recording but not full clinical recording. The current system is isolated from other local providers and fractures the clinical record. It is hoped that the home will get sign off to solely use SystmOne for all documentation in the future but, as this needs to be a corporate decision, there will be another meeting to discuss this with the corporate leads.

Current projects identified as at risk:

HSCN (Health and Social Care Network) deployment

The HSCN project will replace the current N3 secure network that is used across the health economy. The current Essex COIN network is one of the oldest in the country and is no longer fit for purpose. Updata are now in place as the new provider with EPUT acting as the intelligent client function across the estate. This is an incredibly complex project and involves partners across the spectrum from acute hospital trusts to community providers and council services. Due to a delay in signing off the financial models in February the project is currently behind schedule. A further potential delay risk comes from the request to have the technical specifications of all sites completed in advance of migrations. The detail required is potentially going to require an IT engineer visit by AGEM for every site. Updata have now confirmed that they will be able to complete the low level design to build the central COIN based on previous historic records. Until the central COIN is built no sites can be connected to the new HSCN network, this is hoped to be available in early May. The orders for the 5 priority sites - Burnham surgery, Pump House Surgery, Trinity Medical Centre, Elizabeth Courtauld Surgery and the North Chelmsford Health Centre - have been placed and the physical line installations have now begun. Current estimates are that the first live connections may happen in May. All sites need to be migrated before the N3 network is decommissioned and no longer supported in Feb 2020.

AGEM CSU migration phase 2 and 3

Arden and GEM CSU took on the contract for IT support across all 7 Essex CCGs in July 2018. The CCGs were planned to migrate to the new AGEM domain on various dates since the contract began and this finally occurred on the 26th/27th January 2019 which was phase 1. The 300+ GP sites across Essex also need to be migrated to the same new domain as soon as possible for phase 2 of the migration. This will realise the benefits of a shared environment enabling more collaborative working and agile working capabilities which will be crucial in the context of Primary Care Networks. The 3rd and final phase of the migration includes getting all users both corporately in the CCGs and in the practices migrated to Windows 10. The hope is that in order to minimise the disruption to practices and to make the most efficient use of resources, both phases 2 and 3 will occur simultaneously in GP practices. The original timescale for this project was to have all 300+ GP sites fully migrated by January 2020 but this now seems likely to slip as neither phase 2 nor 3 has started nor has detailed planning begun. This is in large part due to the post migration

complications that are still ongoing after phase 1. The CCGs have stressed that before the next phases begin that a lessons learnt exercise must be completed and more robust processes need to be in place to ensure successful and low disruption migrations at GP sites. The lessons learnt session is planned for 3rd May and with the hope being that the high level scoping document for phases 2 and 3 to go the IT Oversight Committee on 17th May.

Work Programme Updates May 2019

Project	Description	Footprint	Status	Risks
P Wi-Fi	Over 200 GP practice sites across Mid and South Essex STP fitted with Wi-Fi service for patients / staff to use. This involved the installation of Wireless Access Points to every surgery to offer Patient Wi-Fi and Authorised Guest Wi-Fi.	National	Deployed in 18-19 now ongoing maintenance and queries	With increasing numbers of mergers and building moves the existing infrastructure needs to be reconfigured and redeployed at cost to the CCG
iPlato	Software for each GP practice that enables patients to cancel their appointment by text message and automatic removal of the from the rota. Implementation included “MyGP app” which also enables patients to book/cancel appointments, order repeats and view their records.	STP	Lower uptake than hoped for	The hoped for savings will not be possible as the confirmation and pathology texts must go through the framework gateway messages so are no cheaper with iplato. Meeting with account manager in May to look at optimisation and further roll out.
AGEM Migration Phase 1	The phase 1 migration consists of migrating all CCG corporate devices from the NELCSU infrastructure to the newly procured AGEM infrastructure.	Essex	Ongoing post-migration complications	Until post-migration complications are ironed out this is delaying the lessons learnt event to help plan phase two and three. This is also a significant burden on day-to day resource.
HSCN Implementation	All CCG and GP sites will be getting a replacement N3 connection known as HSCN. This is a big piece of work that needs to be completed by March 2020 as this is the when the current central funding ends.	Essex	Priority Sites have begun to have circuits installed	The scale of the project relative to the timescales and delays have led to there being a risk that the project will be delayed beyond predicted timescales.

