

## BSW CCG Primary Care Commissioning Committee Meeting in Public

Thursday 10 December 2020, 14:30 – 15:30hrs

- Virtual meeting via ZOOM -

Timing	No	Item title	Lead	Action	Paper ref.
<b>Opening Business</b>					
14:30	1	Welcome and Apologies	Chair	Note	
	2	Declarations of Interests	Chair	Note	
	3	Questions from the public	Chair	Note	
	4	Minutes from the meeting held on 22 October 2020	Chair	Approve	PCCC/20-21/038
	5	Action Tracker and Themes to Watch	Chair	Note	PCCC/20-21/039
<b>Business items</b>					
14:40	6	Summary of Decisions made at the PCCC Private Meeting held on 22 October 2020	Chair	Note / Ratify	PCCC/20-21/040
14:45	7	COVID-19 Response a. Update on COVID-19 Vaccination Programme b. Home Oximetry Programme c. GP COVID Capacity Expansion Fund d. BSW Long Covid/ Post Covid Syndrome Pathway e. Response to Next Phase	Jo Cullen, Tracey Strachan, Emma Higgins  Dr Ruth Grabham  Jo Cullen, Alan Sheward	Note	Presentation
15:10	8	Primary Care Workforce and Training Hub Report	Hilary Fairfield, Di Walsh	Discuss	PCCC/20-21/041
15:20	9	Quality Report	Emma Higgins	Note	PCCC/20-21/042
15:25	10	Finance Report	John Ridler	Note	PCCC/20-21/043
<b>Items for information</b>					
<i>Items in this section will be taken as read and not discussed unless members raise specific points</i>					
15:30	11	Risk Register	Jo Cullen	Note	PCCC/20-21/044

15:30	12	Primary Care Commissioning Committee Forward Plan 2020/21	Chair	Note	PCCC/20-21/045
<b>Closing Business</b>					
15:30	13	Any other business	Chair		

**Next meeting:** Thursday 4 February 2021 – 10:00hrs

## DRAFT 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 ( <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	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 ( <i>for item 9b</i> )	Nadine Fox	NF
Deputy Head of Medicines Optimisation ( <i>for item 9b</i> )	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 by Mr Henryk Kwiatkowski, followed by the CCGs response. This response would be sent on to Mr Kwiatkowski and 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.

Signed as a true record and as approved by the BSW CCG Primary Care Commissioning Committee at the meeting held on 10 December 2020:

**Name:**

**Role:**

**Signature:**

**Date:**

## BSW CCG Primary Care Commissioning Committee - Public Session Action Log - 2020-21

Updated following meeting on **22/10/2020**

### OPEN actions

Meeting	Item	Action	Responsible	Progress/update	Status
22/10/2020	8. Primary Care Risk Register	Workforce and Succession Planning to be an item upon the December Committee meeting agenda.	Sharon Woolley	Noted on the PCCC forward plan.	COMPLETED
22/10/2020	9c. Primary Medical Services Growth Re-investment	Spirometry, ECG Service and Ambulatory Blood Pressure Monitoring service budgets and actual spend to be reviewed	John Ridler	<b>Update 12/11/2020:</b> Budgets and spend reviewed. Followed up with Steve Barnes from Healthwatch Swindon who raised the initial query.	COMPLETED
22/10/2020	9e. Regional Roll-out of the GP Assistant Project	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.	Jo Cullen	<b>Update 01/12/2020:</b> Reference included in the primary care workforce and training hub report being presented to the December meeting.	CLOSED
22/10/2020	12. Primary Care Operational Group Terms of	PCOG terms of reference to be amended to reflect a Practice Manager Advisor role 'selection process'; rather than recruitment.	Tracey Strachan	<b>Update 26/11/2020:</b> PCOG terms of reference amended and finalised.	COMPLETED

## BSW Primary Care Commissioning Committee - Themes to Watch

Last reviewed: 22/10/2020

NAME OF THEME	DATE	ACTION / NOTE
Primary Care Communications	25-Jun-20	Agreed to move this from the action tracker and record as a theme to watch to ensure good communications remain in place. A deep dive may be undertaken following the COVID-19 pandemic.

