

Primary Care Commissioning Committee
Unadopted minutes of the meeting held in public on Thursday 19 September 2019
3.00 pm, Boardroom 722

- Present:** Ms Chris Nield, Lay Member (Chair)
- (Voting Members)** Ms Nicki Doherty, Director of Delivery, Care Outside of Hospital
 Ms Amanda Forrest, Lay Member
 Ms Jackie Mills, Interim Director of Finance
 Ms Lesley Smith, Accountable Officer
 Mr A Windle, Deputy Chief Nurse (on behalf of Chief Nurse)
- (Non voting members)** Dr Nikki Bates, CCG Governing Body GP Elected City-wide Representative
- Dr Alastair Bradley, Local Medical Committee Representative
 Ms Sarah Burt, Deputy Director of Delivery, Care Outside of Hospital
 Dr Trish Edney, Healthwatch Representative Sheffield
 Dr Antony Gore, Clinical Director, Care Outside of Hospital
 Ms Victoria Lindon, Assistant Head of Primary Care Co-Commissioning, NHS England/NHS Improvement
- In Attendance:** Ms Rachel Dillon, Strategic Programme Manager – Urgent Care Review (item 85/19)
 Ms Lucy Ettridge, Deputy Director of Communications, Engagement and Equality
 Dr Terry Hudson, Chair, Sheffield Clinical Commissioning Group (SCCG) (Item 85/19)
 Mr Brian Hughes, Deputy Accountable Officer/Director of Commissioning and Performance
 Ms Sarah Nell, Quality Manager, Patient Experience
 Ms Karen Shaw, Executive Assistant to Chair and Accountable Officer
 Ms Abby Tebbs, Deputy Director of Strategic Commissioning and Planning

Members of the public

No members of the public were in attendance. A list of members of the public who have attended CCG Primary Care Commissioning Committee meetings is held by the Director of Finance.

ACTION**79/19 Welcome**

The Chair welcomed members of the NHS Sheffield Clinical Commissioning Group (SCCG) Primary Care Commissioning Committee (PCCC) to the meeting.

80/19 Apologies for Absence

Apologies for absence from voting members had been received from

Professor Mark Gamsu, Lay Member and Ms Mandy Philbin, Chief Nurse.

Apologies for absence from non voting members had been received from Mr Greg Fell, Director of Public Health, Sheffield City Council.

The Chair declared the meeting was quorate.

81/19 Declarations of Interest

The Chair reminded members of their obligation to declare any interest they may have on matters arising at Quality Assurance Committee meetings which might conflict with the business of NHS Sheffield Clinical Commissioning Group (CCG). The Chair also reminded members that, in future, not only would any conflicts of interests need to be noted but there would also need to be a note of action taken to manage this. The Chair reminded members that they had been asked to declare any conflicts of interest in agenda items for discussion at today's meeting in advance of the meeting

Declarations made by members of the Quality Assurance Committee are listed in the CCG's Register of Interests. The Register is available either via the secretary to the meeting or the CCG website at the following link: <http://www.sheffieldccg.nhs.uk/about-us/declarations-of-interest.htm>

Ms Amanda Forrest, Lay Member and Chair of the Sheffield Carers Association, who provide support for unpaid carers, declared an interest in the GP Patient Survey 2019 (item 88/19). The Chair agreed as this was not a decision-making discussion, there was no action to take.

82/19 Questions from members of the public

The Chair advised that no questions from the public had been received prior to the meeting.

83/19 Minutes of the meeting held on 18 July 2019

The minutes of the meeting held on 18 July 2019 were agreed as a true and accurate record.

84/19 Matters Arising

a) Minutes 79/19 (c), 59/19 (c), 46/19 (d) and 35/19 refers – Primary Care Network (PCN) Approval Process

The Deputy Director of Strategic Commissioning and Planning advised that this related to the development of the support offer for the clinical directors of the network and was currently ongoing. She suggested that PCCC be updated when there was clarity on the offer. The Chair agreed this could be removed from matters arising and a report brought back when this had progressed.

b) Minutes 71/19 (b), 59/19 (d), 48/19/ 9/18 refers – GP Retention Scheme – Additional Application

The Deputy Director for Care Outside of Hospital advised that the ACP Primary Care Board had developed the strategy, which had been presented to PCCC in June, as well as the workforce strategy. The issue of retention of GPs was included in both these elements.

The Deputy Director for Care Outside of Hospital confirmed that communications had been sent to Sheffield GPs and Health Education England to inform them that no further funding was available at present for new applications.

