Clarification of S106 provisions needed and flexibility for a pooled S106 provision is under discussion with BC.
Berryfields Primary Care Hub	As Table 1		

<sup>1</sup>Vale of Aylesbury Plan 2018

## Wycombe

An overview of the primary care estate in Wycombe is urgently needed, incorporating up to date housing development plans and condition scoring of the existing premises together with updated information about tenure of properties. To this end the CCG will commission an SOC, working with local practices and key stakeholders, to begin the process of planning primary care estate for the town to meet the needs of the growing population and tackle health inequalities which are of particular concern in the town.

Solutions for the population grown in the East where there is currently limited primary care provision will be a key part of the SOC. Millbarn Medical Centre have had approval for



refurbishment and extension of their branch surgery at Penn which will enable the practice to accommodate some of the housing growth in that area.

## **Other Schemes**

- **Long Crendon Health & Well-being Centre**

In 2020, the CCG was approached by Unity Health requesting support to undertake a formal consultation on the possible closure of their branch at Chapel Row Surgery, Long Crendon. As part of this process and in line with NHS England guidance, the CCG required that a full public consultation was run. There was overwhelming resistance to the closure of the branch surgery with a local action group being formed and involvement of the local MP, councillors and discussion at the HASC meeting in October. Accordingly, the practice has not continued with any application to close.

Instead, and emerging from the consultation, plans are now under way to create a Community Health & Well-being Centre in the village which will include some primary medical services as well as a range of health prevention and promotion activities. There are three elements which has led to the CCG's agreement in principle to support the general practice element of this: the existence of a S106 Agreement for a GP surgery with community rooms on land as part of a housing development; the development of Aylesbury South PCN and their need for additional space to accommodate ARRS and PCN admin staff; benefit to the patients of Unity Health maintaining a dispensary in the village. This agreement in principle has been made on the basis:

- The service model for provision of primary medical services within this community led facility will be agreed with Unity Health.
- There is no requirement for the CCG to input capital into the project and any revenue consequence would be at a similar level to the current rent reimbursement.
- The Health & Well-being Centre will be led and funded by the Long Crendon community.

There is already an example of the CCG agreeing to replacement of a branch surgery with limited community based primary care facilities in Holmer Green, where a proposal was being developed (halted by the Covid pandemic) for Chiltern House Medical Centre to provide limited services in the local pharmacy.

Although the CCG's current Estates Strategy does not support new build for populations of less than 10,000, experience at Holmer Green and Long Crendon suggests that a revision should include policy on supporting access to primary care for smaller communities. This has the potential to produce innovative, integrated care projects through joint working with ICP partners.

The community group working with Unity Health has had a schedule of accommodation has been drawn up and the CCG has instructed the District Valuer to assess the rental value of the GP space which will form the basis for the CCG's contribution to this project. The CCG will continue to work with Unity Health and the community group on the creation of the Health & Well-being Centre in Long Crendon.

- Princes Risborough  
In considering a pre-Supplementary Planning Document, Buckinghamshire Council asked the CCG to confirm its position stated in July 2019 that it did not wish to take up land potentially available in a housing development just outside Princes Risborough. Housing developments in the area will expand the population by 6,000 people.

The CCG's stated position is that it would prefer developer contributions to go towards extension of Unity Health's existing premises as the land earmarked was not actually allocated and would not only have to be purchased at market value but also would only accommodate a building for 6,000 people which is below the threshold for sustainable new builds as stated in the Primary Care Estates Strategy. The CCG will ask for a feasibility study on this expansion to be prepared in the Spring of 2021 although it is recognised that provision of adequate car parking for an extension is a significant challenge to this plan.

- Winslow  
The CCG has agreed to a proposal from 3W to take up sole occupation of an NHSPS owned premises next to Norden House Surgery in Winslow, recently vacated by BHT. This provides a value for money solution for the CCG and practice and maximises the use of existing infrastructure in line with the Primary Care Estates Strategy.

There is a proposal within the Winslow Centre Plan to reserve land for a new health centre and an One Public Estate initiative to redevelop the same site to include a Health Centre. In March 2020 the CCG confirmed that it would not support this on the basis that:

- The partnership at Norden House Surgery did not wish to take on the 25 lease that would be needed to ensure the levels of rent were at market value and
- A lack of capital contributions meant that even if 25 year leases were acceptable to the Practice the proposed levels of rent were unaffordable to the CCG.

## Conclusions

This update provides an overview of the major primary care estates projects that are underway or being prioritised for the next 6 months. There are other minor projects that will be progressed as funding availability, capacity and time allows. There are significant challenges in obtaining suitable developer contributions towards Health Infrastructure within the Buckingham Council area. These need to be overcome for there to be capital contributions towards estates projects which achieve affordability for the NHS.

## Glossary of Abbreviations

S106	Section 106
CIL	Community Infrastructure Levy
ETTF	Estates and Technology Transformation Fund
FBC	Full Business Case
OBC	Outline Business Case
BJC	Business Justification Case
PID	Project Initiation Document
SOC	Strategic Outline Case

<b>Agenda Item: H</b>
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<b>Meeting:</b> Buckinghamshire CCG Primary Care Commissioning Committee
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<b>Date of Meeting</b>	Thursday 4 <sup>th</sup> March 2021
<b>Title of Paper</b>	Primary Care Commissioning Committee Terms of Reference- Annual Review and update
<b>Lead Director</b>	Robert Majilton, Deputy Chief Officer Bucks CCG
<b>Author(s)</b>	Gemma Richardson, Corporate Governance Manager
<b>Paper Type</b>	For Information
<b>Action Required</b>	Committee Members are asked to <b>NOTE</b> the minor update to the PCCC Terms of Reference

### Executive Summary

The Committee should consider if its Terms of Reference (ToR) remain fit for purpose at least once a year. If Committee members agree that any changes to the Terms of Reference should be made, in line with the CCG's Constitution these changes should be recommended to Governing Body for formal ratification.

However, given an ongoing review of the Committee governance arrangements across Buckinghamshire, Oxfordshire and Berkshire West (BOB) CCGs there are no significant changes to the PCCC Terms of Reference at this stage (this includes arrangements for meetings to be held "in common" with timescales to be confirmed).

Minor updates made to the Primary Care Commissioning Committee Terms of Reference include;

**Update to job titles of the Voting Membership;**

- *Interim Director, Primary Care and Transformation (Deputy is Interim Head of Primary Care)*
- *Deputy Director of Quality (Deputy is Quality and Patient Safety Manager)*

**Addition to the list of Standing Invitees;**

- *NHS Buckinghamshire CCG Head of PCN Development & Delivery*

The Committee is asked to:

- 1) **NOTE** the minor amendments to section 17 of the PCCC Terms of Reference
- 2) **NOTE** that these terms of reference shall remain in place until such a time as

there is a separate decision on collaboration with other CCGs and migration to meeting “ <i>in common</i> ” arrangements across BOB (Buckinghamshire, Oxfordshire and Berkshire West)	
<b>Previously considered by (CCG and/or ICS, ICP Boards and/or Committees)</b>	None
<b>Financial and resource implications</b>	There are no financial and resource implications arising from this paper
<b>Risk and Assurance</b>	N/A
<b>Legal implications/regulatory requirements</b>	Committee must have terms of reference as a constituted committee
<b>Consultation, public engagement &amp; partnership working implications/impact</b>	N/A
<b>Public Sector Equality/Equity Duty</b>	N/A

<b>Conflicts of Interest</b>
<p>Member GPs who are also CCG Clinical Directors and partners in their practices are standing invitees to the Primary Care Commissioning Committee. Only the CCG Clinical Chair, and the Clinical Director for Health Inequalities/PCNs are standing invitees of the Primary Care Operational Group. They are directly conflicted given their practice partner status and therefore subsequent status as recipient providers in the signature of Primary Care Network Direct Enhanced Service (DES) contracts.</p> <p>However this is deemed immaterial to decisions required as they have no voting rights, and there are no financial details contained within this paper which requires withholding. The financial elements to PCN DES contracts are also set nationally rather than locally and are widely published in the public domain.</p> <p><u>Clinical Directorships – Dr Rashmi Sawhney</u></p> <p>Drs Sawhney is a Clinical Director whilst also a member GP and partner in a practice which has a contractual commitment arising from signature of the PCN DES. Dr Sawhney is a standing invitee at PCCC and PCOG.</p> <p>There are no financial elements to withhold from circulation as they are already in the public domain. <b>Paper submitted for information. No further action required.</b></p>

