

Minutes of the BSW CCG Primary Care Commissioning Committee – Public Session

Thursday 25 June 2020, 15.00hrs

Virtual meeting held via Zoom

Present

Voting Members	Name	
Lay Member PCC (<i>Chair</i>)	Suzannah Power	SP
Lay Member PPE (<i>Vice Chair</i>)	Julian Kirby	JK
Lay Member Finance	Ian James	IJ
CEO	Tracey Cox	TC
CFO	Caroline Gregory	CG
Director of Strategy and Transformation	Richard Smale	RS
Registered Nurse	Maggie Arnold	MA
Director of Primary Care	Jo Cullen	JC
Medical Director	Dr Ruth Grabham	RG
Attendees		
Locality Clinical Lead (BaNES)	Dr Bryn Bird (<i>for part of the meeting only</i>)	BB
Locality Clinical Lead (Swindon)	Dr Amanda Webb	AW
Locality Clinical Lead (Wiltshire)	Dr Edward Rendell	ER
Locality Healthcare Professional (BaNES)	Dr Tim Sephton	TS
Locality Healthcare Professional (Swindon)	Dr Francis Campbell	FC
Locality Healthcare Professional (Wiltshire)	Dr Catrinel Wright	CW
Locality Healthcare Professional (Wiltshire)	Dr Sam Dominey	SD
Locality Healthcare Professional (Wiltshire)	Dr Nick Ware	NW
Director of Nursing and Quality	Gill May	GM
Deputy Director of Primary Care	Tracey Strachan	TS
Representative from HealthWatch Swindon	Steve Barnes	SB
Representatives from HealthWatch Swindon	Harry Dale	HD
Representative from HealthWatch Wiltshire	Andrew Mintram	AM
Representative from Wessex Local Medical Committee	Dr Gareth Bryant	GB
Quality Lead	Emma Higgins (<i>for part of the meeting</i>)	EH
Associate Director of Finance – BaNES	John Ridler	JR
Board Secretary	Sharon Woolley	SW

Apologies

Representative from HealthWatch Bath and North East Somerset	Joanna Parker
Deputy Director of Communications and Engagement	Tamsin May

1 Welcome and Apologies

- 1.1 The Chair welcomed members and officers to the meeting. Apologies were noted.

- 1.2 The meeting was declared quorate.
- 1.3 To enable Primary Care Commissioning Committee (PCCC) meetings to continue as much as possible during these unprecedented times, Zoom and Microsoft Teams was being utilised where possible. The Standing Orders allow for this provision.
- 1.4 Only those questions raised through the normal submission process of three working days in advance of the meeting would be acknowledged during the meeting. No questions had been received from the public in advance of this meeting.
- 1.5 The Chair advised members that the Primary Care Commissioning Delegation Agreement between NHS England and BSW CCG had been signed on 1 April 2020, and delegation for the commissioning of primary medical care services transferred over to BSW CCG.

2 Declaration of Interests

- 2.1 The CCG holds a register of interests for all staff, Governing Body and committee members.
- 2.2 In addition to the interests recorded on the CCG's register of interest, the following conflicts of interest were noted:
 - Item 8a – RG was potentially indirectly conflicted as the item concerned Newbridge Surgery, a practice at which RG was previously a partner. In order to manage this conflict of interest RG would leave the meeting for the duration of item 8a.
 - Item 8b - The paper mentions a number of Practices recommended to receive payments, including those for the following Committee members - SD and ER – Three Chequers, FC – Elm Tree Surgery, TS – Chew Valley Surgery, NW – Northlands Surgery and CW – Lovemead Surgery. These GPs were directly conflicted. In order to manage these conflicts of interest, these GPs would leave the meeting for the duration of item 8b.
 - Item 8c – NW was directly conflicted as the item concerned Northlands Surgery, of which NW is a GP partner. In order to manage this conflict of interest, NW would leave the meeting for the duration of item 8c.
- 2.3 There were no other interests declared regarding items on the meeting agenda.

