

Primary Care Commissioning Committee Part 1
Wednesday 12th February, 2020
Meeting rooms 1 & 2 Brent Civic Centre

Present:	Ms Lindsey Wishart (LW) Mr Nicholas Young (NY) Mr Sheik Auladin (SA) Dr Jahan Mahmoodi (JM) Ms Mary Evans (ME) Ms Pamela Stewart (PS) Ms Yvonne Leese (YL) Dr Prakash Chatlani (PC) Dr John Licorish (JL) Mr Bahi Jayadevan (BJ) Dr Jonathan Timperley (JT)	Chair, Lay Member, Brent CCG Lay member, Brent CCG Managing Director, Brent CCG Clinical Director, Kingsbury Locality Brent CCG Patient Representative Patient Representative Deputy Director of Quality, NWL Collaboration of CCGs Brent LMC Chair Public Health Consultant, Brent Council Head of Finance Secondary Care Consultant (via telephone)
Apologies:	Dr M C Patel (MCP) Ms Diane Jones (DJ) Cllr Margaret McLennan (Cllr MM) Dr Melanie Smith (MS) Dr Hannah Theodorou (HT) Ms Jane Betts (JB) Dr Shazia Siddiqi (SS) Mr Ian Niven (IN) Ms Julie Sands (JS)	Brent CCG Chair, Clinical Responsible Officer Primary Care Chief Nurse & Director of Quality Brent Council Public Health Consultant, Brent Council Associate Medical Director, LMC Director of Primary Care Strategy, LMC Clinical Director, Brentwide Healthwatch Representative, Brent Head of Primary Care, NWL
In attendance	Ms Fana Hussain (FH) Ms Teermala Ramgoolam (TR) Ms Versha Varsani (VV) Ms Isha Coombes (IC) Mr Mike Nelson (MN) Mr Fadi Dexter (FD) Mr Dan Gibbs (DG) Ms Rushda Butt (RB) Mr Andrew Pike (AP) Dr Karin Schachinger (KS) Ms Anne Leslie (AL)	Assistant Director Primary Care, Brent CCG Primary Care Contract Manager, Brent CCG Head of Primary Care, Brent CCG Programme Director, Brent CCG Assistant Head of Primary Care, NWL Senior Commissioning Manager, NWL Primary Care Team Locality Commissioning Manager & Governance Lead Locality Business Manager, Brent CCG Assistant Director of Communications, NWL CCGs Clinical Director, Brent CCG Commissioning Support Officer, minute taker Brent CCG
	Item 2.1 only Ms Beverley Wilding (BW) Mr Ian Bretman (IB) Mr Don Neame (DN) Ms Bhavini Shah (BS)	Barnet CCG Chair GB Member, Barnet CCG Communications & Engagement Consultant (independent) Barnet CCG, Project Manager
	Item 3.1 only Dr Mulbagal Khan (MK) Ms Sana Rabbani (SR) Dr Kalyani Kirubaharan (KK)	Aksyr Medical Practice Aksyr Medical Practice Freuchen Medical Practice

Item		Action
1. 1.1 1.2	<p>Welcome and introductions</p> <p>Lindsey Wishart welcomed everyone to the meeting.</p> <p>Apologies for absence</p> <p>Noted above</p>	
1.3	<p>Declaration of Conflicts of Interest</p> <p>LW noted all of the GPs are members of the Primary Care Networks, Primary Care At Scale, Brentcare and Federations – no other declarations were declared at the meeting</p>	
1.4	<p>Minutes of the last Primary Care Commissioning Committee 18th December, 2019, were approved</p>	
1.5	<p>Action Log</p> <p>Action log to be updated</p>	
2. 2.1 2.2 2.3 2.4 2.5 2.6	<p>Cricklewood Walk in Centre</p> <p>2.1 Proposed closure of Cricklewood walk in centre – decision report</p> <p>FH gave the background to the Cricklewood walk in service in Barnet which is currently commissioned by Barnet CCG, with Brent CCG an associate and a signatory to the contract, both CCGs are required to make their own determination in terms of the walk in service. Barnet colleagues were in attendance and were welcomed to the meeting.</p> <p>2.2 FH said the committee were requested to look at the paperwork presented and make a determination based on the evidence provided.</p> <p>2.3 Location</p> <p>FH highlighted on the map that the CWIC is in close proximity to the Brent boundary, and making the walk in centre accessible to Brent patients. The closest GP practices are located in the Brent area (excluding the APMS practice at the Cricklewood Centre).</p> <p>2.4 Attendances</p> <p>FH reported that attendances at the walk in service have been dropping over the years, with 24% reduction in activity at this site over a period of three years, for this current financial year the CCG are looking at a further 4% drop. The walk-in service is mainly used by residents living in Barnet, Brent, Camden, Westminster and Harrow, and treats approximately 19,000 patients per year, with most visits during daytime hours</p> <p>2.5 Over 50% utilisation of this service are patients registered with a Brent GP, which equates to 8,700 attendances. It is recognised that a number of patients using the walk in service are not registered with a GP practice (or not disclosing such details).