NHS
Bath and North East Somerset, Swindon and Wiltshire
Clinical Commissioning Group

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

Thursday 22 October 2020, 10:00hrs

Virtual meeting held via Zoom

Present

Voting Members	Name	
Lay Member PCCC *(Chair)*	Suzannah Power	SP
Lay Member PPE *(Vice Chair)*	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	BB
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
Representative from HealthWatch Bath and North East Somerset	Joanna Parker	
Representative from HealthWatch Swindon	Steve Barnes	SB
Representatives from HealthWatch Swindon	Harry Dale	HD
Representative from Wessex Local Medical Committee	Dr Gareth Bryant	GB
Associate Director of Finance – BaNES	John Ridler	JR
Clinical Liaison and Engagement Specialist, Communications Team	Helen Robertson	HR
Board Secretary	Sharon Woolley	SW
Director of Medicines Optimisation and Clinical Policies *(for item 9b)*	Nadine Fox	NF
Deputy Head of Medicines Optimisation *(for item 9b)*	Alex Goddard	AG

Apologies

Deputy Director of Primary Care	Tracey Strachan
Director of Commissioning, NHS England South Central	Ian Biggs
Locality Clinical Lead (Swindon)	Dr Amanda Webb

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 were 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.

2 Declaration of Interests

2.1 The CCG holds a register of interests for all staff, Governing Body and committee members.

2.2 It was acknowledged that the primary care agenda would bring conflicts of interests for all Committee GPs working across BaNES, Swindon and Wiltshire (BSW). This would be managed by allowing them to be part of item discussions, but ensuring they did not influence the decision making. GPs on the Committee were not voters.

2.3 In addition to the interests recorded on the CCG's register of interest, the following conflict of interests were noted:

- Item 9b – SP was indirectly conflicted with the Medicines Optimisation item concerning all GP Practices across the BSW footprint, of which a family member was a GP. In order to manage this conflict of interest, JK would Chair the item. It was agreed SP would remain in the meeting for the discussion.
- SP advised that a new declaration of interest was to be added to the CCG's Register of Interest to note her involvement with the British Heart Foundation and Data Research UK as a member of their Cardiovascular Disease – COVID-UK Approval and Oversight Board. This interest would not raise any conflicts with today's meeting agenda.

2.4 There were no other interests declared regarding items on the meeting agenda.

3 Questions from the Public

3.1 The following questions had been received from a member of the public in advance of this meeting. The Chair read out the five questions as raised, followed by the CCGs response. This full response would be also made available upon the CCG website.

Q1. Could the CCG PCCC please revisit and amend the data supplied in the table on page three. Using publicly available population data the payment per patient is £2-74 for Banes, £3-21 for Swindon and £3-37 for Wiltshire?

Our calculations are based on the following information:
Population of BaNES – 190,000, finance total £579,000, £3.05 per patient
Population of Swindon – 224,000, finance total £772,000, £3.45 per patient
Population of Wiltshire – 494,000, finance total £1,584,000, £3.21 per patient

Q2. Is the CCG PCCC aware that for Medicines optimisation to take place patients need to be prescribed medicines or appliances. It can safely be calculated that between 25-30% of all patients in BSW CCG are on no medication whatsoever. Could proposed payments under the 20-21 scheme be correspondingly reduced by this percentage and the savings kept by the CCG to be allocated by the governing body once a fully costed business case has been presented?

As with all services commissioned by the CCG to GP practices, payments are calculated using either payment on activity (how many times that service is provided) or payment per patient to ensure fairness to practices of differing population sizes. In this case, payment is made per patient.

As outlined in the paper, it is more important than ever that any money saved from the original budget is reinvested in prescribing systems and support to primary care to continue to deliver the Medicines Optimisation Strategy and react to the changing environment of COVID 19, winter pressures and changes in drug availability.

Q3. Can the CCG PCCC please comment on the true cost of the POD schemes that include Pharmacist support. Do the added value elements reimburse Pharmacist costs? Are practices being charged the same costs that they incurred when they delivered repeat prescription services or are POD services being supplied at a loss?

POD is one of a variety of measures used by the Medicines Optimisation team to deliver the Medicines Optimisation Strategy. As Pharmacists working in the POD also work on other work programmes, they are funded within the overall Medicines Optimisation Team management costs and not as part of the programme costs.

Practices are not charged for the service, but for example in Wiltshire currently they forgo part of their incentive scheme payments as a contribution towards the operational costs. This is a reflection of the reduction in workload for practices utilising POD services, providing increased resilience in primary care for both administrative and clinical time.

As outlined in the paper, POD saves 6% on the prescribing budget which outweighs the cost of providing POD.