Both these items could now be removed from Matters Arising.

c) Minute 72/19 – Future Primary Care Committee Meetings

The Chair noted that there were a number of actions regarding the forward planner that had been completed and should therefore be removed; for example the engagement opportunities

The Director of Finance advised that in terms of the change of the frequency of PCCC meetings, which will become bi-monthly, it had been agreed to circulate a monthly finance update, which would also be published on the website.

d) Minute 74/19 – Digital Programme Update

This was included on the private PCCC agenda.

The Chair asked if there were any other items members wished to raise that were not on the matters arising. The Healthwatch representative asked about Care Homes. The Deputy Director of Delivery Care Outside of Hospital reminded members that Care Homes had been removed from the PCCC agenda following previous agreement that it should be considered as part of the wider care homes programme. Any contractual considerations regarding the Locally Commissioned Service for Care Homes, and how this fits into the rest of the care home support that we deliver, would come back to PCCC for a decision as appropriate

The Accountable Officer suggested that consideration of engagement opportunities with PCN Clinical Directors should form part of the CCG's ambition for primary care networks and for primary care at scale including federated models. This discussion may happen under wider governing body development to help shape decision-making and may not happen in PCCC.

RFA

JM/RFA

SB

85/19 Urgent Care Review – Key findings and Next Steps

Ms Rachel Dillon, Strategic Programme Manager Urgent Care Review, presented this paper, which sought to inform PCCC of the findings of

the engagement undertaken between December 2018 and June 2019 to: identify the root causes of the problems in urgent care; to inform PCCC of the approach to address those root causes; and to set out the new governance arrangements to take the work programme forward.

She highlighted the four main root causes that had been identified during the engagement exercise as: -

- Confusing and inconsistent pathways
- Inconsistent knowledge and lack of knowledge
- Differences with culture, behaviour, environment and health inequalities
- Ineffective use of resources and lack of resources

A Public and Partner Reference workshop had looked at the approach needed, as a city and system, to address the root causes. Key points were noted as follows:-

- The quality of urgent care is good in Sheffield;
- The approach has needed to take into consideration and align with the national and local developments already taking place;
- The approach has needed to build on and complement the work already in place. Pathways across the system are being developed by the system partnership in urgent care, Children's urgent care and mental health services;
- The root causes identified must be addressed using a collaborative approach across the system in order to ensure sustainable long-term improvements.

As a consequence, the approach agreed to address the root causes is to improve current services (evolution) and not radically procure/reconfigure services (revolution).

The Accountable Care Partnership recognises that no one single organisation can do this in isolation and has therefore agreed to lead the work and focus on improving patient pathways and improving knowledge and information in the first instance.

The Strategic Programme Manager, Urgent Care Review, went onto describe the targeted outcomes highlighting that primary care would be a key asset of the urgent care system.

Lessons learnt will continue to be captured and shared across the organisation and the Accountable Care Partnership. He also highlighted the proposed new governance arrangements. Since September 2017, the governance arrangements for urgent care sat with PCCC because the changes proposed were likely to result in additional investment in primary care. This could have directly or indirectly benefited General Practices. Since the new approach does not include any major change in investment which may benefit General Practices, it was proposed that the internal governance for this work move back to Governing Body following this meeting. PCCC would continue to be updated on the

primary care element of the programme. In the event that there are major decisions that may directly or indirectly benefit General Practices in the future, then the governance will be reviewed accordingly.

Members were then invited to comment on the paper and key points were noted as follows:-

- Urgent Care Programme Board and SPEEEEC were cited on process and the quality of the engagement process
- In the event that there are any major decisions to be taken in the improvement programme that may directly or indirectly benefit General Practices in the future, then the governance will be reviewed accordingly.
- The ACP is supportive of the approach. Overview and Scrutiny Committee had also commended the engagement approach.
- The CCG should be congratulated on the engagement process. Lessons learnt should be shared.
- Partners continue to progress work in this area, for example Sheffield Children's (NHS) FT have reported that because of the increased investment they will be able to make changes, notably around the helipad and the community nursing offer for the city which will include acute care.
- Thanks, were offered to Dr Terry Hudson for his involvement in the urgent care workshops.

The CCG is hosting the Programme Management Office for the Integrated Care System. Urgent Care is one of the five workstreams within the Hospital Services Review. It was agreed to share the learning and approach with the Integrated Care System.

