# Minutes of the BSW CCG Primary Care Commissioning Committee Meeting held in Public

# Thursday 10 December 2020, 14:30hrs

*Virtual meeting held via Zoom*

**Present**

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| **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 Healthcare Professional (BaNES) | Dr Tim Sephton | TS |
| Locality Healthcare Professional (Wiltshire) | Dr Catrinel Wright | CW |
| Locality Healthcare Professional (Wiltshire) | Dr Sam Dominey | SD |
| Locality Healthcare Professional (Wiltshire) | Dr Nick Ware | NW |
| Deputy Director of Primary Care | Tracey Strachan | TS |
| Representative from HealthWatch Bath and North East Somerset | Joanna Parker | JP |
| 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 |
| Quality Lead | Emma Higgins | EH |
| Project Manager, BSW Primary Care Training Hub | Hilary Fairfield | HF |
| BSW Winter Director | Alan Sheward | AS |

**Apologies**

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| Locality Healthcare Professional (Swindon) | Dr Francis Campbell |
| Director of Nursing and Quality | Gill May |
| Representative from HealthWatch Wiltshire | Andrew Mintram |
| Locality Clinical Lead (Swindon) | Dr Amanda Webb |
| Locality Clinical Lead (Wiltshire) | Dr Edward Rendell |

1. **Welcome and Apologies**
	1. The Chair welcomed members and officers to the meeting. Apologies were noted.
	2. The meeting was declared quorate.
	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.
	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.
	5. Whilst responding to a number of significant priorities –the second wave of COVID-19 and operating in incident level 4; Phase 3 recovery; Winter; and the EU Exit – the CCG strives to reduce time commitment for meetings and to create capacity across the system. Therefore, consideration has been given to ensure agendas are focussed on priority issues only. A number of items on today’s agenda where reports have been provided within the meeting pack would therefore have a reduced slot on the agenda. Questions from committee members were still welcomed.
2. **Declaration of Interests**
	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 any decision making. GPs on the Committee were not voters.

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

1. **Questions from the Public**
	1. The following questions had been received in advance of this meeting. The Chair read out the questions, followed by the CCGs response. This response would also be made available upon the CCG website.

**Question from Healthwatch Swindon**

**To what extent has the CCG supported or encouraged PCNs or individual GP practices to enable or support their patients to participate in virtual consultations and online engagement with their surgery? We are enthused by the initiative shown by the collaborative work in Devon which has resulted in Digital Health Devon. From feedback already received from some patients and from a brief discussion with one Swindon PCN, there seems to be a need for this kind of initiative and a recognition that practices or PCNs will have a role to play.**

**How best can Healthwatch Swindon work with BSWCCG and PCNs to achieve this kind of initiative in Swindon?**

**Response**

*The rapid introduction of online and video consulting due to COVID-19 has limited the opportunities for the CCG to support practices and PCNs to ensure that they help their patients to participate in virtual consultations and online engagement with their surgery.*

*From April 2021 it is likely that there will no longer be a nationally agreed platform for use in these consultations. Our PCNs are developing plans around which systems they will use in the future.*

*We are not currently planning on producing something centrally from the CCG. 3 Valleys PCN in BaNES are planning some patient engagement for all their online products and we can ask them to share their results*

*Depending on the system the PCN’s choose, the provider usually has promotional material and advice for patients too.*

*We would welcome discussions with Healthwatch on how they can support each of our locality areas to develop a similar guidance and training resource to the one in Devon for people across BSW.*

**Letter from two members of the Devizes Constituency Labour Party about the Devizes Integrated Care Centre.**

The letter has lengthy commentary on the well-known delays to the project to build the new centre and three specific questions.

The questions and answers were as follows:

**Has funding been the problem, with NHS Property Services deciding that funding should be given to another area in the U.K.?**

*A national change in the way schemes are funded now sees construction of the new facility being funded by the Department of Health and Social Care. Funding has not been lost to another area of the UK.*

*With regard to the delay in the project…*

**…perhaps the business case has had to change, because of priorities in the NHS changing over such a large timescale?**

*Since this project began, there have been changes to the way NHS services are delivered. The services to be provided from the new centre aim to meet the needs of our local community now and into the future, and reflect the objectives of the NHS Long Term Plan.*

*With reference to a 2012 petition organised by the Devizes Constituency Labour Party***….**

**Devizes Integrated Care Centre does not include a Minor Injuries Unit. We feel very let down by this and we are sure that the people who signed the petition all those years ago will feel the same. Please explain why our petition has been ignored**.