3 Questions from the Public

- 3.1 No questions had been received from the public in advance of this meeting.

4 Action Tracker and Themes to Watch

- 4.1 Three actions had been carried over from the previous BaNES, Swindon and Wiltshire CCGs PCCC meetings held in common. Updates against these were recorded as follows:
 - Healthwatch representatives for each locality identified and meeting invitations sent. COMPLETED
 - Use of any uncommitted funding for 2019/20 to offset the current risks to the overall BSW CCG and Primary Care budget – JR would update members on the Primary Care budget under item 10. CLOSED
 - Primary Care Communications - agreed to remove this from the action tracker and record as a theme to watch to ensure good communications remained in place. A deep dive may be undertaken following the COVID-19 pandemic. CLOSED

5 Out of Committee Decisions

- 5.1 The Chair informed the Committee that although the April PCCC meeting had been cancelled, there were five items that required approval ahead of the June meeting.
- 5.2 The Committee received a summary report of those decisions made out of committee in April 2020. The decisions had been made in line with the BSW CCG Delegated Financial

Limits and approved by the Chief Executive, Chief Financial Officer and the Chief Operating Officers for BaNES and Wiltshire.

5.3 The Committee **noted and ratified** the decisions made outside of committee.

6 Operational Report

6.1 JC presented the operational report and highlighted the following to members:

- Primary Care appointment activity continued to rise, with face to face appointments now on the increase and video conferencing consultations decreasing.
- Recognition was given to colleagues in primary care who had worked tirelessly over the recent months (including over the Easter Bank Holiday weekend and early May Bank Holiday) during these challenging and unprecedented times.
- The Standard Operating Procedure for General Practice during COVID-19 had been released by NHS England. All patients were being triaged remotely and online services and video conferencing made available.
- The second and third phases of the pandemic response were to focus on restoration of routine business, particularly chronic disease management and prevention, immunisations and vaccinations and contraception and health checks. Any outstanding chronic issues would be dealt with on a case by case basis per Practice with each patient, there was no blanket approach. However, Practices were working together across Primary Care Networks much more to enable the sharing of best practice, learning and resources.
- Primary Care now needed to accommodate the changes in how patients were now seeking healthcare.
- Practices and Primary Care Networks (PCNs) were working collaboratively with community services to build on existing multi-disciplinary team working.
- Training Hubs were now aligned. A new website was to launch imminently, and would contain information such as roles included in the Additional Roles Reimbursement Scheme.
- Recruitment and retention and attracting healthcare professionals to BSW will be a key focus. PCNs were developing their teams and services.
- A tremendous GP IT transformation piece had been undertaken to manage the impact of COVID-19 and to enable remote access solutions; supported by the CCG and the CSU. To date 850 laptops had been issued across primary care to enable remote working and equipment set up to support video consultations.
- Practices were being encouraged to use DoctorLink. Now in year two of its two year contract, a review would be undertaken over the next few months to plan for the future direction.
- The risks upon the primary care risk register concerned demands on primary care and GP practices, national funding issues and workforce issues.

ACTION: Ensure a greater focus on the Primary Care Risk Register at the next Committee meeting.

6.2 It was noted that mental health patient figures were increasing nationally and the suicide rate was on the rise. Within BSW, information concerning AWP's mental health support service and contact details were regularly shared amongst primary care to ensure GPs felt supported and informed when dealing with mental health issues.

6.3 The current GP vacancy rate was unknown. This information would be sourced and shared outside of the meeting.

ACTION: JC to source GP vacancy rate figures and share with Committee members.

6.4 Practice performance was not monitored in depth on an individual basis. The same challenges were shared, but there was variation in how each Practice dealt with these and how guidance from NHS England, the CCG and the Local Medical Committee (LMC) was

interpreted and delivered. The CCG encouraged a consistent approach and collaborative working to ensure high level performance amongst practices.