The Primary Care Commissioning Committee:-

- **Noted the Engagement Report**
- **Endorsed the key problems highlighted in the Engagement Report**
- **Endorsed the decision made in August by the Accountable Care Partnership to agree to the proposal to:**
- **improve current urgent care services rather than radically change them; to focus on 'improving pathways and improving knowledge and information first; and to lead the programme, given that system wide ownership is required to make successful sustainable improvements to the urgent care system.**
- **Noted the interdependencies between Primary Care transformation and Urgent Care**
- **Approved the proposed change in governance arrangements for this programme.**

The Strategic Programme Manager, Urgent Care Review (Rachel Dillon) and the Chair, NHS Sheffield CCG (Dr Terry Hudson) left the meeting.

86/19 West 5 Primary Care Network Local Incentive Scheme

The Deputy Director of Strategic Commissioning and Planning presented this paper, which sought to inform PCCC of the arrangements put in place to secure Primary Care Network Services with effect from 1 July 2019 for the practice population of Stannington Medical Centre.

The Deputy Director of Strategic Commissioning and Planning described the key issues. Members went on to discuss what this means for the patients and how they would access the services within the network. It was noted that there would be a plan to release some general communications to the public to raise the profile of the PCNs. Members also discussed the funding arrangements currently in place.

Following further discussion, it was agreed that an update would be brought to Committee in April.

The Primary Care Commissioning Committee noted the provisions in place for Stannington Medical Centre's registered patients and approved the ongoing arrangement.

AT

87/19 Financial Report at Month 5

The Director of Finance presented the financial report which provided Primary Care Commissioning Committee with the financial position for primary care budgets for the five months to 31 August 2019.

She drew attention to the following key points:-

- There is a year to date underspend on primary care budgets of £145K (£154K underspend on delegated budgets, mainly associated with the timing of expected spend, and £9K overspend on CCG additionally commissioned budgets).
- The forecast for the year end position shows a £271K overspend (£299K on delegated budgets, as a result of the forecast net cost pressure associated with the expected impact of full implementation of the revised GP contract, offset by a forecast underspend of £28K on CCG additionally commissioned budgets).
- As agreed, the CCG continues to hold £0.5 m of specific reserves uncommitted, although noting that the meeting will consider a separate paper (in private) regarding the potential commitment of £0.3m of this reserve in relation to primary care winter pressures.

The Primary Care Commissioning Committee noted the financial position at Month 5.

88/19 GP Patient Survey 2019

The Quality Manager, Patient Experience, presented this paper, which provided an update of the results of the Annual GP Patient Survey so

that the Committee could consider how the data should be used.

She reported that although the results for Sheffield were largely encouraging, there was a wide range in the results at practice level, with some practices providing a consistently poor or consistently good patient experience over several years.

Sheffield did not achieve the Quality Premium measure that is based on patients' overall experience of booking an appointment.

The survey indicated that patients' experiences of care when their GP practice is closed has improved from last year and is better than the national scores.

She drew attention to an issue, not highlighted in the report, relating to a small cohort of patients (140) who were carers and providing 20 hours of unpaid care and were in paid employment. This cohort of patients, although small, had reported that they receive a much worse experience in accessing care and doctors and nurses listening to them. This was against the national trend.

The Committee commended the Quality Manager, Patient Experience on the report.

The Committee discussed at length how this could potentially be used to improve quality and performance, how it should fit with the CCG's strategy, how it should fit with the ACP and how it should triangulate with the wider system experience. It was quite important that this should help to inform the CCG's priorities at place. The Chair cited the work of Professor Chris Bentley which she thought may be useful.

It was agreed that the team would further consider the report and a proposal will be brought back to Committee setting out how the information could be used, noting the sensitives around primary care networks.

SN

The Primary Care Commissioning Committee noted the report.

89/19 Improvement Plan Implementation Update

The Director of Delivery, Care Outside of Hospital, presented this report, which provided PCCC an update on all of the Improvement Plan actions that were linked to the committee, to provide assurance that issues have been fully addressed and, where appropriate, embedded within the CCG's business regime and ethos.

PCCC held responsibility for three actions within the Improvement Plan, linked to ensuring there is sufficient leadership and capacity for the primary care team. She advised that all the actions had been completed and described the work that had been undertaken to conclude this.

The Accountable Officer reminded members of the changing role and

function of CCGs. Some of the capacity would need to be aligned to provider side development. As capacity around commissioning and contracting cannot be delegated thought would need to be given on how to work with limited capacity.

The Primary Care Commissioning Committee noted:-

- **The number of actions identified within the Improvement Plan that are aligned to the PCCC**
- **Considered the completed action and was assured on how it is being embedded within the organisation**
- **The progress being made on the remaining actions**

90/19 Any Other Business

There was no further business to discuss this month.