Project	Description	Footprint	Status	Risks
PCES Procurement & Mobilisation	The current contract for the NHS Mail and RA element of the Primary Care Enhanced Services is held by NHS England and needs to be transferred to CCGs. The contract is for Anglia and Essex and the service is provided by NELCSU. NHS England will be issuing notice on the current contract (which has a nine month notice period) and CCGs will then need to re-procure, supported by NHS England. The CCGs have asked whether we can simply vary our existing IT contract, but have been informed by NHS England that a full procurement process is required.	Regional	Notice has been served but the procurement process has not yet begun	This is already a complicated split service with NELCSU running PCES and AGEMCSU running IT support. This could be another split service with less history depending on the result of the procurement.
GPSoC Procurement & Mobilisation	The national GPSoC contract is coming to an end in December 2019 and this can no longer be extended. The GPSoC contract covers all GP Clinical Systems and linked pieces of software e.g. Docman. This will mean that the national funding will be devolved to the CCGS and we will all need to procure these ourselves, hopefully from a framework. The guidance to support this is yet to be released but this is likely to be a big piece of work for all CCGs.	Essex	Not started still awaiting guidance	If the guidance is delayed much longer this will could impact upon the procurement timetable, especially with so many other projects at the same time.
AGEM Migration Phase 2	The phase 2 migration consists of migrating all CCG corporate devices to Windows 10 and the agreed version of Office (could be Office 365 or Office 2016/2019)	Essex	Not yet started	
AGEM Migration Phase 3	The migration of all primary care devices to Windows 10 and the agreed version of Office (could be Office 365 or Office 2016/2019). This phase also potentially includes the move of all practices to the AGEM domain (currently practices are on local domains but it would be easier to centrally manage and support practices if they are all on the same domain). It will also improve practice group working and extended hours.	Essex	Not yet started	

Project	Description	Footprint	Status	Risks
Practice Agreements	There is a requirement to get new CCG / practice agreements in place for all practices following the release of the new GPIT Operating Model for 2019-2021. This involves the completion of the contractual documents and also making sure that CCGs are complying with all elements of the contract.	Essex	Not yet started	Awaiting new templates with the new guidance - not yet received
Lloyd George Records Digitisation	NHS England has received money from a central fund to support the digitisation of the Lloyd George paper primary care medical records. This is a resource intensive piece of work that will require CCG involvement in the whole process and is likely run beyond 2019/20.	Essex	Not yet started	Delayed due to a legislative challenge
ETTF/GPIT Capital Delivery 18/19	Working with Arden & Gem CSU to make sure that all ETTF and Capital monies are spent and delivered. This will require working with the AGEM team to make sure the money is spent correctly and delivered to primary care in a controlled manner.	Essex	Delayed from last year - double refresh to be deployed in 19-20	A double refresh will require additional resource which will need to be balanced against multiple competing priorities
Falsified Medicines Directive	This new regulation will require manufacturers to place safety features on all medicines and contribute financially to the establishment of an IT verification system that will allow the assessment of the authenticity of a medicine at the time of supply to the patient. This will mean that each dispensing practice will require an IT solution to support with the scanning of all medication at time of administration. The guidance as to the exact solution is yet to be released by NHS England, however the legislation came into effect on 9th February 2019 so there will be a need to respond as soon as this is available.	Essex	Delayed	Awaiting guidance from NHSE
Shared Care Record Implementation	Scoping and defining how the Shared Care Record will interface and rollout to Primary Care to ensure that benefits are realised.	STP	Initial scoping has begun	