6.5 The Committee **noted** the report.

6a Special Allocation Service Update

6.6 The Committee received the proposal to extend the current short-term Special Allocation Service contract in place with Courtyard Surgery by nine months to 31 March 2021.

6.7 Due to the impact of COVID-19, the development of the service had not been possible, and therefore an extension to the current service was recommended.

6.8 There were still plans to develop one BSW service from April 2021, to be based upon the Swindon specification. This would build upon the learning from COVID-19 and adopt the new ways of working.

6.9 The Committee **approved** the extension of the Special Allocation Service contract with Courtyard Surgery for nine months to 31 March 2021 at a cost of £32,475

7 Primary Care Networks Update

7a Update on PCN Renewal Sign Up

7.1 There were a total of 24 PCNs across BSW. 91 of the 92 GP Practices had signed up to the Network Contract by 31 May 2020. One Swindon Practice (Whalebridge) had not signed up to the Contract.

7.2 It was the responsibility of the CCG to ensure 100% population coverage, and to ensure that any patients of a Practice not participating in the Network Contract Directed Enhanced Service (DES) were covered by a PCN.

(BB joined the meeting)

7b PCN Update by Locality

BaNES

7.3 BB provided a verbal update and informed the Committee of the following:

- A key aspect of work over recent weeks has concerned digital and ensuring services can continue remotely.
- Resilience plans were being put into place across PCNs to ensure adequate cover across practices.
- A number of PCNs had employed COVID-19 Managers to specifically manage, co-ordinate and share the guidance released by the Government and NHS England.
- Communications with patients remained an important factor – there was learning to take forward with the practices, PCNs and the CCG.
- Triage models were in place. Practices were now managing those patients whose consultant appointments had been postponed over the pandemic period.

Swindon

7.4 AW presented a number of slides and highlighted the following to the Committee:

- Swindon had the second highest number of COVID-19 cases in the South West at certain times over the last few months.
- The Swindon Health and Care Co-ordination Hub included all system partners and had supported a rapid transformation of services. An extraordinary response had been seen from all those involved.
- The Hub has supported a significant reduction in Long Length Stay patients, the best in the South West.

- The initial three 'hot sites' established were to reduce to one and would be managed by Medvivo going forwards as part of the improved access contract.
- A Joint GWH and Primary Care Elective Restart Support Group had been set up to re-establish elective services.
- The three PCNs in the Swindon area were developing a workforce model, with specific roles to be funded through the PCN Additional Roles Scheme.
- Swindon had initiated a pilot Primary Care Status and Capacity Survey to understand in more detail the impact of COVID-19 and ongoing needs. This would be rolled out to the BaNES and Wiltshire localities in due course.
- A greater link with the voluntary and community sector was being established to help maintain community support in line with demand.
- The population health management programme was to be enabled as part of the development of the Primary Care Offer.
- The Professional Leadership Network was to be established, to build on lessons learned, share innovation and learn by doing.

Wiltshire

7.5 ER provided a verbal update and informed the Committee of the following:

- The engagement work continued, with regular sessions held with the 16 Clinical Directors from the 12 Wiltshire PCNs.
- Support to care homes remained a priority for the Wiltshire Community Response Hub. A Care Home Group has been established to monitor cases, answer calls and provide advice and support. A significant amount of infection, prevention and control training had been delivered to care homes. A lead clinician was now in place for each care home. Virtual multi-disciplinary teams were being established by Wiltshire Health and Care. Work continued with the Academic Health and Science Network to implement RESTORE2, a physical deterioration and escalation tool used within care homes. GM advised that a BSW Care Home Oversight Group was also in place, which included local authority representation, to ensure complete oversight of care homes, including the end of life training and RESTORE programme.
- The Wiltshire Hub was working with Public Health and the analytics teams to identify the links between mental health issues, housing and education. AWP had held webinars to engage wider partners as part of the Recovery Cells work.
- The Locality Clinical Leads regularly met with the Chief Operating Officers to ensure the pandemic response learning and transformation was harnessed and supported service improvements and changes.