91/19 Key Messages to Governing Body

The Chair confirmed the following key messages for Governing Body:

- Making sure the Primary Care Networks mean something for patients;
- Understanding the CCG's ambition for primary care at scale, network and federated models. What is the potential for our patients?
- Lessons from the Urgent Care Review;
- GP Patient Survey – Need to understand priorities as well as understanding the effect of some of our actions.

92/19 Date and Time of Next Meeting

As agreed by the Committee, the next formal meeting of the Primary Care Commissioning Committee will take place on Thursday 21 November, 2019, 1.30 – 3.00 pm, Boardroom, 722.

A development session will take place on Thursday 24 October, 1.30 pm - 5.00 pm, Boardroom, 722 Prince of Wales Road.

Primary Care Commissioning Committee
Unadopted minutes of the meeting held in public on Thursday 21 November 2019
3.00 pm, Boardroom 722

- Present:** Ms Chris Nield, Lay Member (Chair)
(Voting Members) Ms Nicki Doherty, Director of Delivery, Care Outside of Hospital
Ms Amanda Forrest, Lay Member
Professor Mark Gamsu, Lay Member
Ms Jackie Mills, Interim Director of Finance
- (Non voting members)** Dr Trish Edney, Healthwatch Representative Sheffield
Ms Victoria Lindon, Assistant Head of Primary Care Co-Commissioning, NHS England/NHS Improvement
Dr Zak McMurray, Medical Director
Dr David Savage, Local Medical Committee Representative
- In Attendance:** Ms Lucy Ettridge, Deputy Director of Communications, Engagement and Equality
Ms Roni Foster-Ash, PA to Medical Director
Mr Adam Lavington, Adam Lavington, Deputy Director of IT (Agenda Item 7 'Digital Programme Update - 100/19 only)
Ms Maggie Sherlock, Senior Quality Manager
Ms Abby Tebbs, Deputy Director of Strategic Commissioning and Planning

Members of the public

No members of the public were in attendance. A list of members of the public who have attended CCG Primary Care Commissioning Committee meetings is held by the Director of Finance.

ACTION

- 93/19 Welcome**
The Chair welcomed members of the NHS Sheffield Clinical Commissioning Group (SCCG) Primary Care Commissioning Committee (PCCC) to the meeting.
- 94/19 Apologies for Absence**
Apologies for absence from voting members had been received from Ms Mandy Philbin, Chief Nurse and Ms Lesley Smith, Accountable Officer.

Apologies for absence from non voting members had been received from Dr Nikki Bates, CCG Governing Body GP Elected City-wide Representative, Ms Sarah Burt, Deputy Director of Delivery, Care Outside of Hospital, Dr Anthony Gore, Clinical Director, Care Outside of Hospital, Mr Greg Fell, Director of Public Health, Sheffield City Council, and Mr Brian Hughes, Deputy Accountable Officer/Director of Commissioning and Performance

The Chair declared the meeting was quorate.

95/19 Declarations of Interest

The Chair reminded members of their obligation to declare any interest they may have on matters arising at Primary Care Commissioning Committee meetings which might conflict with the business of NHS Sheffield Clinical Commissioning Group (CCG). The Chair also reminded members that, in future, not only would any conflicts of interests need to be noted but there would also need to be a note of action taken to manage this. The Chair reminded members that they had been asked to declare any conflicts of interest in agenda items for discussion at today's meeting in advance of the meeting

Declarations made by members of the Quality Assurance Committee are listed in the CCG's Register of Interests. The Register is available either via the secretary to the meeting or the CCG website at the following link:

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No declarations of interest were received from member with regards to public agenda items.

The Chair informed the Committee that the meeting fell in the pre-election period, and reminded the Committee of the principles underpinning the General Election Guidance issued by NHS England and NHS Improvement were that:

- the day to day operations of the NHS should continue unimpeded;
- as always, the NHS must act and be seen to act with political impartiality, and its resources must not be used for party political purposes;

during the election period, democratic debate between candidates and parties should not be overshadowed by public controversy originating from NHS bodies themselves.

96/19 Questions from members of the public

The Chair advised that no questions from the public had been received prior to the meeting.

97/19 Minutes of the meeting held on 19 September July 2019

The minutes of the meeting held on 19 September 2019 were agreed as a true and accurate record with the exception of the following:

86/19 - West 5 Primary Care Network Local Incentive Scheme (paragraph 2)

... 'It was noted that there would be a plan to release some general communications to the public to raise the profile of the PCNs'.