## Meeting of the BSW CCG Primary Care Commissioning Committee Report Summary Sheet

<b>Report Title</b>	Summary of Decisions made at the PCCC Private Meeting held on 22 October 2020						<b>Agenda item</b>	6
<b>Date of meeting</b>	10 December 2020							
<b>Purpose</b>	Approve	X	Discuss		Inform	X	Assure	
<b>Executive lead, contact for enquiries</b>	Jo Cullen, Director of Primary Care							
<b>Clinical lead</b>	N/A							
<b>Author</b>	Sharon Woolley, Board Secretary							
<b>Appendices</b>	N/A							
<b>This report concerns</b>	BSW CCG	X	BaNES locality	X	Swindon locality		Wiltshire locality	X
<b>This report was reviewed by</b>	N/A							

<b>Executive summary</b>	<p>Below is a summary of the decision made at the BSW CCGs Primary Care Commissioning Committee meeting held in private on 22 October 2020:</p> <ol style="list-style-type: none"> <li>1. Bath Practices Closure Plan The Primary Care Commissioning Committee <b>supported</b> the recommendation from the BaNES Primary Care Operational Group, and <b>approved</b> the managed dispersal of Monmouth and Grosvenor practices registered patient lists (total 7,418 patients).</li> </ol>							
<b>Recommendation(s)</b>	The Committee is asked to <b>note and ratify</b> the decisions made in the PCCC Private meeting on 22 October 2020.							
<b>Link to Board Assurance Framework or High-level Risk(s)</b>	N/A							
<b>Risk (associated with the proposal / recommendation)</b>	High		Medium		Low		N/A	X
<b>Key risks</b>	N/A							

<b>Impact on quality</b>	The managed dispersal will ensure the transition of patients to local GP practices, while ensuring patient choice is retained. Equality and Health Inequalities Impact Assessments will be undertaken. Implementation of the transition plan would ensure the safety of patients, with focus on high risk and vulnerable patients.	
<b>Impact on finance</b>	Support packages were agreed for Monmouth and Grosvenor during this process, and usual dispersal support will be available to other practices within BaNES who will receive the patients. The maximum cost to the CCG will be £226,312.	
	<b>Finance sign-off:</b> John Ridler, Associate Director of Finance BaNES	X
<b>Conflicts of interest</b>	There were no conflicts of interest to manage during the October meeting for this item, therefore none to note against this summary paper.	
<b>This report supports the delivery of the following CCG's strategic objectives:</b>	<input type="checkbox"/> BSW approach to resetting the system <input type="checkbox"/> Realising the benefits of merger <input checked="" type="checkbox"/> Improving patient quality and safety <input type="checkbox"/> Ensuring financial sustainability <input type="checkbox"/> Preparing to become a strategic commissioner	
<b>This report supports the delivery of the following BSW System Priorities:</b>	<input checked="" type="checkbox"/> Improving the Health and Wellbeing of Our Population <input checked="" type="checkbox"/> Developing Sustainable Communities <input type="checkbox"/> Sustainable Secondary Care Services <input type="checkbox"/> Transforming Care Across BSW <input type="checkbox"/> Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan	

## Meeting of the BSW CCG Primary Care Commissioning Committee

### Report Summary Sheet

<b>Report Title</b>	Workforce and Training Hub update						<b>Agenda item</b>	8
<b>Date of meeting</b>	10 December 2020							
<b>Purpose</b>	Approve		Discuss		Inform	x	Assure	
<b>Executive lead, contact for enquiries</b>								
<b>This report concerns</b>	BSW CCG	x	BaNES locality		Swindon locality		Wiltshire locality	
<b>This report was reviewed by</b>	Although issues relating to primary care workforce and training are regularly discussed at a range of other meetings, this report has not been presented to any other committees to date.							