No conflict identified	
Conflict noted: conflicted party can participate in discussion and decision	
Conflict noted, conflicted party can participate in discussion but not decision	✓
Conflict noted, conflicted party can remain but not participate in discussion	
Conflict noted, supporting paper withheld from conflicted party e.g. pecuniary benefit	
Conflicted party is excluded from discussion	

<b>Authority to Make a Decision – process and/or commissioning (if relevant)</b> Existing terms of reference give delegated authority for committee to approve its own terms of reference (ratified by the Governing Body), and to ratify those whom are accountable to it. <b>Paper submitted for information.</b>
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**Terms of Reference for Delegated Commissioning Arrangements  
including Scheme of Delegation and  
Primary Care Commissioning Committee**

**Document Version**

<b>Date</b>	<b>Version Number</b>	<b>Description of Changes</b>	<b>Edited by</b>
10.03.15	2.1	Watermark added Change to paragraph 13 regarding number of votes	Louise Smith
11.03.15	2.2	Reference to Thames Valley area team removed and replaced with NHS England. Full Acronyms explained Change to secretariat from NHSE to AVCCG Change to membership section to read Chief Officer or Chief Finance Officer	Louise Smith  Elaine Baldwin
11.03.15	NOTE	Sent to Graham Jackson for Chairs action and full Governing Body for approval of sign off. Sent to NHS England (South) as final version.	
04.03.16	3.0	Document updated to delegated commissioning arrangements including scheme of delegation and Primary Care Commissioning Committee.	Elaine Baldwin
22.06.16	4.0	Document updated to take account of joint working arrangements between Aylesbury Vale and Chiltern CCGs.	Helen Delaitre
30.8.16	5.0	Document amended to include draft scheme of delegation at Schedule 4	Helen Delaitre
7.11.16	6.0	Document amended to include list of voting members, their deputies and deputising rights.	Helen Delaitre
11.2.17	7.0	Document amended to reflect Committee in Common arrangements starting April 2017.	Helen Delaitre
03.05.17	8.0	Document amended to reflect changes to membership of PCCC and to include 2017/18 MOU for Primary Medical Services Support for Delegated CCGs. ToRs reflect arrangements to make a CCG specific decision.	Wendy Newton/ Helen Delaitre/ Russell Carpenter
21.02.18	9.0	Document amended to reflect the formal merger of NHS Aylesbury Vale CCG and NHS Chiltern CCG and the name of the newly merged organisation (NHS Buckinghamshire CCG) with effect from 1 April 2018.  NHS Buckinghamshire will have a sole PCCC and therefore PCCC will no longer be “meeting in common”.	Wendy Newton

		<p>Membership of PCCC updated to reflect change in roles. Named individuals removed with membership only identifiable via designation.</p> <p>Removal of Schedule 1 – MOU without Appendices – which details the transitional arrangements for delegated commissioning between NHS England and the CCG – the transitional year end on 31 March 2018.</p>	
2.3.18	10.0	Clarification of voting member job titles in Section 1.7, further correction of job titles	Helen Delaitre
22.02.19	11.0	<p>Associate Director of Digital and IM&amp;T to become a standing invitee.</p> <p>Clear instruction that quoracy relates to delegated decision making only.</p> <p>Statement regarding quoracy in the event of voting members being unable to attend the meeting.</p> <p>Removal of <i>“if GP members need to withdraw from decision making for conflicts of interest reasons; the Committee would still need to be quorate with a Lay and executive”</i> This is on the basis that those members are standing invitees and have no voting rights for delegated decisions.</p> <p>Scheme of delegation: direct awards becomes locally commissioned services</p> <p>Schedule 1: clear distinction between voting members and standing invitees.</p>	Wendy Newton
06.09.19	12.0	Amended to include Associate Director of Primary Care as an interim member of the Committee	Helen Delaitre
21.10.19	13.0	Amended to include Interim Director, Primary Care and Transformation as voting member on the Committee. The Associate Director of Primary Care will act as deputy.	Helen Delaitre
19.02.20	14.0	The Senior Primary Care Manager will now act as deputy to Interim Director, Primary Care and Transformation as voting member on the Committee. Associate Director of Quality of safeguarding becomes Deputy Director of Quality following title change	Russell Carpenter
05.03.20	15.0	PCCC approved version; includes typo correction: quorum also adjusted to replace Associate Director of Nursing and Quality with Deputy Director of Quality	Russell Carpenter
01.03.21	16.0	Minor update to Voting Membership job titles and	Gemma

		addition of Head of PCN Development and Delivery to the Standing Invitees of the Committee.	Richardson
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## **Introduction**

Simon Stevens, the Chief Executive of NHS England, announced on 1 May 2014 that NHS England was inviting Clinical Commissioning Groups (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. 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 these Terms of Reference.
2. The CCG has established the 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.
3. The Committee comprises representatives of the following bodies:
  - The CCG
  - NHS England
  - Healthwatch Bucks
  - LMC
  - Health and Well Being Board

## **Statutory Framework**

4. NHS England has delegated to the CCG authority to exercise the primary care commissioning functions set out in section 13Z of the NHS Act.
5. 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.
6. 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 and including:
  - 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).
7. The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those set out below:
- Duty to have regard to impact on services in certain areas (section 13O);
  - Duty as respects variation in provision of health services (section 13P).
8. The Committee is established as a committee of the Governing Body of the CCG in accordance with Schedule 1A of the “NHS Act”.
9. The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

### **Role of the Committee**

10. The Committee is 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 under delegated authority from NHS England.
11. In performing its role, the Committee will exercise management of the functions in accordance with the agreement entered into between NHS England and the CCG, which will sit alongside the delegation and terms of reference.
12. The functions of the Committee are undertaken in the context of a desire to promote increased commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.
13. 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.
14. This includes the following:
- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);
  - Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);
  - Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
  - Decision making on whether to establish new GP practices in an area;

- Approving practice mergers; and
- Making decisions on 'discretionary' payments (e.g., returner/retainer schemes).

15. The CCG will also carry out the following activities:

- To plan, including needs assessment, for primary care services in the CCG's geographical area.
- To undertake reviews of primary care services in the CCG's geographical area.
- To co-ordinate a common approach to the commissioning of primary care services generally.
- To manage the budget for commissioning of primary care services in the CCG's geographical area.
- To assist and support NHS England in discharging its duty under section 13E of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) so far as relating to securing continuous improvement in the quality of primary medical services.
- To undertake and deliver an estates strategy across the CCG's geographical area.

### **Geographical coverage**

16. The Committee will comprise NHS Buckinghamshire CCG. It will undertake the function of NHS Buckinghamshire CCG commissioning primary medical services for the Buckinghamshire area, as defined within the Constitution.

### **Membership**

The Chair of the PCCC should not also chair the Audit Committee.

The Chair of the Committee shall be a Lay member of the CCG Governing Body.

The Vice Chair of the Committee shall be a lay member of the CCG Governing Body and agreed by the Governing Body.

17. **Voting Members of the Primary Care Commissioning Committee** shall consist of:

- Lay member (PCCC Chair)
- Lay member (Deputy PCCC Chair)
- Accountable Officer (Deputy is Deputy Accountable Officer)
- Chief Finance Officer (Deputy is Deputy Chief Finance Office)
- Interim Director, Primary Care and Transformation (Deputy is Interim Head of Primary Care)
- Deputy Director of Quality (Deputy is Quality and Patient Safety Manager)

## **Standing Invitees**

- Invitation to a Healthwatch Bucks representative
- Invitation to a Health and Wellbeing Board representative
- Local Medical Committee representative
- NHS England (South East) representative
- NHS Buckinghamshire CCG Clinical Director(s)
- NHS Buckinghamshire CCG Clinical Chair
- NHS Buckinghamshire CCG Associate Director of Primary Care
- NHS Buckinghamshire CCG Associate Director of Digital and IM&T
- **NHS Buckinghamshire CCG Head of PCN Development & Delivery**
- Non-conflicted GPs from other CCGs
- Additional Lay Members
- Subject Matter experts (e.g. premises, workforce).

Provision will be made for the Committee to have the ability to call on additional lay members or CCG members when required, for example where the Committee would not be quorate because of a conflict of interest. It could also include GP representatives from other CCG areas and non-GP clinical representatives (such as the CCG secondary care specialist).