Project	Description	Footprint	Status	Risks
GP Wi-Fi / HSCN Integration	Procuring 'firewall' hardware in order to securely link the existing GP Wi-Fi solution into HSCN. This will then enable both in-situ clinicians and visiting Health and Social Care staff to access N3/HSCN services over the GP practice Wi-Fi.	STP	Not yet started	
GP PC Refresh	Working to ensure that all PCs and laptops are upgraded to Windows 10 before the end of January 2020 – this is when Microsoft support for Windows 7 ends. Also, annual equipment refresh to ensure that all machine are less than 5 years old in-line with the GPIT Operating Model.	Essex	Delayed from last year - double refresh to be deployed in 19-20	A double refresh will require additional resource which will need to be balanced against multiple competing priorities
GP Infrastructure Refresh	Equipment purchased to upgrade the network based on Zoom charts produced from last year's audit. New switches, UPSs, Scanners and printers to proactively update the estate.	Essex	Delayed from last year - double refresh to be deployed in 19-20	A double refresh will require additional resource which will need to be balanced against multiple competing priorities
Clinical Systems Mergers	The CSU project manages the mergers between clinical systems when there are contractual mergers of practices. This is funded through GPIT.	CCG	Several mergers planned for 18-19 have been delayed to 19-20	With the increasing collaborations and potential increases in mergers, there may be insufficient budget for all of the requested mergers. For 19-20 there will be 3 separate IT funding streams so any overspend on mergers could potentially be recouped from infrastructure or PC refresh.
Digital Dictation	Rollout was completed in 18-19 but there is potential to extend this further.	CCG	Ongoing	
SystmOne in Care Homes	Pilot site identified in Chelmsford to install a HSCN line to enable them to use SystmOne. This will allow access to a shared record and enable smoother processes and interactions with primary care.	CCG	Initial project meetings have begun	The HSCN line is only funded for one year but the install is likely to be delayed due to works on the central COIN only being completed in May/June.

Project	Description	Footprint	Status	*Risks*
Electronic Pathology	Funding secured to allow all practices in Mid Essex that use the Broomfield lab to request pathology electronically. Funding is also in place for field engineer support to set up each practice.	CCG	Initial project meetings have begun	
Online Consultations	National directive to procure an online consultation solution. Original market engagement in 18-19 found that no product was mature enough to meet the needs of the STP. A new procurement group has now been engaged to begin this process again with the new framework.	STP	Procurement group just started	
NHS App	National App launched with a staggered activation -for Mid Essex activation will be on the 27th May. The current rollout version will only replicate native clinical system online access apps with the plan to extend functionality in the future.	National	Communications started	

Agenda Item 9

Report for the Joint Primary Care Commissioning Committee Meeting

Meeting of 7th May 2019

Submitted by:	Robert Evans, Head of Operational Primary Care, Mid Essex CCG
Presented by:	Robert Evans, Head of Operational Primary Care, Mid Essex CCG
Status	For Information

i	**Information and Decision**
	This paper is provided to update the committee on the current position on temporary patient list closures across Mid Essex CCG and outline the actions that are in place to manage the situation.
ii	**Summary**
	The improvement in the overall position that was seen during 2018 has been sustained, with another practice returning to a fully open basis in February and with no new restrictions being applied or implemented by practices in 2019 to date. Whilst the current position does not reflect widespread use of such arrangements, there is concern that the position could deteriorate further over coming months with more practices operating temporary restrictions on registrations. Both NHSE & MECCG continue to work with all practices applying or considering restrictions to ensure that such approaches can be avoided if at all possible, to offer advice, support and assistance and to ensure that the management of the arrangements is in line with published guidelines. Under the current guidance commissioners do not have any power or authority to stop practices instigating temporary patient list closures.
iii	**Financial implications;**
	There are currently no direct financial implications associated with temporary patient list closures.

TEMPORARY LIST CLOSURES

Purpose of Paper

This paper is for information only and is intended to:

- Update the committee on the current position on temporary patient list closures across Mid Essex CCG.
- Advise the committee as to the work that commissioners are undertaking with practices on the management of the temporary patient list closures across Mid Essex CCG.

Practice List Requirements & Management Options

This paper is presented as part of a regular update, as requested by the committee, on the current position with temporary list closures.

Guidance on the management of temporary list suspension arrangements implemented by practices was issued by NHS England to commissioners in December 2016.

Under the current guidance commissioners do not have any power or authority to stop practices instigating temporary patient list closures.

This guidance does not prescribe what length of time an approval of a temporary list suspension is appropriate as this will vary depending on the circumstances. But it does state that "If actions can reasonably be expected to take longer than 3 months then the Practice should be asked to make a formal application to close its list".

Current position across Mid Essex CCG

The number of practices operating restrictions to patient registration is currently confirmed as three as of April 2019. This represents a continued improvement in the mid Essex CCG position, with several practices having reopened their patient lists in 2019, and contrasts markedly with the position in mid 2018 when at one time a total of 11 practices were operating temporary restrictions.

Meetings and discussions are regularly held with the practices that have closed lists to clarify their positions and what factors would help enable them to reopen their lists.