<b>Executive summary</b>	To give a brief 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.							
<b>Equality Impact Assessment</b>	The report highlights the variation in the number of clinicians within different PCNs across the CCG area. However, there is not necessarily a direct correlation between the number of any particular clinical speciality and the amount of care that can be accessed by patients.							
<b>Public and patient engagement</b>	Not applicable							
<b>Recommendation(s)</b>	The Committee is asked to <b>note</b> the report.							
<b>Link to Board Assurance Framework or High-level Risk(s)</b>	This report relates to the following risks on the CCG Risk Register: BSW 11 Demands on primary care/GP practices BSW 13 Capacity and capability							
<b>Risk</b>	High		Medium	√	Low		N/A	
<b>Key risks</b>	The recruitment and supply of clinicians within primary care continues to be a challenge in some areas. Risks are being mitigated by considering innovative solutions to grade and skill mix within Primary Care Networks and the introduction of new roles and new ways of working.							
<b>Impact on quality</b>	The number of type of staff within primary care has a direct impact on the quality of health care services to local communities.							
<b>Impact on finance</b>	None							
<b>Conflicts of interest</b>	None							
<b>This report supports the delivery of the</b>	<input checked="" type="checkbox"/> BSW approach to resetting the system <input type="checkbox"/> Realising the benefits of merger							

<b>following CCG's strategic objectives:</b>	<input checked="" type="checkbox"/> Improving patient quality and safety <input type="checkbox"/> Ensuring financial sustainability <input type="checkbox"/> Preparing to become a strategic commissioner
<b>This report supports the delivery of the following BSW System Priorities:</b>	<input checked="" type="checkbox"/> Improving the Health and Wellbeing of Our Population <input checked="" type="checkbox"/> Developing Sustainable Communities <input checked="" type="checkbox"/> Sustainable Secondary Care Services <input type="checkbox"/> Transforming Care Across BSW <input checked="" type="checkbox"/> Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan

## **BSW PRIMARY CARE WORKFORCE REPORT**

### **1.0 Introduction and background**

Primary and Community Care Training Hubs are predominantly funded by Health Education England (HEE) on a year-on-year basis and focus on supporting the Primary Care system through recruitment and supply of primary care staff, retention measures, the introduction of new roles and new ways of working, and ongoing upskilling and development in line with workforce planning and transformation of services.

In BSW the Training Hub is hosted by BSW CCG and works closely with colleagues within the Primary Care team, the Quality Team and the People and Organisational Development Directorate.

This paper provides a brief update on some key workforce and training considerations and opportunities across BSW Primary Care. A range of workforce issues are discussed and debated within a number of different groups within the CCG and at regional and national levels.

### **2.0 Recruitment and Supply**

#### **2.1 Student placements**

The availability of good quality placements in practice for students of all disciplines is a critical factor in the ability to ensure there is a suitably-trained professional primary care workforce for the future.

Placements for GP trainees are managed by the Schools of Primary Care and there is a good spread of GP training practices across the CCG footprint.

There are two part-time Education Facilitators working within the Training Hub who focus on developing placement capacity for non-medical placements. Over the past few months and despite the pandemic, there have been some notable successes in maintaining (and in some cases increasing) the number or type of placements available in primary care. In particular, the development of Primary Care Networks (PCNs) has given greater opportunities for creative placements and these are likely to increase in the future. For example, working at PCN-level has enabled five placements to take place with the Collaborative Learning in Practice (CLiP) project rather than just one.

The majority of practices in BSW welcome student placements and see these as an important part in developing the future workforce. Our geographical location allows the Training Hub to work with four different universities for non-medical placements, and this provides flexibility to choose the length of each placement i.e. the Open University has placements one day per week in practice, whilst the University of Gloucester has three. .