## **Meetings and Voting**

18. The Committee will operate in accordance with the CCG's Constitution, Standing Orders and Prime Financial Policies. The Secretary to the Committee will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than 5 days before the date of the meeting. When the Chair of the Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as s/he shall specify.

19. Each member of the Committee shall have one vote. The Committee shall reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.

20. The Committee has delegated authority to take decisions in accordance with standing orders and schemes of delegation (Schedule 4).

## **Quorum**

21. Five members of the Committee must be present for the quorum to be established including:

- At least two lay members or one lay member and the Deputy Director of Quality; and
- Either the Accountable Officer (AO) / Deputy Accountable Officer or the Chief Finance Officer (CFO).

Quorum only relates to delegated authority for decision making.

The Primary Care Commissioning Committee retains a right to co-opt additional clinical representation, with suitable skills and experience, either voting membership or standing invitee, to provide objective input and ensure its delegated authority for decision making is

effective. Alternative independent clinical opinion may be sought (especially where conflicts of interest are identified) and will be specified in papers accordingly.

Member GPs as standing invitees have a valued role in their clinical opinion of proposals prior to decisions. Appropriateness of their input to be judged on a case by case basis by the Committee Chair depending on whether they are materially conflicted in the outcome of a commissioning decision.

Where quorum may be affected by availability of voting members a pre-decision in advance is preferable in order to minimise potential delay in decision making.

### **Frequency of Meetings**

22. Meetings will take place in public on a quarterly basis.

23. Meetings of the Committee shall:

a) be held in public, subject to the application of 23(b);

b) the Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever 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.

24. 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.

25. 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.

26. The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

27. Members of the Committee shall respect confidentiality requirements as set out in the CCG's Constitution and relevant policies.

28. The Committee will present its minutes to NHS England and to the Governing Body of the CCG each quarter for information.

29. The CCG will also comply with any reporting requirements set out in its constitution.

30. The terms of reference will be reviewed at least annually with final approval being sought from the Governing Body. Amendments will be made, where appropriate, to reflect any updated national model terms of reference and local need.

### **Accountability of the Committee**

31. The Committee to have delegated authority from the Governing Body:

- To carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.
- To assist and support NHS England in discharging its duty under section 13E of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) so far as relating to securing continuous improvement in the quality of primary medical services.
- To work with NHS England to agree rules for areas such as the collection of data for national data sets, equivalent of what is collected under QOF and IT inter-operability.
- To comply with public procurement regulations and with statutory guidance on conflicts of interest.
- To consult with Local Medical Committee and demonstrate improved outcomes reduced inequalities and value for money when developing a local QOF scheme or DES.
- To approve the arrangements for discharging the group's statutory duties associated with its GP practice commissioning functions, including but not limited to promoting the involvement of each patient, patient choice, reducing inequalities, improvement in the quality of services, obtaining appropriate advice and public engagement and consultation.

### **Procurement of Agreed Services**

The below is taken from the Next Steps in Primary Care Co-commissioning document for further guidance on this please see link below.

<https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2014/11/nxt-steps-pc-cocomms.pdf>

32. The Committee must comply with public procurement regulations and with statutory guidance on conflicts of interest. The committee may vary or renew existing contracts for primary care provision or award new ones, depending on local circumstances. If the committee fails to secure an adequate supply of high quality primary medical care, NHS England may direct the CCG to act.

33. If the Committee is found to have breached public procurement regulations and/or statutory guidance on conflicts of interest, NHS England/NHS Improvement may direct the CCG or NHS England to act. NHS England may, ultimately, revoke the CCG's delegation. Any proposed new incentive schemes should be subject to consultation with the Local Medical Committee and be able to demonstrate improved outcomes, reduced inequalities and value for money.

Consistent with the NHS Five Year Forward View and working with CCGs, NHS England reserves the right to establish new national approaches and rules on expanding primary care provision – for example to tackle health inequalities.

## **Review of Terms of Reference**

34. These terms of reference will be formally reviewed by the CCG in April of each year, following the year in which the Committee is created, and may be amended by mutual agreement at any time to reflect changes in circumstances which may arise.
35. The Committee will make decisions within the bounds of its remit.
36. The decisions of the Committee shall be binding on NHS England, and the CCG within the scope of these TOR and the CCG's Standing Orders.

Schedule 1 – List of Committee Members with voting rights & standing invitees without voting rights  
Schedule 2 – Primary Care Commissioning Committee Guidance  
Schedule 3 – Extract from Scheme of Delegation relating to Primary Care

## Schedule 1

### List of Committee Members with voting rights

ROLE	Lay	CCG	NHS England
CCG Accountable Officer (Deputy Accountable Officer)		X	
Interim Director of Primary Care and Transformation (Deputy Associate Director of Primary Care)		X	
Lay Member - PCCC Chair (Deputy Chair - Lay Member)	X		
Lay Member (not including PCCC Chair)	X		
Associate Director of Quality and Safeguarding (Deputy – Head of Quality)		X	
Chief Finance Officer (Deputy – Deputy Chief Finance Officer)		X	

### List of standing invitees without voting rights

ROLE	Lay	CCG	NHS England
Chief Executive Officer Local Medical Committee			
CCG Clinical Chair		X	
Clinical Director/s		X	
Health & Wellbeing Board Representative			
Healthwatch Bucks Representative	X		
Assistant Head of Primary Care - NHS England (South East)			X
Assistant Head of Finance - NHS England (South East)			X
Assistant Director of Digitalisation and IM&T			X
Non-conflicted GP's from other CCG's			
Additional Lay Members	X		
Subject Matter experts (e.g. premises, workforce)			
Additional input ad hoc (e.g. data analyst, contracting etc.)			

## **Schedule 2 – Primary Care Commissioning Committee Guidance**

*“It is for CCGs to agree the full membership of their primary care commissioning committee. CCGs will be required to ensure that it is chaired by a lay member and have a lay and executive majority. Furthermore, in the interest of transparency and the mitigation of conflicts of interest, a local Health Watch representative and a local authority representative from the local Health and Wellbeing Board will have the right to join the delegated committee as standing invitees. Health Watch and Health and Wellbeing Boards are under no obligation to nominate a representative, but there would be significant mutual benefits from their involvement. For example, it would support alignment in decision making across the local health and social care system. CCGs will want to ensure that membership (including standing invitees) enables appropriate contribution from the range of stakeholders with whom they are required to work. Furthermore, it will be important to retain clinical involvement in a delegated committee arrangement to ensure the unique benefits of clinical commissioning are retained.”*



### Schedule 3 – Extract from Scheme of Delegation

#### Points to note:

- This set of reservations and delegations was approved by the Primary Care Commissioning Committee on 5 March 2020. This set of reservations applies equally to Primary Care Commissioning Committee and Primary Care Operational Group. The one exception is P10 for which authority is also delegated to the Community Transformation Group.
- Approval is limited to £100k for all decisions listed and delegated except where stated otherwise. Any decision above that threshold would need to be escalated to the Governing Body with a recommendation from the Primary Care Commissioning Committee.
- Where a decision relates to either an individual practice or award, or more than one practice or award, a separate decision would otherwise need to be taken and managed accordingly on when the delegated limit of £100k comes into effect. E.g. a decision to approve/award affecting 3 practices at £50k each is under the delegated limit individually, but over the delegated limit as a collective at £150,000k.
- However, for the avoidance of doubt, the approval limit of £100k will apply irrespective of the number of contracts or awards underneath.
- In relation to P8 below, most QOF payments are likely to routinely fall above the stated threshold, though this delegation gives a flexibility and opportunity for primary care commissioning committee decisions where it is deemed to be relevant.