</p> <p>2.6 The majority of patients that use this service are aged between 25 to 34 years and 35 to 44 years of age, for both Barnet and Brent residents. When asked why they are using the walk in service, they feedback that they find it convenient, they do not have to wait for a GP appointment and it meets their needs. This group lends itself to Information Technology (IT) advances and are more likely to be able to consult with a GP using online services, which offers an alternative form of access to primary care services. FH highlighted the 14 week patient engagement undertaken on the proposal to close the service. The engagement started on 12 August 2019 and closed on 18 November 2019.</p>	

2.7	A document explaining the proposals and a questionnaire were available on the Barnet and Brent CCG websites and was distributed to over 100 stakeholders and over 50 health and public venues around the boroughs, with 30 drop-in sessions held.	
2.8	Over 600 responses to the engagement were received: 573 valid questionnaires and 35 letters/emails. In addition, many people engaged with staff distributing leaflets and answering questions at the drop-in sessions on why they use the service, the convenience element of it, the GP practices they are coming from and why there is a GP access issue. This information is used to improve health services.	
2.9	<p>Patient feedback</p> <p>Approximately 20% of respondents said they would like the walk-in service to continue as it offers a service when people cannot get a timely GP appointment e.g. in the evenings and at weekends; and you don't have to take time off work or school.</p>	
2.10	It is recognised patients may not understand what alternative services are available should the walk in service close. Brent CCG understands that patients want this service to continue and are looking to meet / exceed patient needs with other alternatives.	
2.11	<p>The case for change</p> <p>Both CCGs now offer extra GP appointments in the evening and at weekends in practices and the attendances at Cricklewood walk-in service have been decreasing year-on-year. Brent is expanding electronic consultations (e-consultations) and this will be available to all Brent patients by March 2020 (currently 86% of registered patients have access to online consultation).</p>	
2.12	For week ending 9 th Feb 438 e-consults were submitted, equivalent to an annual figure of 22,800 e-consults. Brent will soon pilot e-triage in Central Middlesex Hospital (CMH) Urgent Treatment Centre (UTC), with later introduction at Northwick Park Hospital (NPH).	
2.13	Patients seen at the walk-in service have episodic care because their patient record is not available and therefore the service does not provide continuity of care for long-term diseases. For most conditions, it is better for patients to attend their own GP surgery because unlike the walk-in service a patient's GP will have access to their records and can ensure continuity of care. The walk-in service also does not provide emergency services, referral on to secondary care or services that help prevent ill health, such as immunisations, health checks and cancer screening. There are GP appointments available when the Cricklewood walk-in service is open which means the CCGs are paying twice for the same service. The Wembley Access Hub is open 8am to 8pm, 7 days a week, 365 days a year, with a further 4 hubs open until 8pm on weekdays.	
2.14	There are two other walk-in centres in Barnet that are open seven days a week which, unlike Cricklewood, provide full minor injury services including x-ray facilities. In Brent there are also UTCs at Central Middlesex Hospital and Northwick Park Hospital.	
2.15	Demand for the service has reduced year-on-year since 2016/17. At the same time there have been annual increases in people attending local A & E services with primary care needs. The service is not helping to address the pressures on emergency services.	

2.16	Although convenient, the service does not address the longer-term health needs of patients and is not aligned with the local and national aspirations for integrated urgent care and primary care networks.	