Current placements offered:-

Locality	Universities	Student Profession	No. of placements currently able to accommodate students
<b>BANES</b>	University of the West of England (UWE)	Adult Nurse	4
		Child Branch	2
		RtP	3
		Paramedics	Currently unknown
<b>Swindon</b>	UWE Oxford Brookes University Open University University of Gloucester	Adult Nurse	14
		Child Branch	2
		RtP,	1
		Paramedics	5
<b>Wiltshire</b>	UWE Oxford Brookes University Open University University of Gloucester	Adult Nurse	18 currently known
		Child Branch	1
		RtP	2
		Paramedic	3 currently known

Nonetheless, there are a number of challenges in accommodating as many students as we would like. In particular, it can be difficult to sustain some placements as numbers fluctuate due to practice staffing levels, the environment, workloads, and staff sickness. In addition, to a great extent the placements are dependent on the number of students living in a particular area, with the costs of travelling and availability of transport a key factor in the decision of whether a placement is viable..

## 2.2 Apprenticeships

Apprenticeships are increasingly being provided within primary care, predominantly as a way of developing aspiring members of staff who are able to keep earning a salary whilst undertaking further training to reach their ambitions. The costs of training is borne by the government through the Apprenticeship Levy. There are a number of apprenticeships being offered in primary care across BSW, and some practices are also accessing directly outside of the BSW levy so the total number is not confirmed.

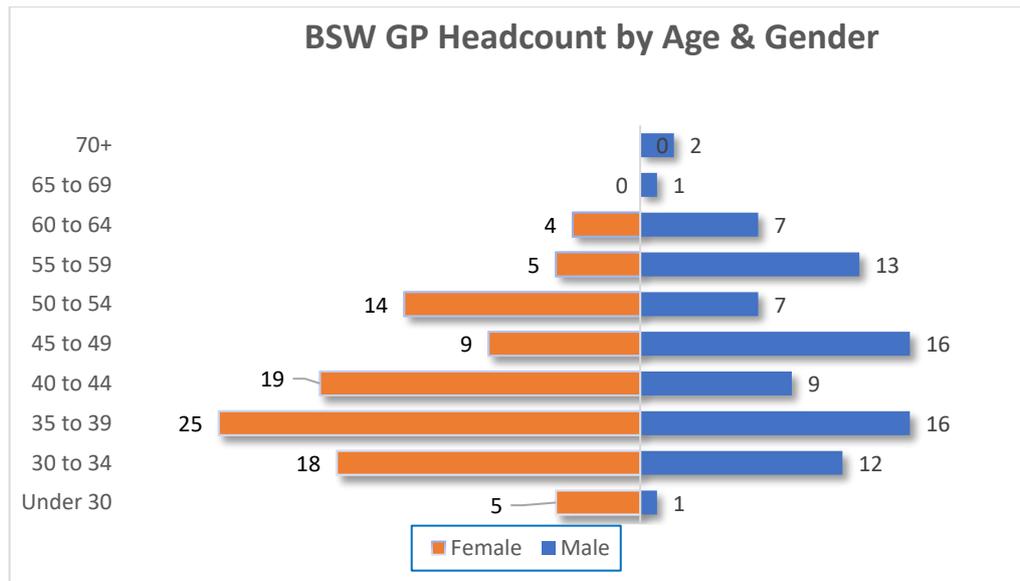
The most common apprenticeships currently in place across BSW are:

- Health Care Assistant (level 3)
- Training Nursing Associate
- Administration (levels 3 and 5)
- Senior Leader Apprenticeship (level 7)
- Pharmacy Technician (levels 2 and 3)

## 3.0 Current workforce and retention

### 3.1 Current head count of clinical staff

Data on Primary Care workforce is collected by NHS Digital as part of a national recording system. Recently the data collection has increased in frequency giving us more access to up to date information than in previous years.