No	Policy Area	Decision
P1	PRIMARY CARE COMMISSIONING	Approve arrangements for the review, planning, and procurement of primary care services under delegated authority from NHS England. (up to £100k only)
P2	PRIMARY CARE COMMISSIONING	Approval of the arrangements for discharging the CCG's responsibilities and duties associated with its <u>primary care commissioning functions</u> , including but not limited to promoting the involvement of each patient, patient choice, reducing inequalities, improvement in the quality of services, obtaining appropriate advice and public engagement and consultation, obtain advice from persons who taken together have a broad range of professional expertise and acting effectively, efficiently and economically. (up to £100k only).
P3	PRIMARY CARE COMMISSIONING	Day to day decisions on provider performance management and risk management associated with Primary Care to provide robust assurance to the Governing Body and NHS England. (up to £100k only)
P4	PRIMARY CARE COMMISSIONING	Approve and ratify Locally Commissioned Services (up to annual composite value per annum except where brand new which needs to be approved by Governing Body)
P5	STRATEGY AND PLANNING	Approve and ratify practice improvement schemes, having regard to guidance by the Secretary of State. Monitor and review any such schemes. Monitor and review any such schemes. (up to £1m per annum except where brand new which needs to be approved by Governing Body)  New schemes e.g. Primary Care Development Scheme (value £1.5m) would need to be approved and ratified by GB.
P6	PRIMARY CARE COMMISSIONING	Approve the following primary care services: a. Primary medical care strategy; (up to £100k only) b. Planning primary medical care services (including needs assessment); (up to £100k only) c. Primary Care Estates Strategy; (up to £100k only) d. Premises improvement grants and capital developments; (up to £100k only) e. Practice mergers (up to £100k only)

No	Policy Area	Decision
P7	PRIMARY CARE COMMISSIONING	<p>Approve and ratify proposals for the procurement of primary care services under co-commissioning arrangements:</p> <p>a. Procurement of new practice provision; (up to £100k only per annum)</p> <p>b. Discretionary payment (e.g. returner/retainer schemes); (up to £100k only per annum)</p> <p>c. Decisions in relation to the management of poorly performing GP practices and including, without limitation, decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list); (up to £100k only per annum)</p> <p>d. Premises Costs Directions functions. (up to £100k only per annum)</p>
P7a	PRIMARY CARE COMMISSIONING	<p>Approve and ratify proposals for the procurement of primary care services under co-commissioning arrangements:</p> <p>a. The award of GMS, PMS and APMS contracts for primary care services to some or all of the CCG population where they are within CCG budgets (excluding GP contracts for which core contract approval/monitoring and appraisal sits with NHS England Area Team; This includes: the design of PMS and APMS contracts; and monitoring of contracts; taking contractual action such as issuing branch/remedial notices, and removing a contract); (over £50k per annum change +/-)</p>
P8	PRIMARY CARE COMMISSIONING	<p>Advise on or approve matters relating to primary care contracting within agreed levels, specifically in relation to commissioning Locally Commissioned Services, Quality Outcomes Framework (QOF - subject to allowances within NHS England's legal framework), Out of Hour services, Walk-in Centres (including home visits as required and for out of area registered patients); (up to £100k only)</p>
P9	PRIMARY CARE COMMISSIONING	<p>Approval proposals for primary care support and development and any associated plans in connection with commissioning and performance monitoring and development within the remit of the CCG. (up to £100k only)</p> <p>Costs associated with allocating a nurse to support a practice on a particular improvement scheme to be signed off by PCOG. Costs associated with new permanent post or service and below £100k signed off by PCCC.</p>
P10	PRIMARY CARE COMMISSIONING	<p>Assure deployment of funding associated with Primary Care Network Direct Enhanced Services</p>

**Paper Item: I**

**Meeting:** Buckinghamshire CCG Primary Care Commissioning Committee

<b>Date of Meeting</b>	Thursday 4 <sup>th</sup> March
<b>Title of Paper</b>	Report from the Primary Care Operational Group
<b>Lead Director</b>	Robert Majilton, Deputy Chief Officer
<b>Author(s)</b>	Wendy Newton, Primary Care Transformation Manager
<b>Paper Type</b>	Information
<b>Action Required</b>	The Committee Members are asked to note this report

### Executive Summary

To provide the PCCC with an update from the PCOG meeting held on 21 January 2021.

<b>Previously considered by (CCG and/or ICS, ICP Boards and/or Committees)</b>	Not applicable
<b>Financial and resource implications</b>	None
<b>Risk and Assurance</b>	No further risks identified.
<b>Legal implications/regulatory requirements</b>	No material breaches identified
<b>Consultation, public engagement &amp; partnership working implications/impact</b>	Not applicable.
<b>Public Sector Equality/Equity Duty</b>	Not applicable.

### Conflicts of Interest

Not applicable- Paper submitted for information	
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No conflict identified	✓
Conflict noted: conflicted party can participate in discussion and decision	
Conflict noted, conflicted party can participate in discussion but not decision	
Conflict noted, conflicted party can remain but not participate in discussion	
Conflict noted, supporting paper withheld from conflicted party e.g. pecuniary benefit	
Conflicted party is excluded from discussion	

<p><b>Authority to Make a Decision – process and/or commissioning (if relevant)</b></p> <p>n/a - no decision or approval required.</p>
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## Report from Primary Care Operational Group – 21 January 2021

### Surge Planning

A verbal update was provided with regard to the support the CCG has been providing during the current Covid-19 surge. The support interfaces with the vaccination programme;

#### **Practice Resilience:**

- The CCG is supporting practices to maintain resilience during the current surge of Covid-19 and whilst they take on the workload of the vaccination programme.
- A weekly situation report (Sitrep) has been set up to allow practices to complete a RAG rated self- assessment and report resilience issues to the CCG.
- The CCG has established a designated Covid Response Team, who will contact practices that RAG rated themselves as Amber or Red, to offer support where possible.
- Themes from the Sitrep reporting are; IT issues, staff not able to work at home, reception teams having to self- isolate. The CCG digital team have worked to support practices and implement IT solutions.
- Practices have been made aware that they may contact the CCG outside of the Sitrep report days if necessary.
- Region have asked that the CCG reports daily on practice resilience situations, capturing staff groups and numbers absent. This is being developed with colleagues in the ICS to ensure the ask from practices does not become a burdensome.
- A practice was told by Public Health England to close the practice for a week with all staff advised to self- isolate at the beginning of the Christmas/New Year period. The practice team operated by remote consultations and the CCG supported with the provision of a face-to face consultation solution between Christmas and New Year.

#### **Covid Capacity Expansion Fund:**

The Covid Expansion fund was released by NHS England before Christmas, designed to ensure practices were able to maintain key business as usual priorities, including;

- Learning Disability Health Checks
- Pulse Oximetry service (monitoring at home): The service is now in place, with support from FedBucks and all practices have signed up with payments made.

#### **Prioritisation of Work**

NHS England issued a letter with regards to prioritisation of work to support practices to deliver the Covid vaccination programme. CCGs were asked;

- **To consider if any LCS could be stood down or modified.** Bucks CCG discussed at Primary Care Working Group, where it was felt that all the LCS's supplied in Bucks are clinically essential or necessary. The CCG will write to practices to clarify the position and to advise that they will need to take clinical decisions on their own basis as to whether or not they can provide services. This will be discussed using an informal and flexible process.
- **CCGs maintain improved access contracts for 2021/2022.** This postpones the handover of management of Improved Access services to PCN's. FedBucks will continue to provide/manage Improved Access services until the 31<sup>st</sup> March 2022. The CCG will commence discussions with PCN's later in the year regarding the management of these services for 2022/23.

**As a System in Buckinghamshire hospitals are under immense pressure and at capacity. The CCG has offered support to the System**

- Discharge to Assess (D2A); there is an urgent need to ensure that the flow of patients being discharge from hospital, requiring a temporary care home bed, is facilitated. In October an LCS was set up for temporary beds, which supported practices to cover the D2A beds in care homes on an agreed bed basis.
- Due to recognition of the increasing need for temporary beds, the CCG has commissioned FedBucks to cover a Covid+ ward at the Chartridge Ward in Amersham Hospital, Seeleys in south Bucks and also to cover 60 additional temporary beds in care homes across the county that do not currently have D2A provision.
- Additional provision may be required in care homes already covered by practices and the LCS, in order to support practices to provide this increased cover. Due to the additional pressures, the CCG proposes to increase the payment to practices to £120 per patient that uses a D2A bed from 1<sup>st</sup> January-31<sup>st</sup> March 2021. A letter will be sent to practices shortly and will allow practices to reconsider sign up to the LCS.

**Covid Vaccination Programme Overview**

PCOG received a verbal update:

- There are now 8 PCN vaccination sites operational across Buckinghamshire.
- 1 more PCN site is approved for Buckinghamshire and awaiting vaccine supply before it can go live and provide coverage in the south of the county.
- 4 local pharmacy sites are running, located in Marlow, High Wycombe, Buckingham and Aylesbury.
- A mass vaccination site is due to be set up in Aylesbury over the coming weeks, with site set up/ implementation going well.
- Vaccination of the over 80s and Care Home cohorts are expected to be nearing completion by the upcoming weekend.
- Vaccination of over 70s and extremely clinically vulnerable patients will commence in the coming days.
- Vaccine supply has been difficult with often little notice given which has impacted on patient bookings. A mutual aid approach has been employed across the piece, allowing those receiving more vaccine than they require to release the surplus to other areas where needed in order to maintain pace.
- RB expressed thanks and appreciation to SK for all his hard work to set up sites under pressure.