(BB left the meeting)

8 Primary Care Operational Group Recommendations for Discussion and Approval

8a Newbridge GP Forward View Resilience Funding Bids

- 8.1 In order to manage any potential conflict of interest RG left the meeting for the duration of the item.
- 8.2 Following a summary of the bid, there were several questions raised by the Committee.
- 8.3 Newbridge Surgery had undergone significant partner changes over the last few years and issues were ongoing. The practice required support to develop and move forward. The two GP Forward View resilience bids would enable specialist HR support to be provided and for backfill to support the required transformation work. The LMC was also working with the practice to make the changes required and to review staff costs.
- 8.4 Risks had been noted in the application, but mitigating actions had not been identified. There would be significant financial and sustainability issues to address as the practice moved forward, but the change process and new model was required to improve services

to patients and sustain the practice long term. The biggest risk would be if the practice was to close if these ongoing issues were not addressed. Although an internal reorganisation, the risks to staff could lead to a secondary impact on patients. The Patient Participation Group should be involved during the process. It was felt that mitigating actions should be identified as a standard element of any funding bid, and the Primary Care Team should request these if not included.

- 8.5 The equality of the schemes was aligned to the principles of the GP Forward View Resilience Fund. It was the role of the CCG to support practices, but to also challenge and question the equality impact.
- 8.6 TS advised that awarding this funding would not be double funding existing work and hours. This funding was only to be used against the specialist HR support and backfill, and would allow for additional hours to be worked in order to support this transformation piece.
- 8.7 The LMC had visited the practice recently. GB advised that this was an extremely vulnerable practice with a number of legacy issues. The PCN also has a role to play to offer that wider support to the practice. The possibility of a merger had been explored, but was currently an unattractive offer; there was significant transformation work to do first, plus engagement with the wider system.
- 8.8 It was the role of the three Primary Care Operational Groups to ensure a generic approach to practice development and transformation, and to oversee the thorough preparation of applications before they were considered for approval by the PCCC.
- 8.9 The Committee **approved** the transformational funding against the two applications at a total cost of £34,090.

8b. 2019/20 Quality Outcomes Framework Year-end Payment – Covid-19 Impact

- 8.10 It was noted that the following Committee members were directly conflicted in this item as their practices were recommended for a payment award: SD and ER – Three Chequers, FC – Elm Tree Surgery, TS – Chew Valley Surgery, NW – Northlands Surgery and CW – Lovemead Surgery. In order to manage these conflicts of interest, these GPs were removed from the meeting for the duration of the item.
- 8.11 On request of NHS England, the CCG had conducted a review of the 2019/20 Quality Outcomes Framework (QOF) end of year achievements to understand the COVID-19 impact.
- 8.12 The Primary Care team undertook an analysis of historic QOF achievements, points and 2019/20 achievements to prepare the proposed recommendations of top up payments to be made across the 92 Practices. The CCG was to fund £30,104.08 of the total payment at its discretion. Funding was available in the Primary Care budget from accruals.
- 8.13 The Committee **approved** the top up payments as described at a cost of £299,856.80.
- 8.14 The detailed QOF outcome and achievement against all domains report would be taken to the Quality Performance and Assurance Committee for review. A report would then be brought to PCCC.

(SD, ER, FC, TS, CW rejoined the meeting)

8c. Northlands Prescribing Incentive Scheme

- 8.15 It was noted that NW was directly conflicted in this item as it concerned Northlands Surgery, of which NW is a GP partner. In order to manage this conflict of interest, NW was removed

from the meeting for the duration of the item.