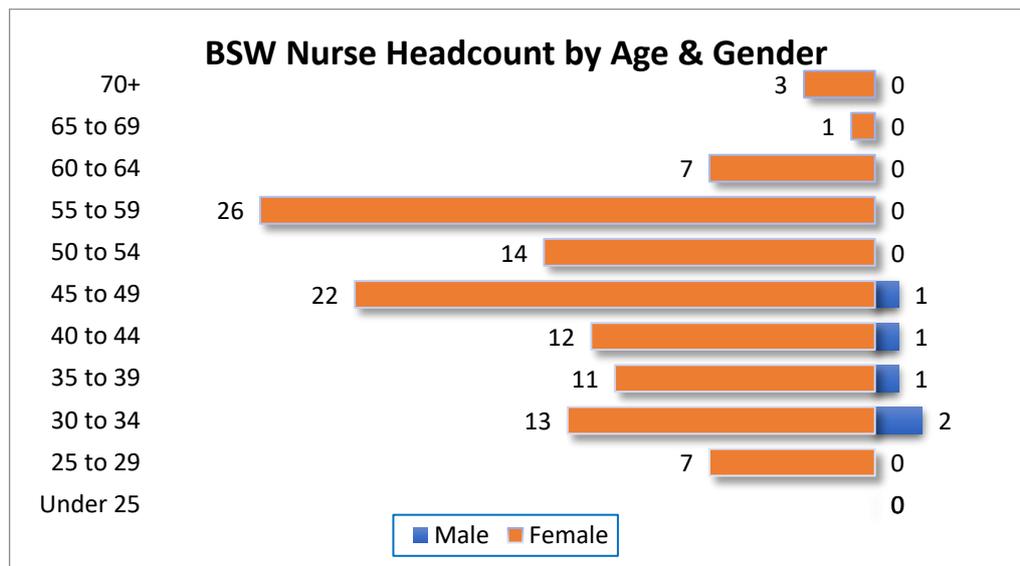


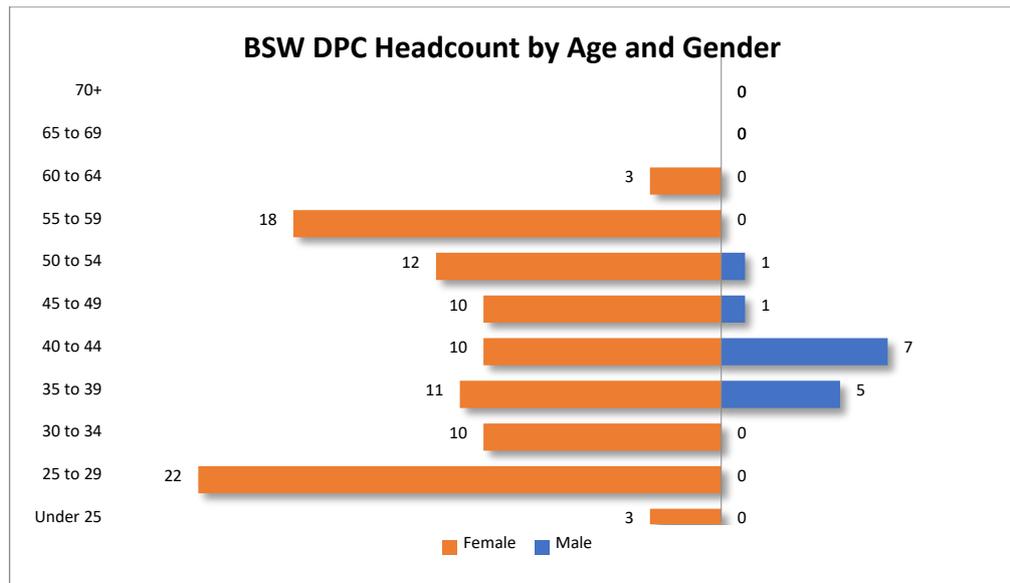
Source: NHS Digital September 2020

The above chart highlights the age/gender profile for BSW Primary Care workforce. It is always of interest to consider the higher age range and try to plan for potential retirements from the service, however we are hindered in this because practices are not required to share information about the retirement plans of their staff, nor is the age that individuals receive an occupational pension or the state pension a good indicator of when they are likely to stop working within primary care.

The data collected is an indication of headcount and does not reflect whether GPs are working full-time, part-time or on a locum basis.