The meeting noted that there is a mixture of complaints and themes being received by the complaints and communication teams pertaining to a perception of postcode lotteries for vaccinations. Additionally questions are being received from the public with regard to the interface between the community pharmacy sites and the local vaccination sites.

**Oakfield Practice List Closure and Poplar Grove Practice Boundary Change**

Oakfield Surgery submitted a request to the CCG to temporality close their practice list. Oakfield Surgery's registered population has grown significantly and the practice is almost at full capacity (based on capacity maximum of 6000), and is a small premises.

The group noted that if the list closure is approved, a small geographical area of Aylesbury bordering Poplar Grove Practice would not be covered by any other practice boundary.

Oakfield Surgery entered into discussions with Poplar Grove Practice who have agreed to extend their boundary to cover the outlying area.

Therefore two requests are submitted to the Primary Care Operational Group for decision;

- Temporary suspension of the patient list at Oakfield Surgery an initial period of 6 months, with review at 3 months, starting from 1st March 2021.
- Boundary extension for Poplar Grove Surgery

PCOG **approved** both requests submitted.

### **Special Allocation Scheme**

The CCG has been served notice by Bassett Road Practice for the provision of the Special Allocation Service (SAS).

The notice period is for 6 months and the CCG would need to identify a new provider for the SAS by 1<sup>st</sup> July 2021. The current provider covers 3 CCG including Milton Keynes CCG. Discussions are underway with the other CCGs to investigate if there is opportunity to secure a joint provision.

There are currently 10 patients registered with the SAS in Bucks.

PCOG **noted** the update.

### **Finance Report – Month 9 and Covid Funding**

The Primary Care Delegated Budget is based on the national funding allocation for the year.

In Month 9 an additional allocation of £1,366K for the GP Covid Capacity Expansion Fund was received and will be transferred to practices in December 2020 and in January 2021.

### **Year to Date Position**

Overall the YTD position at month 9 is on plan.

- GP Contract payment £32k underspend
- Population growth below planning assumption.
- GP Other Services £7k overspend
- GP safeguarding above plan.
- GP Collaborative Fees £25k overspend. Increase in number of claims. A review of costs is underway in M10.
- All other areas on plan

### **Covid-19 Claims Payments**

- £875k has been paid out across all practices; the majority was paid earlier in year for locum cover, equipment, PPE, screens etc. £15k has also been given to practices in relation to the flu vaccination programme.

PCOG **noted** the financial position of the GP delegated budget for Month 9

Performer Name	GMC No	Previous Status	New Status	Effective Date	Practice Code	Practice	Type	Action	Date Posted	Date Returned	PCOG	PCCC
Dr Syed Waqar Hussain	4451930	GP Partner	Salaried GP	26/08/2020	K82030	Wye Valley Surgery	GMS				Yes	No
Dr Yadavakrishnan Pasupathi	6050795	Principal	Partner	04/05/2020	K82030	Wye Valley Surgery	GMS				Yes	No
Dr Rosemary Shotts	4203656	Salaried GP	Associate GP	14/01/2020	K82037	Water Meadow Surgery	GMS				Yes	No
Dr Alison Coggan		Partner GP	Unknown		K82046	The Simpson Centre	GMS				Yes	No
Dr Mohammed Younas	7455788	Unknown	GP Partner	02/09/2020	K82046	The Simpson Centre	GMS				Yes	No
Dr Amandeep Singh Grewal	6054036	Unknown	GP Partner	03/08/2020	K82046	The Simpson Centre	GMS				Yes	No
Dr Misbah Ali	6159335	Partner GP	Unknown	31/07/2020	K82040	Whitehill Surgery	GMS				Yes	No
Dr Pavan Bhargava	5190214	Unknown	GP Partner	01/07/2020	K82044	Carrington House Surgery	GMS				Yes	No
Dr Maneeza Siddiqui	4601498	Unknown	Salaried GP	01/04/2019	K82066	Bourne End & Wooburn Green Medical Centre	GMS				Yes	No
Dr Kristian Holy	6025323	GP Partner	Unknown	14/06/2020	K82066	Bourne End & Wooburn Green Medical Centre	GMS				Yes	No
Dr Elizabeth Caswell	4730068	Unknown	GP Partner	04/11/2019	K82066	Bourne End & Wooburn Green Medical Centre	GMS				Yes	No
Dr Andrew Theobald	3203909	GP Partner	Unknown	30/06/2019	K82073	Westongrove Partnership	PMS				Yes	No
Dr Amanda Kirby	3240911	Unknown	Salaried GP	01/04/2020	K82073	Westongrove Partnership	PMS				Yes	No
Dr Alice Home	6101487	GP Partner	Unknown	22/07/2020	K82030	Wye Valley Surgery	GMS				Yes	No
Dr Sutapa De	4069373	Unknown	GP Partner	01/04/2020	K82049	Hughenden Surgery	GMS				No	No
Dr Shareen Hallas	3496372	GP Partner	Unknown	31/07/2019	K82066	Bourne End & Wooburn Green Medical Centre	GMS				No	No
Dr Syed Hussain	4451930	GP Partner	Retired	27/08/2020	K82030	Wye Valley Surgery	GMS				No	No
Dr Richard Burkimsher	6162309	GP Partner	Unknown	30/04/2021	K82021	The Cross Keys Practice	GMS				No	No
Dr Pavan Bhargava	5190214	Unknown	Salaried GP	01/07/2020	K82044	Carrington House Surgery	GMS				No	No
Dr Elaine Robb	2648343	Unknown	Salaried GP	01/11/2020	K82007	The Swan Practice	GMS				No	No
Dr Anna Milward	6077079	Unknown	Salaried GP	01/11/2020	K82018	Meadowcroft Surgery	GMS				No	No

**Historical Changes for Noting:**

Dr Vinesh Mistry	7038786	Unknown	GP Partner	01/08/2017	K82007	The Swan Practice	GMS				Yes	No
Dr Swagatika Mohapatra	6043134	Unknown		01/10/2014	K82047	Unity Health	GMS				Yes	No
Dr Rodger Dickson	2575180	Unknown		01/04/1988	K82070	3W Health (formerly Wing)	GMS				Yes	No
Dr James Murphy	6160531	Unknown	GP Partner	01/01/2014	K82004	Amersham Health Centre	GMS				Yes	No
Dr Frances Carter	2724427	Unknown	GP Partner	31/07/1995	K82030	Wye Valley Surgery	GMS				Yes	No
Dr Randitha Hettiaratichi	6148853	Unknown	Salaried GP	03/11/2014	K82051	The Misbourne Practice	GMS				No	No
Dr Benedict Martin Burgess	4370301	Unknown	GP Partner	01/07/2014	k82007	The Swan Practice	GMS				No	No
Dr Vinesh Minstry	7038786	Unknown	Salaried GP	05/05/2017	K82007	The Swan Practice	GMS				No	No