A summary of the current position with temporary list closures is provided at Appendix A, which includes a "RAG" rating (by practice) based on the relative likelihood of each practice being able to reopen their lists over the coming months.

Changes to the number of practices operating restrictions in the past 12 months are tracked in the table and chart at Appendix B.

It is still possible, however, that other practices may implement temporary restrictions to try and mitigate the pressures that they are experiencing in delivering the quality of care that they aspire to for their patients and in response to pressure from patients wishing to change practices.

Management of Position

The CCG Primary Care team continue to meet with and provide whatever support they can to practices to facilitate a review of their positions.

In addition, joint meetings involving the CCG and NHS England contract managers have been, and are being, held with these practices, to consider options around actions and possible support.

At these joint meetings, it is also ensured that practices are aware of the guidance that commissioners are following in relation to the management of these temporary arrangements and that appropriate actions and /or plans are being drawn up by practices to address the situation.

Summary

The improvement in the overall position that was seen during 2018 has been sustained, with further practices returning to a fully open basis in early 2019 and with no new restrictions being applied or implemented by practices to date.

Whilst the current position does not reflect widespread use of such arrangements, there is concern that the position could deteriorate in future months with more practices operating temporary restrictions on registrations.

Both NHSE & MECCG continue to work with all practices applying or considering restrictions to ensure that such approaches can be avoided if at all possible, to offer advice, support and assistance, and to ensure that the management of the arrangements is in line with published guidelines.

Recommendation

The committee are asked to note this update.

Appendix A

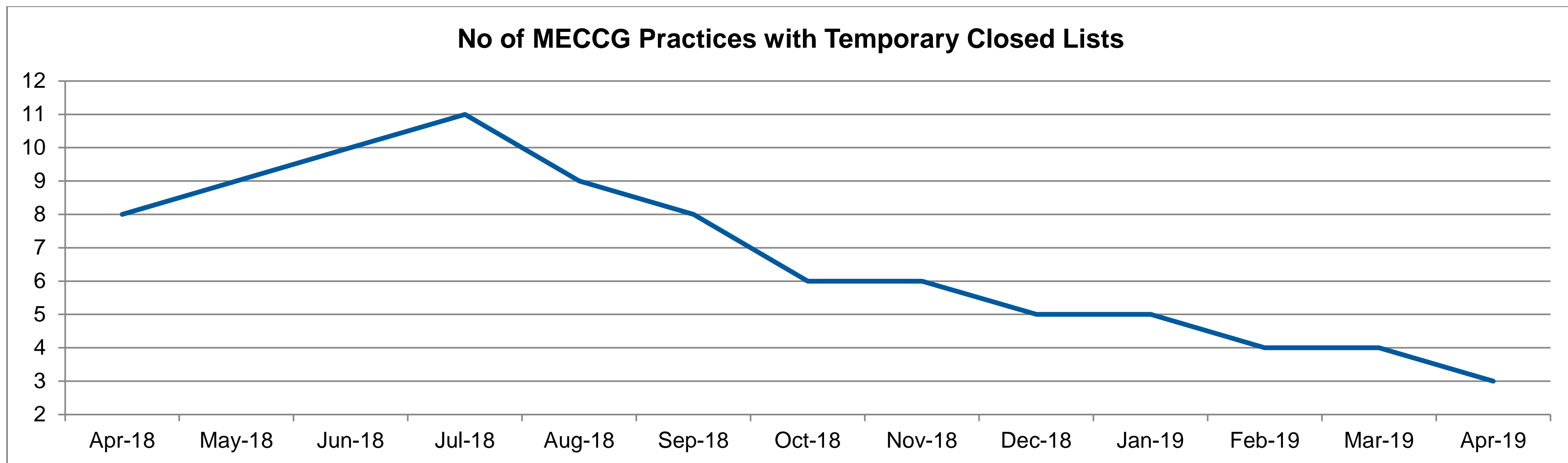
MECCG – Temporary List Closure Position – Summary & Overview – April 2019

Practice Name	Locality / Area	List Size (1st April 2019)	Restrictions Commenced	Change in List since introducing restrictions	Current Position / Action
Mount Chambers Surgery	Braintree	13,866	9th February 2018	-341	Issue is primarily around lack of space – possible solutions being pursued / progressed with the practice but position unlikely to change within 6 months.
Sidney House & The Laurels	Witham	10,951	12th March 2018	-935	Main issues are around overall capacity based on staffing and funding – ongoing discussions with practice with further meeting held partners and practice manger arranged on 18th April 2019 – more work being done and options (including boundary realignment application) being considered – possible potential for list to be reopened within 3 months.
William Fisher Medical Practice	Dengie	6,013	1st May 2018	-272	Practice is experiencing difficulties related to staffing and premises. Further, detailed discussion is taking place about possible ways forward – further update expected by the end of April. Earliest opportunity to reopen list considered to be between 3 and 6 months.