2.17	FH reported at the Cricklewood APMS practice has an open list, so patients can choose to register there and access GP services at the Cricklewood site. Alternatively, there are 13 practices within a mile radius, all accepting new patients.	
2.18	<p>The Committee were asked to approve the following recommendations.</p> <ul style="list-style-type: none"> • To decommission the walk in service provided by the Cricklewood Health Centre at the current contract term, 30 June 2020. • If the recommendation is approved <ul style="list-style-type: none"> ○ the Committee are asked to further approve Barnet CCG giving notice on the walk in service should Barnet CCG also approve the recommendations at its Primary Care Committee on 13th February, 2020. ○ Barnet and Brent CCGs to set up a time limited Primary and Urgent Care Development Group to meet during the mobilisation of the end of the walk-in service and beyond to: <ul style="list-style-type: none"> ▪ Consider primary care access ▪ Develop and oversee the implementation of an effective communications plan to ensure local people are aware of changes to services and alternatives. ▪ This group would extend invitation to representatives from Brent, Barnet and Camden CCGs, representatives from local PPG groups, PCNs and Healthwatch. ▪ Report through relevant Barnet and Brent governance arrangements. • Barnet and Brent CCGs to continue with a programme of awareness raising with the local population as to the alternatives services available and the national direction of travel to develop Urgent Treatment Centres and GP extended access services delivered through Primary Care Networks to ensure GP extended access services meet the needs of the local population. 	
2.19	<p>Questions from the Committee members</p> <p>Q What proportion of patients attending A & E could not get an appointment with their own GP, but they could have got an appointment with a GP.</p> <p>A FH said UCC and A&E do not collect this information, as it is difficult to capture. However, a number of events have been held by the CCG Senior Management Team, and Clinical Directors in talking to patients to try and understand why they have attended the UCC. A number of patients reported that they cannot get a GP appointment, noting they had not been offered an alternative service. FH reported the GP Access Hub is at 84% utilisation, comparable with the provider data analysis where patients are being seen there, if they cannot get an appointment at their own GP.</p>	
2.20	FH noted further work in reducing the number of DNAs is required. The data shows 70% of attendances at CMH could have been seen in primary care. When a patient goes to the CMH UCC they are triaged, if deemed to be a primary care condition (category 4 or 5 condition) they will be directed to their GP practice or booked into the GP Access hub on site. Similarly, at NPH, patients are triaged, and where appropriate redirected to their GP practice or GP Access Hub, the closest being at Wembley Centre for Health and Care.	

<p>2.21</p> <p>2.22</p> <p>2.23</p> <p>2.24</p> <p>2.25</p> <p>2.26</p> <p>2.27</p>	<p>Q Brent have 50% of patients currently using the Cricklewood walk-in service, equating to an extra 10,000 patients that may go into the Royal Free Hospital A & E, making a significant impact on this already stretched A & E? A FH responded to say it is intended that none of these patients will go to the Royal Free Hospital or any other UCC, as the patients will be given access to alternative services in primary care. The new models will create capacity in Primary Care through the E-consultation model. For those patients who would prefer face to face appointments, capacity within a GP setting or access hub setting will accommodate them. FH said extensive work will be undertaken to inform the population at Cricklewood, post the decision.</p> <p>Q Will this put pressure on the GP access hubs, is there an intention to invest more into these hubs? A FH said this area is constantly changing in Brent, the access hubs were introduced five years ago, the model is constantly evolving. There are currently five GP access hubs in Brent, extended hours appointments are booked for a face to face appointment into one of these hubs. Currently there are three sets of access, GP access hubs, extended hours at GP surgeries and virtual E-hub – the patient will be triaged and dealt with accordingly. Pharmacist appointments for minor illnesses will be bookable from 1st April, 2020. All these services will be wrapped into one with increased capacity in the hubs. LW clarified this will ensure equity across all GP practices in their workload.</p> <p>Currently work is underway to ensure all of Brent GP practices are providing E-consultation, patients are encouraged by practice staff to go on-line to access it. FH said out of 438 E-consultations that came in one week up to 9th February, 2020 262 appointments were saved (40%) of patients did not require a face to face consultation. 60% of patients were managed by another intervention.