Status	Date Received	Performer Name	GMC No	Previous Status	New Status	Effective Date	Practice Code	Practice	Type	Action	Date Posted	Date Returned	PCOG	PCCC
Completed	18/05/2016	Dr Elizabeth Muir	2649966	24hr retirement	24hr retirement	13/06/2016	K82038	Popular Grove Surgery		24hr Retirement	-	-	-	
Completed	23/03/2016	Dr Iain Quiney	2710804	GP Partner	GP Partner	05/04/2016	K82007	The Swan Practice		24hr Retirement	-	-	-	
Completed	04/04/2016	Dr Kevin Suddes	2587196	GP Partner	Locum	01/04/2016	K82019	THE MANDEVILLE PRACTICE	APMS	APMS Superseeds	-	-	-	
Completed	04/04/2016	Dr Michael Alexander	2709758	GP Partner	Locum	01/04/2016	K82019	THE MANDEVILLE PRACTICE	APMS	APMS Superseeds	-	-	-	
Completed	04/04/2016	Dr Kulsoom Ali	5087768	GP Partner	Salaried GP	01/04/2016	K82019	THE MANDEVILLE PRACTICE	APMS	APMS Superseeds	-	-	-	
Completed	04/04/2016	Dr Asifa Gohar	5205672	GP Partner	Locum	10/04/2016	K82019	THE MANDEVILLE PRACTICE	APMS	APMS Superseeds	-	-	-	
Completed	20/01/2016	Dr H Thomson	2710457	GP Partner	Locum	31/12/2015	K82033	Burnham Health Centre		Done	20/06/2016	28/06/2016	Yes	
Completed	16/02/2016	Dr O Anash	6056817		GP Partner	01/02/2016	K82018	Meadowcroft Surgery	GMS	Done	20/06/2016	24/06/2016	Yes	
Completed	16/02/2016	Dr Anna Milward	6077079	Salaried GP	GP Partner	08/02/2016	K82018	Meadowcroft Surgery	GMS	Done	20/06/2016	24/06/2016	Yes	
Completed	20/04/2016	Dr N Yaseen	4576327	GP Partner	Locum	11/04/2016	K82012	Highfield Surgery	GMS	Done	20/06/2016	24/06/2016	Yes	
Completed	19/01/2016	Dr P Boast	2688918	GP Partner	GP Partner	14/02/2016	K82058	GLADSTONE SURGERY	GMS	Done	20/06/2016	11/07/2016	Yes	
Completed	22/04/2016	Dr Malkanthi Gamage	4665566	GP Partner	Locum	18/03/2016	K82029	Cherrymead Surgery	GMS	Done	20/06/2016	11/07/2016	Yes	
Completed	22/03/2016	Dr Anne Galvin	1388303	Salaried GP	Locum	31/03/2016	K82023	Marlow Medical Group	GMS	Done	20/06/2016	11/07/2016	Yes	
Completed	22/03/2016	Dr Aimee Stocks	7087547	GP Partner	Locum	31/03/2016	K82023	Marlow Medical Group	GMS	Done	20/06/2016	11/07/2016	Yes	
Completed	08/04/2016	Dr Kristian Holy	6025323	Locum	Partner	01/04/2016	K82066	PoundHouse Surgery	GMS	Done	20/06/2016	11/07/2016	Yes	
Completed		Dr Arnab Bera	6096612	GP Partner	??	30/09/2016	K82029	Cherrymead Surgery	GMS	Done	05/10/2016	12/10/2016	Yes	
Completed		Dr C Camping		24hr retirement	24hr retirement	31/12/2016	K82038	Poplar Grove Practice	GMS	24hr Retirement	-	-	-	
Completed	03/02/2016	Dr D Ramkissoon	4690964	GP Partner	Locum	31/10/2015	K82046	The Simpson Centre	GMS	Done	20/06/2016 & 05/10/16	17/11/2016	Yes	
Completed	PM Informed	Dr Vikas Kapoor		GP Partner	?	26/10/2016	K82022	Kingswood Surgery	GMS	Done	31/01/2017	27/03/2017	Yes	
Completed	approval	Dr Patricia Grewal	2325725	Partner	?	31/03/2017	K82032	Burnham Health Centre	GMS	Done	25/04/2017	08/05/2017	Yes	
Completed	Memo 80	Dr Marco Calandrini	6163819	Locum	Partner	01/04/2017	K82011	Millbarn Medical Centre	GMS	Done	11/04/2017	08/05/2017	Yes	
Completed	PM informed	Dr Elaine Robb		24 hr Retirement	24 hr Retirement	June		The Swan Practice	GMS	24hr Retirement	n/a	n/a	n/a	
Completed		Dr. Christopher North	2493990	Snr Partner	?	30/03/2017	K82023	The Marlow Medical Group	GMS	Done	25/04/2017	23.05.2017	Yes	
Completed		Dr Andrea wood	3055481	Partner	Retainer	01/02/2017	K82004	Amersham Health Centre	GMS		24/07/2017	01/09/2017	Yes	
Completed		Dr Tang		Partner	?	31.07.2017	K82031	Threeways Surgery	GMS		09/08/2017	01/09/2017	Yes	
Completed		Dr Stephen Allen		Partner	?	09.12.2016	K82031	Threeways Surgery	GMS	Done	04.09.2017	29/09/2017	Yes	
Completed		Dr Vinesh Mistry	7038786		Partner	01/08/2017	K82007	The Swan Practice	GMS	Done	06/10/2017	29/10/2017	yes	
		Dr Amabelle White		Partner	01/08/2017									
		Dr Charles Drury		Partner	30/09/2016									
completed		Dr Rachel Moghal			Partner	10/07/2017	K82040	Whitehill Surgery	GMS	Done	26/10/2017	15/11/2017	yes	
		Dr Chris Kindell	2713357	Partner	Retired	02/04/2017								
		Dr Mohammed Sohail Ahmed			Partner	01/09/2017								
Completed		Dr Shirley Anne Tinnion	3259182	Partner		30/09/2017	K82018	Meadowcroft Surgery	GMS	Done	26/10/2017	08/11/2017	yes	
Completed		Dr Kawther Al-Shahib	6142928		Partner	06/10/2017	K82006	Iver Medical Centre	GMS	Done	26/10/2017	08/11/2017	yes	
Completed		Dr Nicola Dickinson	7020415		Partner	20/11/2017	K82051	The Misbourne Surgery	GMS	done	22/11/2017	30/11/2017	yes	
		Dr Ayaz Aleem			Partner	01/11/2017								
		Dr Sheila Paul		Partner		17/11/2017								
		Dr Charles John Nash		Partner		30/09/2017								
		Dr Nikhil Chopra		Partner		31/01/2017								
Completed		Dr Andrew Lees	3121379	Partner	Retired	28/10/2017	K82024	The New Surgery	GMS	Sent For Signature	01/12/2017	20/12/2017	Yes	
Completed		Dr Fiona Galton-Fenzi		Partner		01/09/2017	K82048	Stokenchurch Medical Centre	GMS	Bucks CCG doing variation	n/a	n/a	n/a	
Completed		Dr Ashok Aggarwal	3324550	Partner		01/07/2017	K82621	Little Chalfont Surgery	GMS	Bucks CCG doing variation	n/a	n/a	n/a	
Completed		Dr Ashok Aggarwal	3324550		Partner	01/07/2017	K82046	The Simpson Centre and Penn Surgery	GMS	Bucks CCG doing variation	n/a	n/a	n/a	

## Responsibility Moved to CCG

Completed	08/12/2017	Dr Fiona Galton-Fenzi	2733337	Partner		01/09/2017	K82048	Stokenchurch Medical Centre	GMS		Sent via Email 10.01.2018	12/01/2018	Yes	Yes
Completed	29/12/2017	Dr Ashok Aggarwal	3324550	Partner	Partner at Different Practice	01/07/2017	K82621	Little Chalfont Surgery	GMS		Sent via Email 10.01.2018	12/01/2018	Yes	Yes
Completed	11/01/2018	Dr Mohammed Ahmed	7042717	Locum GP	Partner	01/09/2017	K82040	Whitehill Surgery	GMS		Sent via Email 11.01.2018	15/01/2018	Yes	Yes
Completed	05/01/2018	Dr Mike Wolfen	3408632	Partner	Locum	03/01/2018	K82005	Hawthornden Surgery	GMS		Sent via Email 10.01.2018	24/01/2018	Yes	Yes
Completed	26/01/2018	Dr Amabelle White	7020692	Salaried GP	Partner	01/08/2017	K82007	The Swan Practice	GMS		Sent via Email 06.02.2018	07/02/2018	Yes	Yes
Completed	06/02/2018	Dr Jasdeep Todd	6155668	Salaried GP	Partner	01/10/2017	K82053	Priory Surgery	GMS		Sent via Email 06.02.2018	25/02/2018	Yes	Yes
Completed	19/01/2018	Dr Maria Murray	4434438	Partner	Moved to another private practice	23/06/2017	K82066	Pound House Surgery	GMS		Sent via Email 19.01.2018 Chased 23.04.2018	23/04/2018	Yes	Yes
Completed	28/02/2018	Dr Rupinder Pardesi			Partner	01/01/2018	K82051	The Misbourne Surgery	GMS		Sent via email 06.06.2018	14/06/2018	Yes	Yes
Completed	20/03/2018	Dr Peter Lowe	2773225	Partner GP	Retired?	31/12/2017	K82010	Tower House Surgery	GMS		Sent via email 14.06.2018	15/06/2018	Yes	Yes