Appendix B

MECCG – Temporary List Closure Position – Movement in Position 2018/19

Month	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
No of Practices	8	9	10	11	9	8	6	6	5	5	4	4	3



Agenda Item 10

Report for the Joint Primary Care Commissioning Committee Meeting

Meeting of 7th May 2019

Submitted by:	Kate Butcher, Head of Transformation & Strategy, Mid Essex CCG
Presented by:	Viv Barnes, Director of Governance & Performance, Mid Essex CCG
Status	For Information

i	**Information and Decision**
	This paper is intended to provide an overview of Primary Care Networks and the process for approving applications
ii	**Summary**
	PCNs are groups of GP practices working more closely together, with combined general practice registered lists of 30,000-50,000. This number allows then to be small enough to provide the personalised care valued by both patients and healthcare professionals but large enough to have impact and economies of scale. Although practices are at the heart of PCNs the concept is bigger than just practice collaboration and it is key that there is also closer collaboration and integration with others in the local health and social care system, including other primary care services, community services, mental health services, acute trusts, social care and the voluntary sector. This report outlines the benefits of PCNs and how they will be funded, the timetable for their development, and the process by which applications from Mid Essex practices will be approved.
iii	**Financial implications**
	As detailed in the Funding section of the report.

PRIMARY CARE NETWORKS

National Context

In 2017, the release of the 'Next steps on the NHS Five Year Forward View' started to encourage general practices to work together in 'hubs' or networks. 'Refreshing NHS Plans for 2018-19' (Feb 18) then set out the ambition for CCGs to actively encourage every general practice to be part of a local network through various models. This work had already started in Mid Essex with 'Locality' development.

The release of the NHS Long Term Plan (Jan 19) confirmed that general practices must work together to form Primary Care Networks (PCNs) and this will be central to the development of care closer to home. The plan commits to developing fully integrated community-based health care, with multidisciplinary teams, including GPs, pharmacists, district nurses, and allied health professionals working across primary care and hospital sites. The plan recognised this would require significant new investment into Primary Care and into community multidisciplinary teams. PCNs were identified as the essential building blocks of every system.

Following the release of the Long Term Plan the new GP Contract 5 Year Framework (Investment and Evolution: GP Contract 5 Year Framework) was announced which sets out multi-year general practice contract changes covering workforce, indemnity costs, QOF, PCN direct enhanced service, digital first initiatives, and 7 new national service specifications to be delivered by PCNs. It is not a new contract but an extension to the existing core contract. The framework formalises plans for working in PCNs and details the funding aligned to PCNs. Details are below.

Local Context

In 2018 the STP developed the Primary Care Strategy which was signed off by the Board. This set out the local plans for developing 'localities' (now PCNs). In mid Essex, progress has been variable and lacks a common framework, which is now available through the PCN guidance. The local strategy in the main aligns to the new national guidance
In mid Essex the Foundations programme has supported practices with funding, resource and systems to help them to become more sustainable to enable them to now build on and develop as practices, working with neighbouring practices and the wider health and social care community in the development of PCNs.

What is a PCN?

PCNs are groups of GP practices working more closely together, with combined general practice registered lists of 30,000-50,000. This number allows then to be small enough to provide the personalised care valued by both patients and healthcare professionals but large enough to have impact and economies of scale. Although practices are at the heart of PCNs the concept is bigger than just practice collaboration and it is key that there is also closer collaboration and integration with others in the local health and social care system, including other primary care services, community services, mental health services, acute trusts, social care and the voluntary sector.

The focus of PCNs is a population health based approach, creating a new collective to improve care models locally and deliver a tangible difference to health outcomes within their

population. Both clinicians and wider staff within PCNs need a shared vision for improving population health.