- 8.16 Northlands Surgery had not achieved the required level of cost reduction to qualify for the Prescribing Incentive Scheme payment. This was largely due to the volume of errors and events taken place at their neighbouring Community Pharmacy. It was noted that the Practice and Pharmacy remained as separate entities, and issues were now being resolved within the Pharmacy.
- 8.17 The Practice was working hard with the Medicines Management Team to now meet the targets. Other practice services could be affected if payment was not approved. Recommendation to approve this payment was supported by the Wessex LMC and the BSW Medicines Optimisation Team.
- 8.18 The Committee **approved** the award of the first tier of payment (£0.50 per listed patient) at a cost of £5,668.

(NW and RG rejoined the meeting)

(EH joined the meeting)

8d. The Lawn Medical Centre Lease Extension

- 8.19 The PCCC in Common meeting held in January 2020 had considered and approved the lease extension to two of the Wyvern Health Partnership properties.
- 8.20 To bring the Lawn Medical Centre in line with the 30 year lease terms, it was proposed to extend the lease on the same basis. The CCG had funds budgeted to cover these costs.
- 8.21 The Committee **approved** the extension to the lease of The Lawn Medical Centre for 30 years.
- #### **8e. BSW Primary Care Network (PCN) Support and Development Offer – Proposal for 2020/21**
- 8.22 It was important to continue engagement with the PCNs and their Clinical Directors through the next phase of transformation.
- 8.23 It was proposed to release the accrued PCN development and support funds from 2019/20 to PCNs to support the next stages of development in response to the restoration and recovery phase for primary care. Plans had been received from each PCN in 2019/20 and PCNs would be offered support to refresh and update their plans.
- 8.24 The Committee **approved** the release of accrued funds to PCNs at £15k per PCN to support next stages of development and engagement. (This would equate to £360k for the 24 PCNs).

9 Quality Report

- 9.1 EH, BSW Quality Lead, was in attendance to support the presentation of the Quality Report with GM.
- 9.2 The Committee received the report and noted the following:
- The learning from COVID-19 was to be harnessed to improve the CCGs position on its reporting priorities and to ensure a 'good' or 'outstanding' CQC rating across Practices.
 - A consistent and transparent reporting approach was to be encouraged among Practices. The report indicates the level of variation across BSW.
 - The establishment of the BSW Quality Surveillance Group would be taken forward and embedded as part of the development of the Integrated Care System (ICS).
 - Primary Care Briefings were shared with Practices to alert colleagues to the release of new guidance. An overview of information about patient safety, experience and effectiveness has been included in the report.

- The CCG and PCNs were providing support to those Practices facing current challenges to ensure continued delivery of safe services to the BSW population despite the impact of COVID-19. In particular, the Quality Team were in contact with those former IMH practices to offer additional support.
- The profile of patients conditions were not taken into account through medicines management due to the variation per patient case.
- The Quality Team would continue to work with Primary Care to build upon its intelligence and to support the implementation of required changes.

9.3 The Chair thanked EH for the detailed report, noting the good news around prescribing, the rapid move to virtual triaging and appointments and the consistently high primary care satisfaction rates. The Committee **noted** the report.

9a. IMH Practices Quality Report

9.4 The Committee received and **noted** the IMH Practices Quality Report and the assurance provided regarding the closure of the IMH Incident.

9.5 The Committee accepted closure of the IMH incident and movement of the support for the former IMH practices into 'routine business'.

9b. Cross Plains Update

9.6 This item was deferred until the next meeting.

(TC left the meeting)

10 Finance Report

10.1 JR, Associate Director of Finance for BaNES and BSW Primary Care Finance Lead was in attendance to present the finance report.

10.2 The full, detailed finance reports had been scrutinised at each Primary Care Operational Group ahead of this meeting. The paper provided details of the final primary care reported positions for BaNES, Swindon and Wiltshire CCG's for the financial year 2019/20, and described the BSW CCG position as at May 2020.