Q4. Could the CCG PCCC please be aware that there may be unintended consequences on other budgets and a disproportionate impact on elderly patients who have their anticholinergics for over active bladder stopped. The supply of incontinence pads may have to be increased as a result and those patients buying their own pads may have an increased financial burden as a result. Have discussions been conducted with CCG partners to make sure that CCG savings in this area are for example reinvested in continence service?

Any changes made to individual patient medication are made following guidance developed by the elderly care consultant team in conjunction with the Area Prescribing Committee. This guidance has the primary purpose of reducing risk to patients as part of a 'deprescribing' agenda supported by clinical evidence.

BSWCCG is recruiting a specialist continence nurse to support patients directly, and work alongside the community continence services already in place therefore directly investing funds to support this service.

Q5. The Prescribing Incentive schemes focus on patient safety is to be commended. The elephant in the room is the number of hospital admissions in the entire ICS that are a direct result of prescribed medication and the costs associated with these. Paying a practice 50p in Banes and Wiltshire and 30p in Swindon to prescribe anticoagulants safely, something that should already happening is difficult to come to terms with and is something I am sure we will look back on with embarrassment.

As these are relatively new drugs (around 10 years old) the evidence for appropriate use of anticoagulants is still developing.

There are mechanisms in place to support prescribers to ensure safe and appropriate prescribing but with an increasing population on these drugs (particularly during COVID), this funding is in place to support protected time for prescribers to provide a bespoke individual review and ensure they have time to keep up to date with all the rapidly changing guidelines.

4 Minutes from the meeting held on 25 June 2020

4.1 The minutes of the meeting held on 25 June 2020 were **approved** as an accurate record of the meeting, subject to an amendment to the attendee list to include the 'Dr' title for RG and GB.

5 Action Tracker and Themes to Watch

5.1 The Committee reviewed the action tracker and noted that four actions had been updated and subsequently marked as CLOSED or COMPLETED. An update regarding GP vacancy figures would be shared during item 7, Operational Report, and a more in-depth report prepared for the December meeting.

5.2 The Committee reviewed the Themes to Watch list, however no further items were added.

6 Summary of Decisions made at the Extraordinary PCCC Private Meeting held on 28 July 2020

6.1 The Chair informed the Committee that an extraordinary meeting of the PCCC had been held in private on 28 July 2020 due to a number of confidential items for discussion and decision.

6.2 The Committee received a summary report of those decisions made at the meeting held in private on 28 July 2020.

6.3 The Committee **noted and ratified** the decisions made.

7 Operational Report

7.1 JC presented the operational report and the key priorities for primary care over the next six months, as part of the Phase 3 Plan. The Committee noted the following:

- The CCG was working with the 24 Primary Care Networks (PCN) to develop their workforce plans and to consider the additional roles that could be developed as part of the Additional Roles Reimbursement Scheme (ARRS) in support of the PCN Directed Enhanced Service (DES).
- Work continued with practices to mobilise the primary care COVID-19 remote monitoring service – a virtual ward driven by clinicians to provide a robust service for BaNES, Swindon and Wiltshire (BSW). This would be in operation by the beginning of November.
- Medvivo continued to deliver the Swindon Hot Hub site as part of the Extended Access service.
- The PCN Development Funds 2020/21 were being used to support primary care recruitment, supervision, mentoring and pressures associated with workforce planning.
- Secured funds through the COVID-19 response primary care offer were being used by practices to focus on clinical priorities, aligning outcomes measures and the population health stratification plans.

7.2 The Committee **noted** the report.

8 Primary Care Risk Register

8.1 The Committee **received and noted** the report which provided detail of the primary care risks held on the CCGs corporate risk register, updated to reflect the current risks of demand and capacity across primary care in BSW.

8.2 The following was highlighted during the discussion:

- There were notable increased demands on GP practices and primary medical services and a backlog to reduce. A triage system was in place to carry out appointments virtually where possible, but moving to face to face consultations where required.

- Primary Care continued to face a challenging time; the confirmed BSW COVID Response Primary Care Offer ensured funds were available to practices to focus on clinical priorities.
- Workforce and succession planning continued to be a concern and significant risk to primary care.
  ACTION (SW): Workforce and Succession Planning to be an item upon the December Committee meeting agenda.
- Links with Universities would be looked into to support Practice Manager succession planning. Placements could be offered within practices for management students. A number of practices did already support this, offering structured support to students with future opportunities of working across primary care and within the NHS. There was potential to expand the programme to Practice Nurses. The CCG was working with NHS England on the recruitment of 50,000 nurses by 2024 (nationally). Practice Nurse training formed part of that discussion, making links with higher education establishments. Currently, the CCG was seeking demand profiles and working with training providers. Links with Anchor initiatives within NHS and other public service organisations were being formed. A five year programme of support and training was being developed, to include retaining Registered Nurses within primary care and the BSW system.