The Healthwatch Representative asked if any action had been taken as none was recorded in the matters arising.

The Deputy Director of Communications, Engagement and Equality told the Committee that a 12 month plan to increase public awareness of PCNs, and in particular, the services they would offer was planned. The first completed action had been to provide two case studies on networks to the media, and that these had been used by local media. It was agreed that the Committee would receive further updates on progress at future meetings.

LE

The Healthwatch Representative reported that she had received feedback from patients that suggested that there was confusion about how to access network services. She agreed to provide examples to the CCG once permission had been gained from individuals concerned.

TE

It was agreed that the minutes of the last meeting would be amended as above.

98/19 Matters Arising

84/19 - GP Retention

The Director of Delivery, Care Outside of Hospital advised that the Committee had previously agreed a budget to fund the national GP Retention scheme and had been dissatisfied with the inflexibility of the national scheme and the inability of local Commissioners to influence which practices were supported. It had therefore been agreed that alternative opportunities would be considered.

SCCG were now aware that there were several more potential applicants within Sheffield and the Clinical Director, Care Outside of Hospital was in discussion with NHS England and Health Education England colleagues for explore opportunities. There was an urgent need to develop a strategy to retain GPs working with the LMC and other primary care colleagues.

The Medical Director asked that workforce information be provided to the Committee and the he Chair agreed that more detailed information on GPs could be beneficial.

The Director of Delivery, Care Outside of Hospital agreed that workforce planning was a priority and the LMC Representative said that both current and future workforce should be considered.

It was agreed that GP Retention would be added to the forward planner for January 2020, to include workforce statistics and reasons for GPs retiring or leaving.

AT/AG

The Medical Director informed the Committee that the LMC in Derbyshire used a questionnaire to collate reasons for GP retirement. He asked if any 'exit interviews' had been undertaken for retiring GPs. He felt that non-clinical reasons, that could be addressed, may be a primary factor in many GPs decisions to retire.

It was agreed that this would be discussed outside the meeting and any feedback be shared with the Committee.

**ZM/AT/
AG**

Care Home LCS

The Director of Delivery, Care Outside of Hospital confirmed that this formed part of a wider programme of work around care homes. It was noted that this is a significant source of concern that required urgent attention, therefore the Committee would seek a clear timeframe for review of the LCS.

SB

It was agreed that the performance report would include a table of locally commissioned services and their review dates.

AT

c) Minute 86/19 West 5 Primary Care Networks Local Incentive Scheme

This would be brought to Committee in April 2019.

AT

d) Minute 88/19 GP Patient Survey 2019

This had been added to the forward planner to be brought to the Committee and would include how the information could be used, noting the sensitives around primary care networks.

SN

99/19 Financial Report at Month 7

The Director of Finance presented the financial report which provided Primary Care Commissioning Committee with the financial position for primary care budgets for the seven months to 31 October 2019.

She reported that the CCG were forecasting a surplus position for the first time this year (underspend to date totaling £525k, forecast year end position £449k underspend). The main reason for this change was due to slippage in terms of increased premises spend, mainly linked to the delay in the move of The Meadowhead practice.

She advised that, whilst this was positive news for this year, it still did not address the underlying recurrent deficit on the primary care budget as this is non-recurrent slippage supporting delivery of the position for this financial year only. A recurrent deficit is therefore

likely to be carried forward into 2020/21.

She advised that commitments against the additional roles reimbursement scheme are still being worked through. There is a requirement that any slippage on the scheme this year is recycled and are currently working through the details of how this will be achieved practically.

The Assistant Head of Primary Care Co-Commissioning, NHS England/NHS Improvement sought clarification on the following as detailed in Paper C:

- Page 3 - '2.1 Delegated Budgets' - Premises Developments 'Slippage of £299k as due to confirmation that the 2 new developments will not happen in 2019/20'.

The Director of Finance confirmed that the 2 new developments outlined were the planned moves on Meadowhead and Shoreham Street.

- Page 4 – '2.2 Additional CCG Commissioned Expenditure' – GP Forward View Allocations ... 'The Primary Care Team are finalising the plans for the use of this funding'.

She advised that this read as if decisions of how to utilise this were still being made.

The Director of Finance clarified that the plans had been approved however this does not mean that they are ready to go. There is still some final details to be worked through before the funding is released.

The Chair questioned if there were any issues regarding Equalisation Funding.