10.3 The Committee received the report and noted the following:

- The consolidated BSW primary care position at the end of 2019/20 reported an overspend of £3.2m, within this was a £5m overspend on prescribing due to continued cost rises on category M drugs.
- The consolidated delegated position was £1.1m overspent at the end of 2019/20. However, this was offset by the Local Enhanced Services underspend due to a release of reserves of £0.5m in Wiltshire.
- Unused PCN development funding totalling £329.5k was carried forward to 2020/21.
- The Primary Care budget for 2020/21 has been prepared only for months one to four in line with NHSE guidance and based on uplifted growth.
- There was notable variance against allocations; these are based upon post-merger and COVID-19 impact costs.
- As shaping of primary care at a locality level continued, a clearer picture of the budget would be formed.
- At month two, there was a recorded £2.1m overspend pressure for Primary Care against plan, and a £1.9m overspend on Delegated Primary Care. Pressures due to allocation changes were to be worked through.

10.4 The Committee **noted** the report.

11 Delivering Integrated Care Together

11.1 This item had been included on the agenda to build on the integrated care vision for BSW. The Chair noted the opportunity of the PCCC meeting to be able to capitalise on the

collective capacity of the people, clinicians and operational experts of BSW to achieve this vision.

- 11.2 A significant amount of integrated working was already in place across the system; but there was a need to build upon this as a 'system by default'. The BSW vision was to '*work together to empower people to live their best lives*'. An ICS would bring an emphasis on population health and wellbeing, the role of the Commissioner would change and Integrated Care Alliances would be formed with local partners such as the local authorities and voluntary and community sector organisations.
- 11.3 There were seven key areas to focus on as part of phase three of the COVID-19 response, including addressing health inequalities and developing the new NHS landscape and the role of the ICS.
- 11.4 RS posed the following question to the Committee for discussion: *What should be the role of Primary Care Commissioning Committee in the move to an integrated care system and the response to our Phase 3 response?*
- 11.5 The following points were noted during the discussion:
- Workforce should be a focus for a future PCCC meeting.
 - The PCNs will support the drive of the recruitment and retention of health professionals.
 - The momentum from the pandemic response should not be lost and used to support changes – this should be captured – what worked well? What had not worked well? Front line staff should be asked for their input.
 - The three Primary Care Operational Groups (PCOGs) should focus on operation and delivery. The terms of reference would be aligned. The flow between PCOG, PCCC and Governing Body meetings needed to be re-engineered. The PCOGs should recommend items for strategic discussion and approval at the PCCC to set the direction, and then onwards to the CCGs Governing Body if required for overall approval. However, the governance pathway should not hold up important decision making.

12 Primary Care Commissioning Committee Forward Plan 2020/21

- 12.1 The forward plan for the Committee has been prepared up to March 2021. Due to time restrictions during the meeting, the forward plan would be circulated by email to members for comments, additions or amendments.
- [ACTION: SW to circulate the PCCC Forward Plan to Committee members for comment.](#)

13a Alignment of Primary Care Operational Group Terms of Reference

13b Primary Care Estates Review

13c BSW Enhanced Services Review

- 13.1 It was noted that the Primary Care team continued to work on the alignment of the Primary Care Operational Group Terms of Reference, the Primary Care Estates Review and the BSW Enhanced Services Review. These items would be brought to the Committee when appropriate.

14 Any Other Business and Evaluation of Meeting

- 14.1 The Chair proposed that additional PCCC meetings were scheduled in between the required quarterly meetings, to allow for adequate time against the substantial amount of primary care items requiring attention. Further details would be shared in due course.
- [ACTION: Additional PCCC meeting dates to be scheduled.](#)
- 14.2 The slides from all presentations given today would be shared with Committee members after the meeting.
- [ACTION: SW to share the presentations with PCCC members.](#)
- 14.3 There being no other business, the Chair closed the meeting at 17:03hrs.

Signed as a true record and as approved by the BSW CCG Primary Care Commissioning Committee at the meeting held on 22 October 2020:

Name: Suzannah Power

Role: Lay Member Primary Care Commissioning and Chair of the Primary Care Commissioning Committee

Signature:

Date: 29/10/2020