The same caveats apply to the two charts below for (a) nursing staff and (b) other clinical staff offering direct patient care (DPC).





There are three maps in the appendix that show the numbers of GPs, nurses and other direct-patient care (DPC) staff per 1000 population in each Primary Care Network (PCN). It is important to note that it is challenging to portray PCN boundaries in maps as some of these overlap.

Looking at a particular group of clinical staff in isolation is not always beneficial. An area that appears to have a lower number of GPs, for example, may be because the PCN has activated a workforce plan and is now utilising other staff groups (eg. Advanced Nurse Practitioners) more effectively, or they may have GP Assistants in post. Local market forces also need to be taken into account, with some areas historically finding it easier to recruit certain types staffing roles.

### 3.2 Vacancies

General Practices are required to submit data regularly to NHS Digital relating to the number of staff currently employed, but there is no data field or requirement to provide information on vacancies. The only measure that is currently available is the number of vacancies for various roles being advertised on the Training Hub recruitment website - ([www.bswgeneralpracticejob.nhs.uk](http://www.bswgeneralpracticejob.nhs.uk)), or on the NHS Jobs website.

As at 24 November 2020, across BSW the following clinical vacancies were being advertised on one or other of these websites, against an overall headcount of approx. 3,412:

- 8 GPs – the majority of which are in Bath or Swindon
- 3 Pharmacists
- 3 Pharmacy Technicians
- 5 Nurses (one ANP, one Specialist Nurse, two Practice Nurses, one Nursing Associate)

### 3.3 GP and Nurse Fellowship schemes (NQF's)

In order to help retain staff within primary care, HEE provide funding for GP and Nurses Fellowship schemes. These are aimed specifically at GPs and nurses within the first two years of qualification and include providing supportive networks, access to mentorship and development opportunities. The scheme for newly-qualified GPs started in the autumn of 2020 with 24 participants, and applications for the GP

mentors are currently being processed to ensure that experienced GPs have the skills to provide suitable support for those on the scheme.

Following the national trend, the number of newly-qualified nurses coming straight into primary care is smaller, but a similar project is in its early stages that will provide a similar scheme for Registered Nurses.

## 4 New roles

### 4.1 GP Assistants

GP Assistants aim to be the 'right hand person' for GPs, undertaking a variety of tasks previously undertaken by GPs that could easily be delegated to others with less training (eg. taking a brief history of the presenting problem, drafting referral letters, following up action plans after a GP consultation). The Training Hub has taken the lead on the roll out of the GP Assistant role across the south west region over 2019/20, training 31 GP Assistants. Within BSW six existing members of primary care teams undertook the training, which is accredited by the University of Chester. Funding is now being made available for the second year of this project from Health Education England (HEE) and practices will be invited to apply. There is a challenge in rolling this out further due to the availability and capacity of GPs to act as mentors to the trainees.

### 4.2 Additional Roles Reimbursement Scheme (ARRS)

The ARRS came into existence in 2019. This scheme allows for a number of specified posts to be introduced into Primary Care Networks with funding for salaries paid by NHS England.

For the posts that were introduced in 2020/21 there is a project underspend in the amount designated by NHS England. The reasons for this are many and varied and include lack of suitable trained applicants, capacity of primary care to recruit and mentor these new staff members, and lack of building space.

Primary Care Networks have now submitted workforce plans for the next three years in relation to the new roles being introduced under this scheme. The new roles that fall within this scheme are:-

2019/20	Clinical Pharmacists Social Prescribing Link Workers
2020/21	<i>As above plus:</i> Nursing Associates and Trainee Nursing Associates First Contact Physiotherapists Physician Associates Pharmacy Technicians Occupational Therapists Dietitians Podiatrists
2021/22	<i>As above plus:</i> Mental Health Practitioners

### 4.3 Physician Associates

The Devizes Primary Care Network is undertaking a project to introduce more Physician Associates (PAs) into primary care, and has received some funding to enable PAs to receive mentorship and education sessions with the practice. The majority of PAs are currently employed within secondary care, so this project is

exploring ways of integrating this role into primary care to help relieve the pressure on GPs.