For this reason, PCNs need to be centered on groups of practices in a shared geography. PCN boundaries must make sense to practices, other providers and the local community and must cover contiguous populations.

Benefits of PCNs

The development of PCNs will mean that patients and the public will be able to access:

- Resilient high-quality care from local clinicians and health and care practitioners, with more services provided out of hospital and closer to home
- A more comprehensive and integrated set of services, that anticipate rising demand and support higher levels of self-care
- Appropriate referrals and more 'one-stop shop' services where all of their needs can be met at the same time
- Different care models for different population groups (such as frail older persons, adults with complex needs, children) that are person-centered rather than disease centered.

Primary Care Network DES

The Investment and Evolution: GP Contract 5 Year Framework sets out how practices will work in PCNs. This will be through a directed enhanced service (DES) which will support the development of PCNs.

PCNs allow for the retention of what constitutes the very best of how general practice and wider primary care currently operates, retaining and building on the national GMS contract and the partnership model, while finding improved ways to deliver care that offer tangible benefits and improvements to patients, clinicians and the wider primary care team. As a result individual practices joining a network will retain their GMS or PMS contract, with the PCN building on it.

The PCN guidance requires all individual practices to enter into a network contract DES. The DES will consist of a Network Agreement which will outline the governance and financial structure and collective rights and obligations for the PCN and DES Specifications which will outline what practices and networks need to do.

PCN Development Timeline

The timeline for development of PCNS is challenging. All network contracts need to be agreed at one time to ensure every practice enters into a network. Practice must submit their PCN plan to CCGs by 15th May. This will need to include:

- Practice name and ODS code
- PCN list size
- Map marking PCN area
- Initial PCN agreement signed by all practices
- Single practice/provider that will receive funding on behalf of PCN
- Named clinical director

If a practice does not want to engage in the PCN DES then an agreed network will take responsibility for the provision of network level services to that practices' patients and the

practice will not receive funding for PCN engagement.

The CCG and the local NHS England team (as joint commissioners) will need to sign off all PCN submissions by the 31st May (noting that the final sign off date is the 30th June). The PCN DES will then commence on the 1st July.

Details of the PCN DES and Funding

Under the PCN DES, several different funding streams will be made available to networks to fund their workforce and services:

Network engagement funding: Individual practices will receive an additional annual payment of £1.76 per patient for engagement with the PCN paid via the Statement of Financial Entitlements.

Network administration funding: There will be a recurrent payment to the networks of £1.50 per registered patient as an entitlement for networks, from CCG central allocations. Its use will be entirely for the network collectively to decide and is intended to support the day-to-day operation of the network.

Extended Hours funding: The funding currently associated with the Extended Hours DES will transfer to PCNs. This will be provided as an entitlement of £1.45 per patient.

Extended Access funding: By 2021 the £6 per patient that is currently provided for the Extended Access scheme will transfer to PCNs. Currently in mid Essex this service is provided by Elizabeth Courtauld surgery on behalf of the whole of mid Essex until April 2021 to ensure that coverage across mid Essex continues. By 2021 the intention is to bring together extended hours and extended access to provide one cohesive service per PCN.

Investment and impact funding: From April 2020 there will be a new savings scheme for PCNs that will be tied to the development of community-based services that enable reductions in hospital activity.

Workforce funding: Over the next three years, PCNs will be supported in developing an expanded primary care team, with member practices also working alongside other organisations. As part of the DES the new primary care workforce identified is:

- Clinical pharmacists (2019/20)
- Social Prescribing link workers (2019/20)
- First contact physiotherapists (2020/21)
- Physician associates (2020/21)
- Community paramedics (2021/22)

The roles will be part funded recurrently at 70% through the DES, with 30% to be provided by Networks (other than social prescribers which will be funded at 100%).

In 2019/20 every network will be able to claim 70% funding for one additional clinical pharmacist and 100% funding for one additional social prescribing link worker. Reimbursement for staff will only be for demonstrably additional staff.