K Code	Practice Name	Address	Town	Post Code	Telephone No	Fax Number	Contract Type	Partnership, Company or Individual	Name of Partners	Health Service Body
K82007	<b>The Swan Practice</b>	High Street	Buckingham	MK18 1NU	01280 818600	01280 818618	GMS	Partnership	<b>Dr Caroline Tjoa</b> <b>Dr Ben Burgess</b> <b>Dr Afsar Rizvi</b> <b>Dr Tracey Largent</b> <b>Dr Elaine Robb</b> <b>Dr George Gavriel</b> <b>Dr Martina Hens</b> <b>Dr Alison Banks</b> <b>Dr Vinesh Mistry</b> <b>Dr Amabelle White</b> <b>Dr Nicholas Stewart</b>	No
	<b>Verney Close</b>	Verney Close	Buckingham	MK18 1JP	01280 822777	01280 823541				
	<b>Steeple Claydon Surgery</b>	2 Vicarage Lane	Steeple Claydon	MK18 2PR	01296 733300	01296 733309				
	<b>Masonic House (administration office)</b>	26 High Street	Buckingham	MK18 1NU	01280 816450	01280 823885				
K82073	Westongrove Partnership						GMS	Partnership	<b>Dr Alex Bates</b> <b>Dr Liz Ferguson</b> <b>Dr Amanda Kirby</b> <b>Dr Emma Lumb</b> <b>Dr Jonathan Marshall</b> <b>Dr Charles Todd</b> <b>Dr Craig White</b> <b>Dr Ameet Sahni</b>	
K82042	<b>Whitchurch Surgery</b>	49 Oving Road	Whitchurch	HP22 4JF	01296 641203	01296 640021	GMS	Partnership	<b>Dr Sara Ronaghy</b>	No
K82043	<b>Norden House</b>	Avenue Road	Winslow	MK18 3DW	01296 713434	01296 715439	GMS	Partnership	<b>Dr Rodger Dickson</b> <b>Dr Diana Straker</b> <b>Dr Margaret Mason</b> <b>Dr Satheesh Kumar Ramasamy</b>	No
K82061	<b>Ashcroft Surgery</b>	Stewkley Road	Wing	LU7 ONE	01296 688201	01296 681421	GMS	Partnership	<b>Dr Andrew Silverman</b> <b>Nishat Ahmad</b>	No
	<b>Cheddington Methodist Church</b>	The Green, Cheddington,	Leighton Buzzard	LU7 0RJ						
	<b>Stewkley (Pavillion),</b>	Soulbury Road, Stewkley,	Leighton Buzzard	LU7 0HN						
K82070	<b>Wing Surgery</b>	46 Stewkley Road	Wing	LU7 ONE	01296 688949 /681814	01296 682250	GMS	Partnership	<b>Dr Elizabeth M Peel</b> <b>Dr Christopher J W Davies</b>	No
K82014	<b>Oakfield Surgery</b>	Oakfield Road	Aylesbury	HP20 1LJ	01296 423797	01296 399246	GMS	Partnership	<b>Dr Sajid Zaib</b> <b>Dr Ameet Chakraborty</b>	no
K82018	<b>Meadowcroft Surgery</b>	Jackson Road	Aylesbury	HP19 9EX	01296 425775 / Direct 01296 745689	01296 330324	GMS	Partnership	<b>Phil Clayton (snr Partner)</b> <b>Toby Gillman</b> <b>Cath Collier</b> <b>Jackie Harris</b> <b>Ophelia Ansah</b> <b>Anna Milward</b>	no
K82038	<b>Poplar Grove Practice</b>	Meadow Way	Aylesbury	HP20 1XB	01296 468580	01296 398771	GMS	Partnership	<b>Dr Martin Wakeford</b> <b>Dr Juliet Sutton</b> <b>Dr Karen Johnson</b> <b>Dr Claire Bonner</b> <b>Dr Sunil Pillai</b> <b>Dr Kavitha Mallya</b> <b>Dr Joanna Dent</b> <b>Dr Claire Molloy</b> <b>Dr Okwuchi Apakama</b> <b>Dr Helen Beesley</b> <b>Dr Christine Campling</b> <b>Dr Helen Taylor</b> <b>Dr Ashish Patel</b>	YES

K82040	Whitehill Surgery	Whitehill Lane	Aylesbury	HP19 8EN	01296 424488	01296 398774	GMS	Partnership	Graham Jackson Tina Beardsworth Susan Danton Nicola Draper Rhiannon Turner Misbah Ali Souvik Paul Rachel Moghal Mohammed Sohail Ahmed	No
	Fairford Leys	3 Ashley Court, 65 Kingsgate	Aylesbury	HP17 8GG						
K82079	Edlesborough Surgery	11 Cow Lane	Edlesborough	LU6 2HT	01525 221630	01525 222961	GMS	Partnership	Dr Heather White (nee Counsell)	no
	Pitstone Surgery	The Village Health Centre, Yardley Avenue	Pitstone	LU7 9BE	01296 668800				Dr Less Mitchell	
K82021	The Cross Keys Practice	High Street	Princes Risborough	HP27 0AX	01844 344488	01844 271606	GMS	Partnership	Dr Thomas Neale	No
	Lincoln House Surgery	New Road	Princes Risborough	HP27 0JN					Dr Lucy Guest	
	Cross Keys Practice (branch)	Church Road	Chinnor	OX39 4PG					Dr Ally Wilson	
K82028	Haddenham Medical Centre	Stanbridge Road	Haddenham	HP17 8JX	01844 293300	01844 293301	GMS	Partnership	Dr Mark Howcutt Dr Nicola Wells Dr Karen West Dr Kaiser Munir	No
K82047	Unity Health	Princes Rosbournough Surgery, Stratton Road	Princes Risborough	HP27 9AX	01844 344281	01844 274719	GMS	Partnership	Dr Stephen Stamp	yes
	Chinnor Surgery	5 Station Road	Chinnor	OX39 4PX	01844 351230	01844 354328			Dr Michael Mulholland	
	Long Crendon Surgery	New Chapel Surgery, High Street	Long Crendon	HP18 9AF	01844 208228	01844 201906			Dr Mike Thomas	
	Thame Health Centre	Thame Surgery, East Street	Thame	OX9 3JZ	01844 212553	01844 260243			Dr Swagatika Mohapatra	
	Brill Surgery	Brill Surgery, 22 Thame Road	Brill	HP18 9SA	01844 238284	01844 238568			Dr Stuart Logan Dr Anna Furlong Dr James Weir Dr Martin Thornton Dr Mark Widgery Lesley Munro-Faure Dr Thomas Broughton	
K82068	Waddesdon Surgery	Goss Avenue	Waddesdon	HP18 0LY	01296 658585	01296 658467	GMS	Partnership	Dr Lee Langston (Senior Partner) Dr Kate Preston	NO
K82001	Rectory Meadow Surgery	School Lane	Amersham	HP7 0HG	01494 727711	01494 431790	GMS	Partnership	Dr Andrew Sapsford Dr Vivien Carter Dr David Muir Ferguson Dr Stephane Watteux Dr Christian Chan	No
K82004	Amersham Health Centre	Chiltern Avenue	Amersham	HP6 5AY	01494 434344	0870 8902514	GMS	Partnership	Dr Clare Gabe ( Senior Partner) Dr Vimmi Passi Dr Paul Layng Dr James Murphy	No
K82024	The New Surgery	Chess Medical Centre, Berkhamstead Road	Chesham	HP5 3EZ	01494 782262	01494 785917	GMS	Partnership	Dr Rachel Firth (Senior Partner) Dr Supreena Devakumar Dr Andrew Ram Dr Debosree Majumdar Dr Mohammed Hussain Dr Nicholas Harris	No
K82035	John Hampden Surgery	97 High Street	Prestwood	HP16 9EU	01494 890900	01494 866990	GMS	Partnership	Dr Rebecca Mallard – Smith (Senior Partner) Dr Sian Roberts Dr Wendy Payne	No