*While not a Minor Injuries Unit, there will be a same day appointment service for people who need primary care support. The mix of primary care services and outpatient appointments run by our community and acute providers will provide a range of health care options for our local community.*

1. **Minutes from the meeting held on 22 October 2020**

4.1 The minutes of the meeting held on 22 October 2020 were **approved** as an accurate record of the meeting.

1. **Action Tracker and Themes to Watch**
	1. Four actions were noted on the tracker as CLOSED or COMPLETED – with an update provided for each for the Committee to note.
	2. JC advised that the implementation of the aligned Primary Care Operational Group Terms of Reference was work in progress, as these Groups had not met recently.
	3. The Committee reviewed the Themes to Watch list. It was agreed to add ‘Primary Care Well Being’ to the list, to consider what support the CCG could provide to practices to bring wellbeing up the agenda.
	ACTION: Add Primary Care Wellbeing to the Themes to Watch list.
2. **Summary of Decisions made at the PCCC Private Meeting held on 22 October 2020**

6.1 The Chair informed the Committee that a PCCC meeting had been held in private on 22 October 2020 due to a confidential item for discussion and decision.

6.2 The Committee received a summary report of the decision made at the meeting held in private on 22 October 2020. The PCCC had **supported** the recommendation from the BaNES Primary Care Operational Group, and **approved** the managed dispersal of Monmouth and Grosvenor practices registered patient lists (total 7,418 patients).

* 1. The Committee **noted and ratified** the decision made.
1. **COVID-19

a. Update on COVID-19 Vaccination Programme**

7.1 JC talked through the vaccination programme slides and highlighted the following to members:

* National guidance on the roll out of the vaccination programme was regularly changing. Acknowledging that this was a complicated programme, the BSW system was working well together to ensure all measures were in place to ensure a safe delivery of the programme across the footprint.
* BSW staff and patients had already started to be vaccinated across BSW. There was a confirmed cohort prioritisation in place for deployment.
* Presently, the vaccine could not be further transported following its initial drop off to BSW due to its instability. There was a tight timescale to use the vaccine due to its short shelf life.
* Arrangements for two mass vaccination sites were currently being finalised, with consideration being given to site size, layout for social distancing requirements and public access and transport. These were to go through a complex NHSE assurance process before details could be confirmed and released.
* As part of the first wave of roll out, four primary care network (PCN) designated vaccination sites were being prepared for delivery commencing 14 December. These sites would ensure accessible coverage for those within the smaller, rural areas of BSW. The priority would be those over 80’s.
* Waves two to four would be implemented over the proceeding weeks to ensure full BSW coverage. Learning from wave one would be shared to improve the roll out within this ever changing environment within the subsequent waves.
* One risk to manage during the rollout of the programme was that of vaccination recording, and the tracking of those initially vaccinated in hospital, and then receiving the second dose at a different site, such as their GP Practice. There was a 48 hour delay in updating records following vaccination. Systems and processes were in place to manage this low risk.
1. **GP COVID Capacity Expansion Fund**

7.2 JC advised that BSW CCG had been allocated £2.26m from the GP COVID Capacity Expansion Fund as part of the national scheme to flexibly support GPs and the wider primary care workforce to increase capacity. The funding was linked to seven priority areas. It recognised the need for primary care to focus on the roll out of the COVID Vaccination Programme, whilst also continuing with the flu vaccination programme, reducing the backlog of appointments, routine immunisations and vaccinations and support for those patients on the shielding list. The CCGs Clinical Chair and the Locality Clinical Leads were helping to raise aware of the funds. To support Practices with these demands, the CCG had agreed to allocate initial funding based on £1.50 per patient.

1. **Home Oximetry Programme**
	1. JC reported on the newly launched BSW Home Oximetry Service, which provided an enhanced at home monitoring service for patients with suspected or confirmed COVID-19, who were at risk of future deterioration, but are not unwell enough to need immediate hospital admission. This was targeted at those key high-risk groups, including those who live with a learning disability, and in particular downs syndrome.
	2. Learning from the earlier COVID wave and a rapid response from stakeholders from across BSW had ensured the Oximetry service was developed and implemented at pace in line with national guidance.
	3. A referral process and criteria was in place. The GoodSAM app was being used by patients to record their readings, this would advise them what to do if their condition deteriorated. The service was managed by a multi-disciplinary team, providing direct clinical support and advice to the patient.
	4. Following the soft launch on 23 November, 15 patients were now using the service. Mobilisation across the footprint would continue. Publicity material was being distributed to help raise awareness.
2. **BSW Long Covid/ Post Covid Syndrome Pathway**
	1. RG talked through the BSW Long COVID/Post COVID Syndrome Pathway slides and highlighted the following to members:
* A new dedicated pathway had been developed at pace with BSW clinical colleagues in response to the national requirement to support those people experiencing long COVID symptoms.
* 300-350 people were expected to have long COVID symptoms within the BSW area.
* Symptoms were varied and in some cases specialist services were needed.
* Funding confirmation was awaited.
* A personalised care pathway for long COVID had been developed. Referrals could be made by any health care professional via the template available on the Ardens system. Self-referrals were not currently accepted at this stage until the demand on the service was better known. Over 20 referrals had been made within the week.
* Weekly multi-disciplinary team meetings would be held to review complex patients and prioritise support.
* Patient and clinician feedback would be gathered to ensure learning was shared and incorporated where required.
1. **Response to Next Phase**
	1. AS updated the Committee on winter and escalation plans, COVID impact on primary care and the acutes and the Think 111 First services. The Committee noted in particular:
* Links between winter and COVID escalation plans were being formed to help with managing the risks across the system and to support patient flow.
* The SHREWD system was being used to track system pressures and to inform system partners. Providers in BaNES were updating their status daily; roll out of the tool across the Wiltshire and Swindon localities was progressing to ensure a system wide picture.
* The impact of COVID and overall system performance was monitored daily though the dashboard; enabling partners to target energies where required.
* Think 111 First had been recently launched. This BSW wide service was being provided by Medvivo. Clinical validation was now included in the model following a successful pilot in one locality.
* The Emergency Department Digital Integration (EDDI) product was to be rolled out to the RUH and GWH. It would enable direct bookings into the emergency department through the 111 telephone and online services. Referrals to urgent care centres would also be made too to avoid A&E footfall where possible. A clear message concerning use of these services needed to be disseminated. The see, treat and discharge 4-hour emergency care standard would still be in place, with a time slot given to patients.