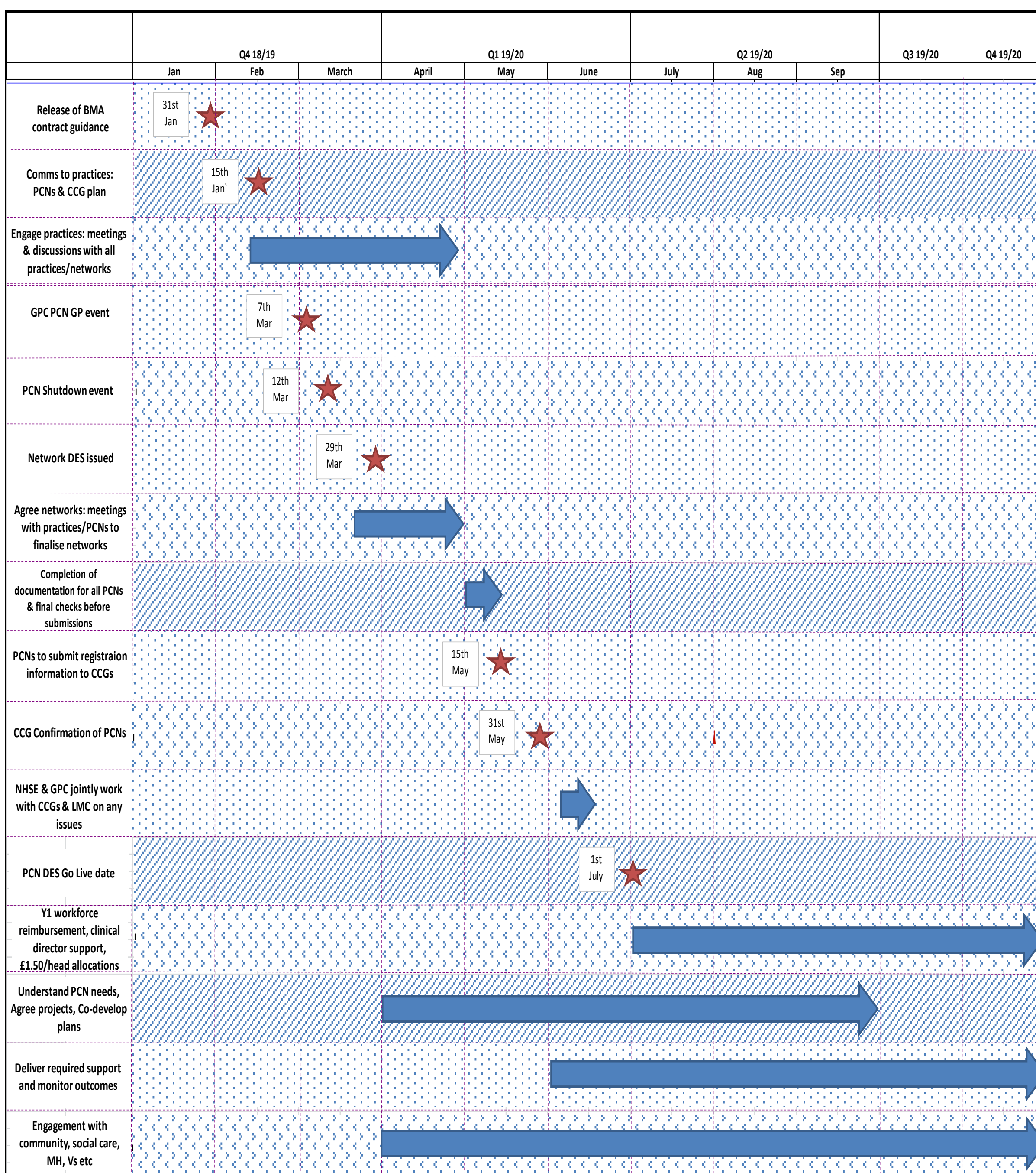
Clinical director funding: Each PCN will be funded for a clinical director post, on a basis of 0.25 WTE per 50,000 patients, at national average GP salary (including on-costs). This will be provided on a sliding scale based on network size.

Services funding: From 2020 PCNs will receive additional funding for new services. Service specifications are being developed nationally and will be phased in over the next 5 years:

- Structured Medications Review and Optimisation (2020/21)
- Enhanced Health in Care Homes (2020/21)
- Anticipatory Care requirements (for high need patients typically experiencing several long term conditions, joint with community services) (2020/21)
- Personalised Care (2020/21)
- Supporting Early Cancer Diagnosis (2020/21)
- CVD Prevention and Diagnosis (2021/22)
- Tackling Neighbourhood Inequalities (2021/22)

The exact funding arrangement for these services is yet to be confirmed.