</p> <p>Dr Schachinger noted from a GP perspective it works well as the patient will already have pre-filled the information in their own time, with a GP having full access to the patient's medical notes, a decision will be made on the information to either respond by email, telephone consultation or a face to face booking made if deemed necessary. She noted out of 24 E-hub slots 90% of patients did not require a face to face consultation.</p> <p>Q Will the patients be able to book directly into the hubs, will there be access to their patient records? A FH noted every primary care service will have access / input into the patients record with real time updates, noting patient consent is required. Patients are not able to book directly into the hubs.</p> <p>Q There are two Brent practices on the border of Cricklewood walk-in service whose patients use this service on a regular basis and how will this be addressed going forward? A FH responded to say that the two Brent Practices have recently received a CQC visit and were deemed inadequate especially in lack of capacity in the GP practice..</p> <p>Both practices are scheduled to receive resilience support to ensure patient services are safe, effective, well-led and meet patient needs.</p>	
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	<p>LW had received questions from Councillor Lia Colacicco in advance of the meeting</p> <p>2.28 Q Has capacity assessment been undertaken on the practices near the Cricklewood walk-in service, is there continued monitoring of the Access hubs, UCCs to ensure extra capacity for patients should this service close. A FH said Brent CCG are looking to improve capacity within general practice, the E-consult model is aimed at increasing capacity in individual GP practice. The CCG have worked with other providers, Urgent Care Centres and NHS 111, ensuring when a patient contacts them, they can be appropriately directed to an alternative suitable service which could include being booked into a GP Access hub or their own GP practice. The UCC can book directly into the Access hubs and NHS 111 can directly book patient into their GP practice or GP Access Hubs.</p> <p>2.29 Q How long will it take Brent CCG to recover from their current financial deficit, patients from Cricklewood walk-in service may turn up at A & E, putting more pressure on the current overstretched financial position? A The CCG are on track to meet the deficit control total for the current year, there is no deficit to pay back from this year, with surpluses brought forward from previous years. The plan for next years' budget is for an improved position, which will be challenging.</p> <p>2.30 Q How are Brent CCG planning for the increased population with the new developments planned in the proximity of the Cricklewood area, for general practice services for the growth in population? A Ms Beverley Wilding, Barnet CCG confirmed that the planned development is at the B&Q site, which is directly behind the Cricklewood walk-in centre. She added, that it has already been agreed that the APMS practice currently at this site will be re-commissioned, and it is currently going through due process on how it will be developed in the future.</p> <p>2.31 The practice has an open list noting it has grown considerably over the last few years. Barnet Commissioners under contractual arrangements have the ability to request with extra investment for additional appointments slots being delivered by the practice.</p> <p>2.32 Ms Wilding noted the Brent Cross area redevelopment has future proposals for a new primary care facility, Barnet council are in communication with the developers on the expected population growth. Barnet GPs and PCNs will work with Barnet CCG in identifying extra capacity required to accommodate those new developments. Barnet CCG has no concerns on the ability to offer alternative and additional primary care access to look at the population growth / needs in Barnet.</p> <p>2.33 Q Should the Cricklewood walk-in service close, what has been done to assure both CCGs that people with protected characteristics who would be less able to travel further in the borough to access primary care services at other sites, are not adversely affected. A FH said both Barnet and Brent CCGs have undertaken an Equality Health Impact Assessment and Quality Impact Assessment that are attached with the papers. The EHIA looks at the nine protected characteristics and has identified suitable actions and mitigations to ensure people are not adversely affected.</p>	
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2.34	<p>Q On the proposed working group going forward, are councillors seen as an obstruction or a bridge to reaching and informing residents regarding, walk-ins, minor injuries, GP appointments outside normal hours.</p> <p>A LW said the CCG are very keen to work with Councillor' colleagues and partners in helping to communicate with patients, so they are aware of the GP Extended access. All Brent GP practices close to the walk- in centre will all have E- Consultation by end of March, 2020.</p>	
2.35	<p>Q Is it measured if a patient cannot get an appointment at their own GP practice.</p> <p>A FH said there is a national GP patient survey undertaken across the NHS on an annual basis. This survey measures a patient's access to the GP via telephone, no appointment available at your GP, was there another appointment offered, noting most practices will offer alternative appointments. It also measures if the patient cannot get an appointment with their preferred GP, are they offered another GP.</p>	