#### **4.4 Social Prescribing Link Workers (SPLWs)**

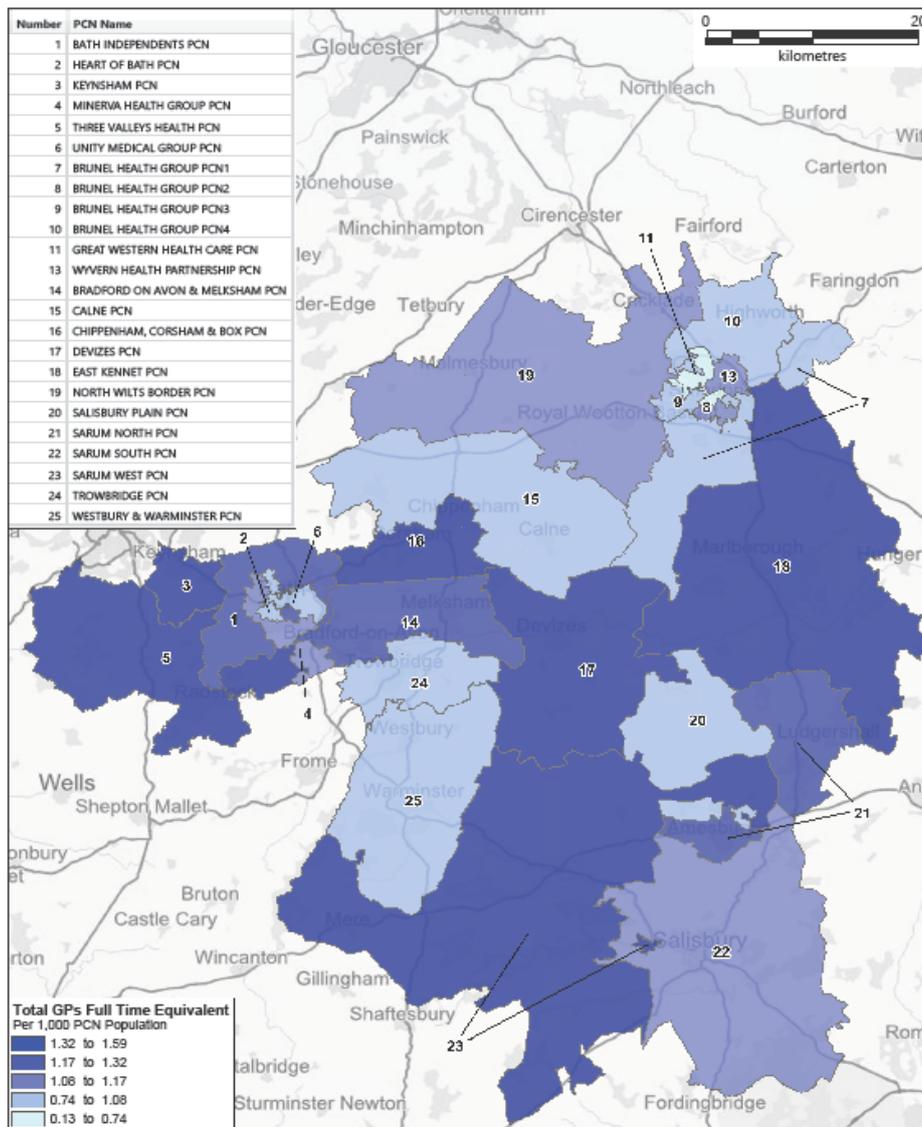
The SPLW has only recently been introduced into General Practice and is now funded under the ARRS. A recent national report showed that many SPLWs in post can feel unsupported and are considering leaving their positions. The Training Hub has responded by setting up a network to bring the SPLWs together from across BSW, and has funded training in Mental Health First Aid, and Health Coaching to provide more support and aid SPLW's to fulfil their role..