7.9 The Committee **noted** the reports.

1. **Primary Care Workforce and Training Hub Update**

8.1 HF was in attendance to provide an update in relation to primary care workforce issues within the CCG, highlighting in particular the work being undertaken by the BSW Primary and Community Care Training Hub. HF drew out the key points for members:

* Although there were current workforce concerns to address, the Training Hub was also preparing for the future.
* Good links had been formed with Higher Education establishments, in particular the University of Gloucestershire, to offer placements to those students at university undertaking a health professional qualification. These placements would help expose students to the primary care environment.
* Apprenticeships were also being developed.
* The vacancy figures in the report were a snapshot of time, as provided by NHS Digital for the period ending 30 September. Some data within the report was felt to be inaccurate, especially with regards GP headcount figures.
* The data maps included within the report came with an air of caution, especially the age and gender coverage – as an aging workforce did not necessarily mean retirement. It was acknowledged that there was a need to encourage more males into primary care.
* Vacancy information was not consistently collected – the CCG relied upon practices sharing vacancy information. The former Wiltshire CCG had regularly conducted its own Primary Care Workforce Surveys through the Quality Team; this data collection was to be reinstated, as well as expanding this approach across BaNES and Swindon.
* There was also a need to follow up on the BaNES Primary Care survey undertaken 18 months ago, which collected GP thoughts on their future within the service. It had found a high percentage were considering stopping practicing within the next few years. This true GP recruitment and retention issue needed to be addressed. It was anticipated that the pandemic would have an added influence on the decisions. This was a situation echoed nationally.
* The CCG offered support with recruitment issues and helped practices to look at alternative ways of delivering services to avoid workforce gaps. It was also recognised that GPs wished to expand their portfolios, rather than practicing full time. The Training Hub was having discussions with high education and BaNES Enhanced Medical Services to look at the opportunities for extending GP roles.
* A huge influx of new roles were to be rolled out as part of the Additional Roles Reimbursement Scheme (ARRS).
	1. HF shared a number of slides with the Committee, which considered the implications for primary care, the main challenges and the priorities for the Training Hub.

ACTION: Primary care workforce to be a future PCCC seminar item for discussion.

8.3HF advised that the Social Prescribing Link Workers monthly network was open to all, and currently had representatives from the CCG, Swindon Borough Council, Virgin Care, Wiltshire Centre for Independent Living and the independent employed.

8.4 The Committee **noted** the report, but wished to acknowledge that queries against figures within the report had been raised, particularly around GP numbers and GP recruitment. This would be further reviewed when presented to a future PCCC Seminar.

1. **Primary Care Quality Report**
	1. The Committee **received and noted** the report, which provided an update on serious incidents, patient experience and priorities for the team over the coming months.
	2. It was noted that the BaNES serious incident reporting data needed to be added to the report to ensure an all-round view of locality incidents.

1. **Finance Report**
	1. The Committee **received and** **noted** the report. This presented the primary care financial position as at month 7, which now followed the new financial regime. Since preparing the report, the CCG had been fully reimbursed for its COVID-19 related costs, therefore the deficit position had improved and costs were recovered and closer to actuals.

10.2 The Committee **noted** the report.

1. **Primary Care Risk Register**
	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.
2. **Primary Care Commissioning Committee Forward Plan 2020/21**

12.1 The Committee **noted** the meeting forward plan as prepared up to March 2021, although it was acknowledged that it was changeable to reflect the current matters impacting upon primary care. A number of items had been deferred from today’s meeting to ensure the agenda remained focussed during this level 4 incident response, but the Chair assured Member that these items do remain on the forward planner for future meetings.

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

1. **Any Other Business**

13.1 There being no other business, the Chair closed the meeting at 15:45hrs

Signed as a true record and as approved by the BSW CCG Primary Care Commissioning Committee at the meeting held on 11 March 2021:

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| **Name:** |  |
| **Role:** |  |
| **Signature:** |  |
| **Date:** |  |