9 Primary Care Operational Group Recommendations for Discussion and Approval

9.1 The Chair advised Committee Members that the following items had been scrutinised by the Primary Care Operational Groups (PCOGs) and came recommended for approval by this Committee.

9a BSW Care Homes Locally Commissioned Service

9.2 This intense piece of work aligned the three locality Care Homes Locally Commissioned Services to be provided across BSW. The new BSW Care Homes specification ensured there was no duplication with the Enhanced Health in Care Homes service provided through PCNs. There was near a 100% BSW coverage in place.

9.3 The Local Medical Committee (LMC) were in support of this aligned service specification, which maintained the CCG funding and DES benefits for care homes.

9.4 The next step was to increase care home engagement, understanding and uptake of the offer. A relationship approach within localities would be adopted to raise awareness amongst existing forums, community providers, multi-disciplinary teams (MDTs) and the local authorities, to then act as champions for this service to provide that supportive mechanism to care homes.

9.5 The Care Homes Oversight Board would monitor delivery of the service against the aligned specification.

9.6 The Committee **approved** the BSW Care Homes Locally Commissioned Service.

9b. Medicines Optimisation - Prescription Ordering Direct and Prescribing Incentive Scheme

9.7 It was noted that SP was indirectly conflicted with this item as a family member was a GP within a Wiltshire practice. In order to manage this conflict of interest, JK would Chair the item. It was agreed SP would remain in the meeting for the discussion.

9.8 NF and AG were in attendance to present this item and highlighted the following to the Committee:

- Prescribing was the first of the legacy contracts to be reviewed, but over the coming months all would be aligned to ensure parity and equity of payments to practices for services provided across BSW.
- Prescribing Incentive Schemes (PIS) were widely used by CCGs to incentivise and reward GPs to change practice and improve quality and cost effectiveness in prescribing. The expectation was to make 2020-21 a transition year towards a single incentive scheme for 2021-22 onwards, reflecting the current national and local circumstances and funding streams available.
- The CCG was facing extreme financial pressures, and the growing cost of prescribing was a large percentage of the overall CCG budget.
- It was key to ensure that any funds associated with the legacy schemes were reinvested into prescribing systems, services and support for GP practices across BSW, particularly with the current focus on resilience and care home support in light of COVID-19.
- There would be different consequences for each locality as a result of these proposed changes as detailed within the paper, along with the options considered.
- LMC and member practices supported the stance that this was not baseline funding, and provided the funding was repurposed for the benefit of primary care, it was CCG funding to allocate to ensure the best use of NHS resources. Discussions would continue with practices and PCNs to establish the best implementation options from April 2021 onwards.
- The proposal was to remove the responsibility of the prescribing and incentive scheme budget in the current climate of extreme national pressures outside of practice level control. These included national price changes, medicine shortages (including the impact of the exit of the European Union), and COVID-19. In line with removing the responsibility of the budget, the funding associated with achieving that budget would also be removed.

9.9 The Committee discussed the payment proposal options and agreed the risk should be shared between both the practices and the CCG. It was suggested that payments be reconciled either quarterly or six-monthly; this would be considered and confirmed in due course. Communication would continue with practices.

9.10 If a practice decided not to join the Prescription Ordering Direct (POD) service, those ring-fenced funds within the CCGs medicines optimisation budget would be re-invested into other areas that are to be developed, such as the centralised support for practices to deliver stoma and continence services.

9.11 GPs upon the Committee welcomed this opportunity to review prescribing costs, the presented options and the implementation of a transition year, and praised the GP and practice engagement undertaken to date. BB assured the Committee that discussions continued within the BaNES locality and the proposed changes were supported by the majority.

9.12 The Committee **approved** the transition year for practices to join the POD model during 2020-21 if they wished to do so, otherwise no change.

9.13 The Committee **approved** option 1 - alignment of Prescribing Incentive Scheme funding across BSW for 2021-22. Specifically, to retain funding previously spent on practice pharmacists (BaNES) and Budget responsibility (Wiltshire) at CCG level to reinvest in the Medicines Optimisation team, to enable delivery of Medicines Optimisation support to practices either via POD or other means, if POD was not suitable for the practice.

9c. Primary Medical Services Growth Re-investment

9.14 JR advised that although the paper concerned the approach taken across the BaNES locality, the Finance Team would now commence work on looking at the Swindon and Wiltshire locality areas.