2.36	<p>Q The mental health patients / ex-offenders, living at shoot up hill – near Cricklewood walk-in centre, who are there for a maximum of three months with no fixed address, and they generally do not want to register with GPs, how will the communication be sent to this group if the walk-in centre was closed.</p> <p>A FH noted this cohort of patients would generally use urgent care more than walk-in services - this flow has been noted in the past. Brent CCG has gone into the homeless shelters, and a number of other services. Further engagement will continue with patients with protected characteristics.</p>	
2.37	<p>Q Brent has a high level of deprivation where not everyone has access to online facilities.</p> <p>A Brent CCG have GP practices that have open lists where patients can register.</p> <p>It is highlighted that there are two Primary Care Networks (PCNs) in Kilburn where groups of GP practices would work together to ensure there will be enough capacity to get patients seen closer to home than having to travel to Central Middlesex or Northwick Park Hospital.</p>	
2.38	<p>It is noted nationally the government has pledged 26,000 additional clinical staff across the country, this translates to a diversification of skill sets, with pharmacists, physiotherapists, paramedics and other clinicians that are highly skilled in being able to support patients within clusters of practices, called PCNs.</p>	
2.39	<p>This format for walk-in centres allows patients to turn up when they need to be seen, in a maybe chaotic lifestyle, resulting in not being able to plan in advance. It is noted the patient will not have a follow up appointment as the service will not have access to their records and therefore cannot ensure continuity of care.</p>	
2.40	<p>The joined up approach and proposal is that these primary care networks will have their own extended hub access within the primary care network.</p>	
2.41	<p>The NHS is mandated to empower patients to self-care and self-manage, this in turn will help to reduce the unnecessary burden on healthcare allowing more appropriate and perhaps urgent cases to be seen efficiently in the most appropriate setting. Brent CCG will further support, patients, practice staff and GPs with the electronic change through training, education and support programmes. A GP website has been commissioned for Brent GP practice (44 practices have taken up the offer).</p>	

<p>2.42</p> <p>2.43</p>	<p>Every patient can now register remotely online and do not have to attend the GP surgery in person. All patients also have access to order their repeat medications online.</p> <p>Brent CCG are looking at individual GP practices to help them to manage demand.</p> <p>YL noted the walk in service does not offer a high enough service compared to the more recent models developed over the last 3 – 5 years ie GP Access Hubs etc.</p> <p>Action: FH & LW to give a formal response to Councillor Colacicco</p> <p>The Committee approved the recommendation to decommission the walk-in service at Cricklewood subject to ensuring capacity in primary care and raising the awareness of the alternative services available to patients.</p>	
<p>3.</p> <p>3.1</p> <p>3.2</p> <p>3.3</p> <p>3.4</p> <p>3.5</p> <p>3.6</p> <p>3.7</p> <p>3.8</p>	<p>Proposed relocation of Aksyr Medical Centre (E84030) to Freuchen Medical Centre (E84074)</p> <p>LW welcomed Dr Mulbagal Khan, GP Partner Aksyr Medical Centre, Ms Sana Rabbani, Managing Practice Manager Aksyr Medical Centre and Freuchen Medical Centre and Dr Kalyani Kirubaharan, GP Partner Freuchen Medical Centre. The Committee is asked to note and approve the relocation.</p> <p>Ms Rabbani presented why Aksyr Hillside is proposing to relocate from Hillside Primary Care Centre into Freuchen Medical Centre. She has been the practice manager at both practices since 2013 and noticed over the years the decline in financial support for Dr Khan to function at his current location. This is mainly due to the increased cost of locums, service charges and general expenses of running a general practice.</p> <p>Dr Khan has not been able to recruit and retain a permanent GP, similar to many areas in NW London. He finds the increasing patient demand and NHS changes require the need for professional support.</p> <p>Stonebridge and Harlesden are in high deprived areas of London, and struggling to recruit and retain doctors. Aksyr Medical Centre is committed to continuing to care for their patients by relocating to Freuchen Medical Practice, this will enable Aksyr to be future resilient and make the practice more financially stable. This will help to attract more workforce to join Aksyr and continue to provide GP services.</p> <p>The Freuchen Medical Centre was renovated during 2018/19, and is fully DDA compliant and has sufficient capacity to house Aksyr and Freuchen, with the branch site four miles away, noting there will be no impact on this site, and they will continue to practice as usual.</p> <p>The principal GP's of both sites (Aksyr Hillside and Freuchen) have long-standing professional relationships and share the same practice manager. Many reception and administration team members already work across both sites.</p> <p>Patient engagement has been extensive, from Aksyr site where the patients are in favour of the relocation as it will have a positive impact on the sustainability of Freuchen and the retention of their two GP principals.</p> <p>Freuchen Medical Practice are in discussions with Brent Council for disabled parking, noting this requirement came through the patient engagement.</p>	