Timeline for PCN Development



Current position on PCNs in Mid Essex

In mid Essex we are currently working closely with the LMC and practices to ensure all practices are in a PCN by the 15th May deadline. Ensuring each practice is in a PCN within the timelines has been challenging but there are now just three practices not in a PCN and 93% of the population in mid Essex is covered by a network. The guidance states that 'every practice has the right to be in a PCN' and the three practices that are not currently in one do all wish to be included but have not been able to find a PCN willing to accept them. We are working closely with the practices, the LMC and potential PCNs to ensure that these practices are in a network by the 15th May. The CCG anticipate there will be 10 PCNs across mid Essex.

Approval Process

The table below sets out the proposed approval routes for PCNs. This includes the sign off of proposed PCNs and their registration forms by the CCG and NHS England as joint commissioners of General Practice at an extraordinary meeting of the Joint Primary Care Commissioning Committee.

Sign Off Action	Date
Support of proposed sign off process outlined requested at Board Development session	25th April- **Complete**
Registration forms for PCNs to be sent to commissioners	15th May
Initial CCG review of registration forms to ensure all information is included prior to sign off meetings	15th May-20th May
Confidential Primary Care Commissioning Committee meeting (CCG, LMC & NHS England) to review registration forms and approve PCNs - John Gilham and Caroline Rassell to attend this meeting as Board representatives	21st May
Update on PCNs at CCG Board Development meeting on outcome of Primary Care Commissioning Committee to seek Board support of the agreed PCNs	30th May

Agenda Item 11

MECCG and NHS England Primary Care Commissioning Committee Meeting on 7 May 2019

Summary of Recent Part II and Urgent decisions

1. Background

As a general rule, meetings of the Primary Care Commissioning Committee, including the decision-making and deliberations leading up to the decision, should be held in public unless the CCG has concluded it would be 'prejudicial to the public interest' to hold that part of the meeting in public. Situations where this might be appropriate include:

- Information about individual patients or other individuals which includes sensitive personal data is to be discussed;
- Commercially confidential information is to be discussed, for example the detailed contents of a provider's tender submission;
- Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings is to be discussed;
- To allow the meeting to proceed without interruption and disruption.

In the above cases, these matters are discussed at a private Part II meeting from which the public and other attendees are excluded. Where such decisions are made, it is good practice for these to be reported in the public part of the meeting if and when it is considered that these matters are no longer confidential, commercially sensitive or legally privileged. This report provides a summary of such decisions made by the Primary Care Commissioning Committee since its last public meeting on 6 November 2018.

Any urgent decisions taken under the exercise of emergency powers since the last public meeting of the Primary Care Commissioning Committee are also included in this report.

2. Summary of Decisions

<u>9 April 2019: Part II Decisions</u>

The Committee was asked to consider an application for the contractual merger of Brimpton House Surgery and Kelvedon & Feering Health Centre.

Committee members were reminded that they had previously approved new working arrangements in December 2018, as a result of which the Brimpton House surgery was providing patient services from Monday to Wednesday and reception only services on Thursday and Friday when Kelvedon & Feering covered any urgent appointments. The merger would result in all clinical services being delivered from the Kelvedon & Feering premises and the administrative services from Brimpton until such time as new purpose built premises were developed.

It was reported that patient engagement had commenced, with a letter to patients on both websites and information on display in the surgeries. To date there had been no adverse comments or complaints from patients in respect of the intended merger. If approved, notification of the practice changes would be sent to patients via text messages and a notice placed in the parish newsletter

It was noted that whilst more extensive public engagement would normally be expected when clinical services were being relocated, this needed to be balanced against the fact

that the two surgeries were located only 100 yards apart and that they were already working very closely together.

On this basis, the Committee agreed to approve the contractual merger of the Brimpton House Surgery and Kelvedon & Feering Health Centre with effect from 16 May 2019, with the caveat that the ongoing patient engagement should be given continued scrutiny by NHS England.

Emergency Powers Decisions

None undertaken during this period.

3. Further Information

A copy of the full report in relation to any of the above decisions is available on request from Viv Barnes, Director of Governance & Performance, Mid Essex CCG, minus any redacted information that is still considered to be confidential or commercially sensitive.

Viv Barnes
Director of Governance & Performance
Mid Essex Clinical Commissioning Group