The Director of Finance confirmed that a paper on this would be coming in January 2020.

JM

The Primary Care Commissioning Committee noted the financial position at Month 7.

100/19 Digital Programme Update

The Deputy Director of IT presented this paper, which provided the Primary Care Commissioning Committee with a general update on major digital initiatives for SCCG and the region. The Committee then discussed the following points:

- **Health and Social Care Network Programme**
Ms Forrest asked if HSCN also covered social care. The Deputy Director of IT explained that HSCN was specifically intended to support data sharing between all organisations providing care.

Ms Forrest asked if this could be extended to Care Homes and voluntary organisations. The Deputy Director of IT confirmed that this was the case if the organisation met the security requirements and had a sponsor, such as the CCG.

The LMC Representative reported feedback from GPs that the requirement from eMBED and BT to migrate practices during working hours was disruptive and asked if there could be any flexibility.

- **eMBED Contract**

Lancashire CSU had undertaken an assurance review of plans and their findings have been included in the delivery plan. eMBED was currently recruiting additional staff to support the service desk facility and a decision on a software solution for this would be made shortly.

Ms Forrest asked if the service desk provision would cover GP extended hours and the Deputy Director of IT confirmed that it would replicate current opening hours although this could be extended in the future. On-call arrangements would be in place outside these hours to deal with major incidents such as system failures. Service desk provision would incorporate a self-help system for requests such as password resets

- **GP IT Capital Funding**

The CCG has received their NHS England and Improvement capital allocation for 2019/20 NHS England have stated that some funding should be allocated to eMBED transition costs, and so the CCG is working with eMBED to agree how to use this to support migration. Primary investment will include the service desk function and investment in core infrastructure.

- **Online Consultations**

The Deputy Director of IT Reported that the rate of deployment is significantly less than originally planned.

The Assistant Head of Primary Care Co-Commissioning, NHS England/NHS Improvement questioned the accuracy of the information provided at page 8, paper D, which she felt did not reflect discussion at the last SYB Programme Board where significant delays in deploying the Online Consultation systems were indicated. She also understood that Dr Link was deploying to 10 practices per month not per week.

The Deputy Director of IT advised that the information in this section was extracted directly from the latest ICS report available and agreed to contact the ICS lead directly to seek clarification on the issues raised and provide a position statement to the next meeting of the Committee.

AL

- **GP Wi-Fi**

The LMC Representative commented that although installed; WiFi did not work, with access limited to specific rooms at most sites.

The Deputy Director of IT confirmed that the size of sites meant that the cost of full coverage was prohibitive within the current funding envelope and had never formed part of the specification. He said that the ICS are assisting with the resolution of GP Wi-Fi issues checking the accuracy of supplier reported performance against actual service and working with the provider to resolve practice reported issues. These range from minor connectivity problems to no coverage at all. The Deputy Director of IT added that this would need to be one of the projects that would need to be reviewed in the longer-term plan.

The Director of Delivery, Care Outside of Hospital said that the CCG needed to consider how these programmes were managed to ensure that they supported practices to conduct their business; communication with practice managers and the practices and as much flexibility as possible needed to be afforded to minimise impact during core hours of practice.

The Committee wished to be more informed on the work of the ACP Digital workstream as it affected primary care. – either in a development session or formal meeting. The primary care sustainability and resilience has a big requirement around digital and IT and this requires prioritisation.

Professor Gamsu thanked the Deputy Director of IT for his report, in particular the glossary of terms, commenting that other reports would benefit from a similar approach.

The Committee noted the current status of the key programmes of work and the ongoing work to form a new CCG shared service.

The Primary Care Commissioning Committee noted the report.

101/19 Any Other Business

There was no further business to discuss this month.

102/19 Key Messages to Governing Body

The Chair confirmed the following key messages for Governing Body:

- Recommended for Governing Body to undertake a review of GP Retention
- Actions highlighted from Digital Programme Update

103/19 Date and Time of Next Meeting

A development session will take place on Thursday 19 December 2019 1.30 pm - 5.00 pm, Boardroom, 722 Prince of Wales Road.

As agreed by the Committee, the next formal meeting of the Primary Care Commissioning Committee will take place on Thursday 23 January 2020, 1.30 pm – 3.00 pm, Boardroom, 722 Prince of Wales Road.

The Deputy Director of Strategic Commissioning and Planning advised that, there would be a formal meeting of the Primary Care Commissioning Committee in February in order to approve documentation for key estates projects.

Future meeting dates from April 2020 would be confirmed shortly.

RFA