	<p>Due Diligence</p> <p>3.9 Ms Rabbani added that the newly refurbished practice will accommodate over 9,000 patients with capacity for future growth. Ms Rabbani reported they have sought professional advice on contractual agreements for staff of both practices. They have been advised to use joint employment, where shared staff can be used as recommended by the BMA. Ms Rabbani will continue to work with their HR advisors if the relocation is approved.</p> <p>3.10 Ms Rabbani said they would ask for help from the CCG to assist with services from Aksyr to Freuchen practice.</p> <p>3.11 Dr Khan's patients will have access to on the day appointments, daily consultation service, phlebotomy service access to a female clinician, physician associates and pharmacists as well as enhanced physician support.</p> <p>3.12 Ms Rabbani noted both practices would like to double up their services for their patients, they have a Healthcare Assistant (HCA) who is a trained counsellor and Freuchen Medical Centre would like to establish their own mental health support scheme, noting the Patient Participation Group (PPG) chair has experience of this and would like to work with the practice to explore this further.</p> <p>3.13 The practice is seeking to introduce video consultation as soon as possible. The local practices have approached them to work closely together, where they will take a more proactive role in the PCN and patient services. It is hoped they can become a GP training practice; currently they provide training for their physician associates..</p> <p>3.14 The Committee asked why the proposed services for the Freuchen site cannot be delivered currently at the Aksyr site, noting this is a fit for purpose site. There are two other practices alongside Aksyr at the Hilltop site that can be looked upon for collaborative working.</p> <p>3.15 The CCG will have to incur the void cost if Aksyr move out of Hillside as this is a fit for purpose premises.</p> <p>3.16 Ms Rabbani responded to say the rationale for moving Aksyr to Freuchen was to recruit more staff as Dr Khan has struggled to recruit a partner in the practice for the main site for the last few years. It was highlighted that two GPs did not remain due to the financial viability of the practice. The services can be better provided at Freuchen Medical Practice as they are well established noting under the new contractual arrangements these services will be open to Dr Khan's patients.</p> <p>3.17 Ms Rabbani noted they will work with the CCG to develop the confidentiality agreement, allowing patient data to be shared.</p> <p>3.18 The Committee noted concern that this is a complex model chosen to move Dr Khan out of his existing premises to Freuchen Medical Centre rather than Freuchen practice move into the new premises at Hillside Primary Care Centre.</p> <p>3.19 It highlighted an extensive patient engagement is required when moving patients and a significant change to services, noting more detail is required on the proposed improvement to services by moving Aksyr practice to Freuchen Medical Practice.</p>	
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3.20	The Committee felt for such a process an application could be submitted to the CCG to close one of the sites, if the CCG agreed this, each patient would be written to advising them that the Committee had taken this decision and given a list of all of the practices in a one mile radius of their previous practice. Dr Khan could then become a partner in the Freuchen practice.	
3.21	Ms Rabbani responded to say that patients will not be forced to go to Freuchen Medical Centre and the patients will be given a choice to follow Dr Khan or register with the two other practices also at Hillside Medical Centre.	
3.22	Dr Khan said he has been at the practice for 25 years where both he and his patients have a good relationship and he provides a good service. He noted the cost of this site is high and he cannot afford to support the service charges and recruit staff. He has been unsuccessful in his attempts to recruit partners and is currently working with a female locum doctor which is not a satisfactory situation.	
3.23	A merger is not possible because of the branch site. The Freuchen practice will allow Dr Khan to practice in a building with more rooms / capacity to see his patients. More services can be provided seamlessly. Dr Khan's main concern is the financial implications with Aksyr and providing services to his patients. Dr Khan said by closing his practice and joining Freuchen Medical Centre, his patients will be disadvantaged and will not get the same level of care that they are used to citing the reason this model has been chosen.	