9.15 The paper demonstrated that the BaNES locality was to reinvest £3,891,620 into local GP services by the end of year five of the Primary Medical Services (PMS) Review. The increase in the budget and actual spend figures relating to Spirometry, ECG and Ambulatory Blood Pressure Monitoring services was queried. This would be reviewed and an update provided.
ACTION (JR): Spirometry, ECG Service and Ambulatory Blood Pressure Monitoring service budgets and actual spend to be reviewed.

9.16 The Committee **noted and approved** the approach being taken for reinvestment by the end of year five of the PMS Review.

9d. Primary Care Network Workforce Additional Roles Reimbursement Scheme Summary

9.17 The Committee **noted** the report and the anticipated spend against the CCG allocation.

9e. Regional Roll-out of the GP Assistant Project

9.18 The Committee **noted** and commended the report on the successful Training Hub pilot project for the roll-out of the GP Assistant scheme across the South West. The importance of governance and supervision had been recognised through this project, enabling roles and the learner to flourish.
ACTION (JC): Confirmation of the wider roll-out of the GP Assistant project to be included within the workforce report to be brought to the December Committee meeting.

10 Quality Report

10.1 The Committee received the report and noted the following:

- Live issues of focus for the Quality Team included support for undertaking Learning Disability Health Checks, Phase 3 planning and implementing actions regarding the Learning Disability Mortality Review (LeDeR) programme.
- Variation across BSW practices in incident reporting remained. The introduction of the BSW incident reporting framework was pending. Learning across the patch was to be cascaded.
- A BSW Quality Surveillance Group (QSG) had now been established. A separate Primary Care QSG would not be set up; instead this one group would engage all system partners and providers to provide surveillance across primary care, mental health, urgent care etc. to ensure silo discussions were not being held. Primary Care representation and intelligence was required upon the BSW QSG.
- Four practices from across BSW had been rated as 'requires improvement' and one as 'inadequate' following their CQC inspections. The Team were now providing dedicated support to these five practices and actions plans were in place. Those practices achieving an 'outstanding' rating should be celebrated. It indicated a good governance set up and culture was in place within the practice, and a driver for the team effort achieving the rating. Where possible, those practices 'requiring improvement' were paired up with those 'outstanding' practices to provide that peer support and share learning.
- A patient experience event was being planned to support learning and sharing of good practice, linking in with Patient Participation Groups.

10.2 The Committee queried the low figures relating to the 'Over 70 year old received the Shingles vaccine (Q1 20/21)' dashboard outcome. The low figure may be reflecting reduced visits to the GP over that specific period due to the pandemic. The denominator and data used would be checked ahead of the production of the next report.

10.3 The Committee **noted** the report.

11 Finance Report

11.1 The Committee received the report and **noted** the following:

- Months 7 to 12 would see a change in financial regime. Budget allocations were still subject to change. Spend relating to the pandemic response continued to impact on the budget, but would be reimbursed as part of the interim COVID-19 financial arrangements. There was currently an opportunity to ensure cost profiles were correct, in particular in relation to the Quality Outcomes Framework. Finalised forecasts and budgets would be included in the Finance Report for the December Committee meeting.
- Service Development Fund (SDF) allocations for primary care were included within the baseline figures for months 7 to 12.

11.2 JC advised that a delegated commissioning internal audit was to commence. The transition of the financial regime would be recognised within the audit. The internal audit review report would be brought to the Committee in due course.

12 Primary Care Operational Group Terms of Reference

12.1 The terms of reference for the three locality focussed Primary Care Operational Groups (PCOGs) had been reviewed to align their membership, remit, responsibilities and reporting arrangements.

12.2 It was noted that the reference regarding the Practice Manager Advisor role still required amendment, to state that the LMC would support the 'selection process', as this role would not to be recruited to.
ACTION (TS): PCOG terms of reference to be amended to reflect a Practice Manager Advisor role 'selection process; rather than recruitment.

12.3 It was agreed that the Governing Body GP and Practice Manager representatives would be selected from within each locality. Representatives could move around / be shared across PCOGs as required; specifically if any conflict of interest issues arose.

12.4 The Committee **approved** the Primary Care Operational Group Terms of Reference, subject to the suggested membership wording amendment being made.

13 Primary Care Commissioning Committee Forward Plan 2020/21

13.1 The Committee **noted** the meeting forward plan as prepared up to March 2021.

13.2 Comments, additions or amendments to the Committee forward plan, particularly regarding Seminar discussion topics, should be sent through to the Chair.

14 Summary Report from Recent BaNES, Swindon and Wiltshire Primary Care Operational Group Meetings

14.1 The Committee **noted** the summary report.

15 Any Other Business

15.1 There being no other business, the Chair closed the meeting at 11:50hrs.

Name: Suzannah Power

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

Signature:

Date: 11/12/2020