K82037	Water Meadow Surgery	Red Lion Street	Chesham	HP5 1ET	01494 782241	01494 782005	GMS	Partnership	Dr Neil Cooper (Senior Partner) Dr Fiona Neale Dr Rosemary Shotts Dr Marlo Offside Dr Alexandra Murray Dr Helen Barnett Dr Philippa Roberts Zareena Huda Dr	No
K82049	Hughenden Valley Surgery	Valley Road, Hughenden	High Wycombe	HP14 4LG	01494 563275	01494 565165	GMS	Partnership	Dr MARY JANE MITCHELL Dr SIMON JAMES PERCY WILSON Dr SARA-LISA GRESHAM COTTAM Dr PENELOPE SUTCLIFFE Dr LYNETTE RUTH HYKIN Dr ANTHONY GALLAGHER Dr Shaheen Jinah	yes
	The Chequers Surgery	3 Chequers Drive	Prestwood	HP16 9DU	01494 863899	01494 865202				
K82058	Gladstone Surgery	Chess Medical Centre, Berkhamstead Road	Chesham	HP5 3EZ	01494 782884	01494 792686	GMS	Partnership	DR RACHAEL MORRELL (SENIOR PARTNER) DR HARDEEP BHUPAL	no
K82621	Little Chalfont Surgery	200 White Lion Road	Little Chalfont	HP7 9NU	01494 762323	01494 765973	GMS	Partnership	Dr Rajbir Singh Bajwa Dr Stephen Burr	No
K82006	Iver Medical Centre	26 High Street	Iver	SL0 9NG	01753 653008	01753 650890	GMS	Partnership	Dr Helen Mary Corlett Dr Anjana Patel Dr Neetul Shah Dr Angela May Hart Sandeep Singh-Suchowa Dr Kawther Al-Shahib Dr	no
	Iver Heath Health Centre	Trewarden Ave	Iver Heath	SL0 0SB	01753 651632					
K82008	The Hall Practice, Calcot	Calcot Medical Centre, Hampden Road	Chalfont St Peter	SL9 9SA	01753 887311	01753 890639	GMS	Partnership	Dr Nicola Turner Dr Katherine Yeomans Ruth Franklin	No
K82031	Threeways Surgery	Pennylets Green	Stoke Poges	SL2 4AZ	01753 643445	01753 646906	GMS	Partnership	Dr Stephen Allen Dr Conan Hassim DR Rachel Pope Dr Cristina Agathangelou	NO
K82033	Burnham Health Centre	Minnicroft Road	Burnham	SL1 7DE	01628 666326	0844 4773581	GMS	Partnership	Dr Muhammad Tanvir Jamil (Senior Partner) Dr Simon Daily Dr Patrick Clarke Dr Samar Razaq Dr Durgesh Rajsingh Dr Nidhi Bhargava Dr Sanjiv Mata Dr Ranjeev Kochhar	yes
K82045	Southmead Surgery	Blackpond Lane	Farnham Common	SL2 3ER	01753 644414	01753 646906	GMS	Partnership	Dr Thillaiampalam Sivaramalingam Dr Laura Weidner	No
K82051	The Misbourne Practice	Church Lane	Chalfont St Peter	SL9 9RR	01753 891010	01753 883312	GMS	Partnership	Dr Adam Bartkiewicz Dr Chiraush Patel Dr Jo Brodie Dr Ran Hettiaratchi Dr Nicola Dickinson Dr Rupinder Pardesi	No
	The St Giles Surgery	Townfield Lane	Chalfont St Giles	HP8 4QG	01494 874006/7	01494 875455				
K82055	Denham Medical Centre	Queen Mother's Drive	Denham Garden Village	UB9 5GA	01895 832012	01895 834704	GMS	Partnership	Dr Nishel Patel Dr Seema Jani	No
	Aysgarth Medical Centre	Church Road	Iver Heath	SL0 0RW	01753 653976	01753 650143				
K82078	The Allan Practice, Calcot	Calcot Medical Centre, Hampden Road	Chalfont St Peter	SL9 9SA	01753 887311	01753 891933	GMS	Partnership	Dr Gina Allan Dr Gurjit Dhese Dr Simon Bailey Dr Elena Hilton Dr Maria Easaw	No

K82011	Millbarn Medical Centre	34 London Road	Beaconsfield	HP9 2JH	01494 675303	01494 680214	GMS	Partnership	Dr Stephen Brown Dr Daniel Kinsey Dr Dipa Patel Dr Helen Bach Dr Marco Calandrini	no
K82012	Highfield Surgery	Highfield Way	Hazlemere	HP15 7UW	01494 813396	01494 814107	GMS	Partnership	Jill Deacon Martin Davis	?
K82023	The Marlow Medical Group	Victoria Road	Marlow	SL7 1DN	01628 484 666	01628 891206	GMS	Partnership	Dr Penny Macdonald (Snr Partner) Dr Myles Johnson Dr Stefan Kuetter Dr Ross Hendry	No
	Lane End Surgery	Finings Road	Lane End	HP14 3ES	01494 881209	01494 883637				
	Hambleden Surgery	Hambleden	Henley on Thames		01494 571305	01491 411089				
	Hurley Surgery	26 Shepherds Close	Hurley	SL6 5LY	01628 824447					
K82029	Cherrymead Surgery	Queensmead Road	High Wycombe	HP10 9XA	01494 445150	01494 478659	GMS	Partnership	Dr Monique King (Snr Partner) Dr Kirsteen Fraser	No
K82046	The Simpson Centre	70 Gregories Road	Beaconsfield	HP9 1PS	01494 671571	01494 680219	GMS	Partnership	Dr Moona Rakhit (Senior Partner) Dr Johanne Layng Dr Ashok Aggarwal Dr Matthew Robinson Dr Faye Boundy Dr Rachel Calver	No
	Penn Surgery	Elm Road	Penn	HP10 8LQ	01494 817144	01494 814670				
K82048	Stokenchurch Medical Cente	Oxford Road	Stokenchurch	HP14 3SX	01494 483633	01494 486200	GMS	Partnership	Dr Joseph Santos Dr Kate Pearson Dr Oliver Large	No
K82066	The Bourne End and Wooburn Green Health Centre	8, The Green	Wooburn Green	HP10 OEE	01628 530997	08444 773024	GMS	Partnership	Dr Elizabeth Bailey (Snr Partner) Dr Raj Thakkar Dr Shareen Hallas Dr Kristian Holy Selina Shaw Dr Sarah Buxton Dr Maneeza Siddiqui	no
K82618	The Practice, Prospect House	High Street	Great Missenden	HP16 0BG	01494 862325	01494 890510	GMS	Individual	Dr Ajit Kadrigamar Dr Jeremy Rose	no
K82010	Tower House Surgery	169 West Wycombe Road	High Wycombe	HP12 3AF	01494 526840	01494 437972	GMS	Partnership	Dr Christopher Foord (Senior Partner) Dr Sarah Annetts Dr Imrana Akhtar Dr Andrea Roberts Dr Chloe Dallimore	yes
K82017	Desborough Surgery	65 Desborough Avenue	High Wycombe	HP11 2SD	01494 529831	01494 473569	GMS	Partnership	Dr Nicholas Reidy Dr Pedro Valverde Luque	No
	Hazlemere Surgery	2a Roberts Ride, Hazlemere	High Wycombe	HP15 7AD	01494 711954	01494 715814				
K82020	Chiltern House Medical Centre	45-47 Temple End	High Wycombe	HP13 5DN	01494 439149	08444 771849	GMS	Partnership	Dr Pilar Garcia Dr Rizvana Ali	no
	Dragon Cottage Surgery	Dragon Cottage, 35 Browns Road	Holmer Green	HP15 6RZ	1494 430049 (PM Dir Dia	0844 477 1847				
K82022	Kingswood Surgery	Hollis Road	High Wycombe	HP13 7UN	01494 474783	01494 438424	GMS	Partnership	Dr Jane Berry (retired) Dr David Walton ( Senior Partner) Dr Ester Verges	no

K82030	<b>Wye Valley Surgery</b>	2 Desborough Avenue	High Wycombe	HP11 2RN	01494 521044	01494 472770	GMS	Partnership	Dr F C Carter Dr S W Hussain Dr R Manapuzha Dr B Haynes Dr A Horne	no
K82036	<b>Riverside Surgery</b>	George Street	High Wycombe	HP11 2RZ	01494 526500	01494 450237	GMS	Partnership	Dr Rashmi Sawhney Dr Debra Hemsley Dr Zoe Rogers Dr J-Ai Foley	yes
K82044	<b>Carrington House Surgery</b>	19 Priory Road	High Wycombe	HP13 6SL	0844 4996988	01494 538299	GMS	Partnership	Andrew James Burton Mary Begley Vinod Dharma	No
K82053	<b>Priory Surgery</b>	24/26 Priory Avenue	High Wycombe	HP13 6SH	01494 448132	01494 686407	GMS	Partnership	Dr Alison Nice Dr Jennifer Candy Dr Harjot Bal Dr Parminder Saini Dr Jasdeep Todd Dr Amanda Bartlett	No