3.24	Dr Khan said geographically most of his patients are near Freuchen Medical Practice already, noting 20% are close to the Hillside site, citing the inconvenience would be minimal to his patients.	
3.25	PC said if the relocation is not approved and Dr Khan hands back his contract, patients will be disappointed, therefore by relocating there is continuity of care for his patients. Ms Rabbani said the two partners on the contract, are Dr Syed and Dr Khan. She reported Dr Syed is supporting the relocation proposal. Dr Mahmoodi noted if Dr Khan retired, Dr Syed will be still a partner at the practice, and nothing would change on the list.	
3.26	LW clarified the branch site and the main site are four miles apart, noting they operate as two separate practices, with Dr Syed based at the branch site. It is recognised there is no provision in the NHS contract for Dr Khan to de-merge from the Branch site.	
3.27	It was confirmed that the main site and a branch site cannot be split to create two new contracts.	
3.28	Dr Mahmoodi noted that both sites of Aksry and Freuchen had good CQC ratings in 2017.	
3.29	Brent CCG recognises assurance on the patient consultations for the branch site requires more work. As the main consultations have taken place at the Hillside and Freuchen practice sites where there was only a poster put up at Preston Hill branch. Ms Rabbani said discussions had taken place with the Preston Hill PPG chair, who said there would be no impact on that practices demographics, and there was no need to undertake extensive patient engagement, therefore suggested a poster would suffice with a letter of support from the PPG chair shared with the Committee.	

<p>3.30</p> <p>3.31</p> <p>3.32</p> <p>3.33</p>	<p>The Committee felt more due diligence is required before they can approve the application for Aksyr relocation.</p> <p>Dr Khan noted from a patients point of view since the consultation began, there are doubts in their minds, when will the move take place, some patients have visited the Freuchen practice looking for him. He would like this process to be resolved quickly to allay any anxiety his patients may be experiencing.</p> <p>Action: SA said from a CCG financial perspective due diligence is to be undertaken, and asked for FH and BJ to work together on this.</p> <p>The Aksyr and Freuchen GP practices will be required to discuss the relocation at another PCCC meeting in the future to assure the Committee of the due diligence undertaken and the queries and concerns raised addressed</p>	
<p>4.</p> <p>4.1</p> <p>4.2</p> <p>4.3</p> <p>4.4</p> <p>4.5</p>	<p>Review of the homelessness service provided by Burnley Medical Practice</p> <p>VV thanked the stakeholders that have provided input throughout the review especially Mary Evans, John Licorish from Public Health, and Ian Niven from Healthwatch, alongside the Quality / Equality leads with subsequent sign-off of EHIA and QIA. Alongside this, the homeless community support centre and accommodation centres and the agencies that provide support to tackle homelessness have been an integral part of the engagement piece including the service users.</p> <p>This paper serves to:</p> <ul style="list-style-type: none"> • Detail changes to the Homelessness service that is currently provided by AT Medics from Burnley Medical Practice • Set out Brent CCGs arrangements to provide an equitable service for all Brent homeless residents • The Primary Care Commissioning Committee is asked to make a decision on the future management and provision for people that are homeless <p>Burnley Medical Practice has been run by AT Medics under an APMS contract since the last procurement in 2016. They inherited the homeless service upon their appointment to the APMS contract for core medical services. The responsibility for commissioning transferred to Brent CCG upon the CCG moving to full delegation in April 2018.</p> <p>The service was first set up in 2004, it was based at WCHC and was then re-located to Willesden to be closer situated to Ashford Place which is a community support centre (not just for homeless) and Pound Lane (male accommodation).</p> <p>When the service was initiated they saw patients who experienced difficulty in registering with a GP practice due to lack of proof of address, hence limiting their access to healthcare services. The service included a wider multi-disciplinary team including GP, counsellor, mental health practitioner, housing service etc., it now consists of a counselling service seeing patients (some who are not homeless). Counselling/ Mental Health Services are already commissioned and available to Brent residents. Brent Talking Therapies Service (also known as Improving Access to Psychological Therapies (IAPT), therapist providing Cognitive Behavioural Therapy (CBT) within Ashford Place, Mental Health secondary care services and some of the charitable organisations also have Mental Health Co-ordinators. Brent practices now have a number of homeless people registered.</p>	

<p>4.6</p> <p>4.7</p> <p>4.8</p> <p>4.9</p> <p>4.10</p> <p>4.11</p>	<p>The NHS England primary medical services contract and CQC, makes it clear that GP practices cannot refuse registration on the grounds of race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition. Other than that, they can only turn down an application if:</p> <ul style="list-style-type: none"> ○ The commissioner has agreed that they can close their list to new patients, ○ the patient lives outside the practice boundary; or ○ if they have other reasonable grounds <p>This means that the GP practice's discretion to refuse a patient is limited. There is no contractual duty to seek evidence of identity / immigration status or proof of address. A number of other organisations work to tackle homelessness.</p> <p>The PCCC is asked to make a decision on the future management and provision for people that are homeless.</p> <ul style="list-style-type: none"> ○ Option 1: No action taken – service will terminate and all practices to continue to deliver to their core contract to register people who are homeless. ○ Option 2: CCG to re-commission the service for one year with a defined service specification and seek approval from the CCG to fund this. This will require a procurement process to determine the most suitable provider. <p>Brent CCG support option 1.</p> <ul style="list-style-type: none"> ○ Practices are already registering people who are homeless. ○ Providing a service from a standalone practices creates an inequitable service across the borough. ○ This option will break down any possible barriers to patient registration. ○ Practices will continue to be supported through the services and programmes available through primary care and agencies working to tackle homelessness that have been mentioned in section 4 and 6 in the paper. <p>NHS leaflets and local patient cards will continue to be circulated, patient questionnaire to gather views on healthcare services so that we continue to improve services and focus group.</p> <p>The EHIA and QIA was attached with the review paper and have been signed-off by the leads for the Committee members. LW clarified the biggest change was the way for patients to register at a GP service since this specific service was set up, noting patients now without a permanent address should not be prevented from registering with a practice, where they can give either the hostel or use the practice address itself. Brent CCG want to know if patients are having difficulty in registering with a practice, noting contractual levers will be used to ensure practices are compliant with their contract.</p> <p>VV said an audit has been undertaken to confirm homeless patients are registered within 35 practices, confirming the homeless registered are high across a number of practices. The remaining 17 practices did not complete the audit.</p>	
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<p>5.</p> <p>5.1</p> <p>5.2</p>	<p>Brent Primary Care Risk Register</p> <p>Update on Primary Care Risk Register</p> <p>The Committee was asked to note that the register shows that: Risk BRE007 – Outstanding GP Premises rent and rates reviews has had a risk increase to a rating of 9. The new risk level is Moderate Risk.</p>	

<p>5.3</p> <p>5.4</p> <p>5.5</p> <p>5.6</p> <p>5.7</p>	<p>FH noted components were added to the GP premises rent and rates reviews.</p> <p>An additional risk was added to the risk register on the Improvement Grants that were previously approved when Brent CCG were in a better financial position. These are now coming to fruition, noting there is a risk that the improvement grants approved previously may have a cost implication going forward. This was discussed at the last Primary Care Commissioning Committee and it was advised that this should be added to the risk register under premises risk.</p> <p>Risk BRE008 – Development of Primary Care at Scale has a current risk rating of 9. The current risk level is Moderate Risk.</p> <p>IC reported the PCNs have been asked to identify the support the CCG can provide and their role in future role in the development of Brentwide ICP.</p> <p>The CCG held an ICP Development Workshop with the PCN Clinical Directors on 22nd January, 2020.</p> <p>The purpose of the event was to provide the CDs with an in-depth overview of the ICP programme being developed and implemented in Brent, and to give the CDs an opportunity to share their vision as to how they see the ICP becoming aligned to PCNs.</p> <p>The Committee agreed they have identified all of the controls, and mitigations are in place. They discussed and noted the new components added to the GP premises rent and rates reviews and the additional risk on previously approved Improvement grants coming to fruition.</p>	
	<p>Any other business AOB None</p>	
	<p>Date of next meeting The next meeting of the Primary Care Commissioning Committee will be held on 11th March, 2020 2pm – 5pm Boardrooms 3 & 4 Brent Civic Centre</p>	