### **5 Recommendation**

Members of the Primary Care Commissioning Committee are asked to note this report highlighting some of the activity in place to support Primary Care.

Hilary Fairfield  
1 December 2020

Number of full-time equivalent (fte) GPs, nurses and other direct-patient care (DPC) staff per 1000 population in each Primary Care Network



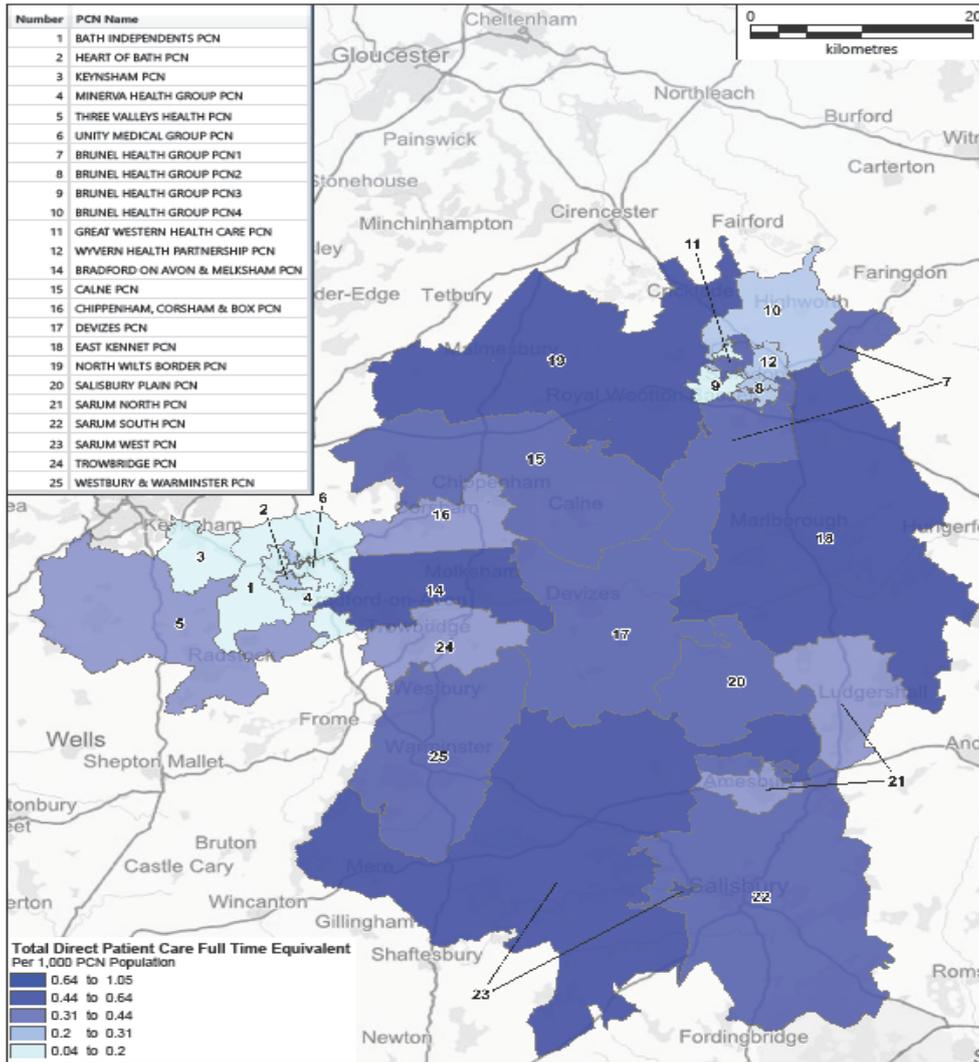
**NHS Bath & North East Somerset, Swindon & Wiltshire CCG - GP Workforce Analysis & Primary Care Networks**

Total GP Full Time Equivalent Per 1,000 Of PCN Population, At PCN Level\*

\* PCN footprints as at November 2020

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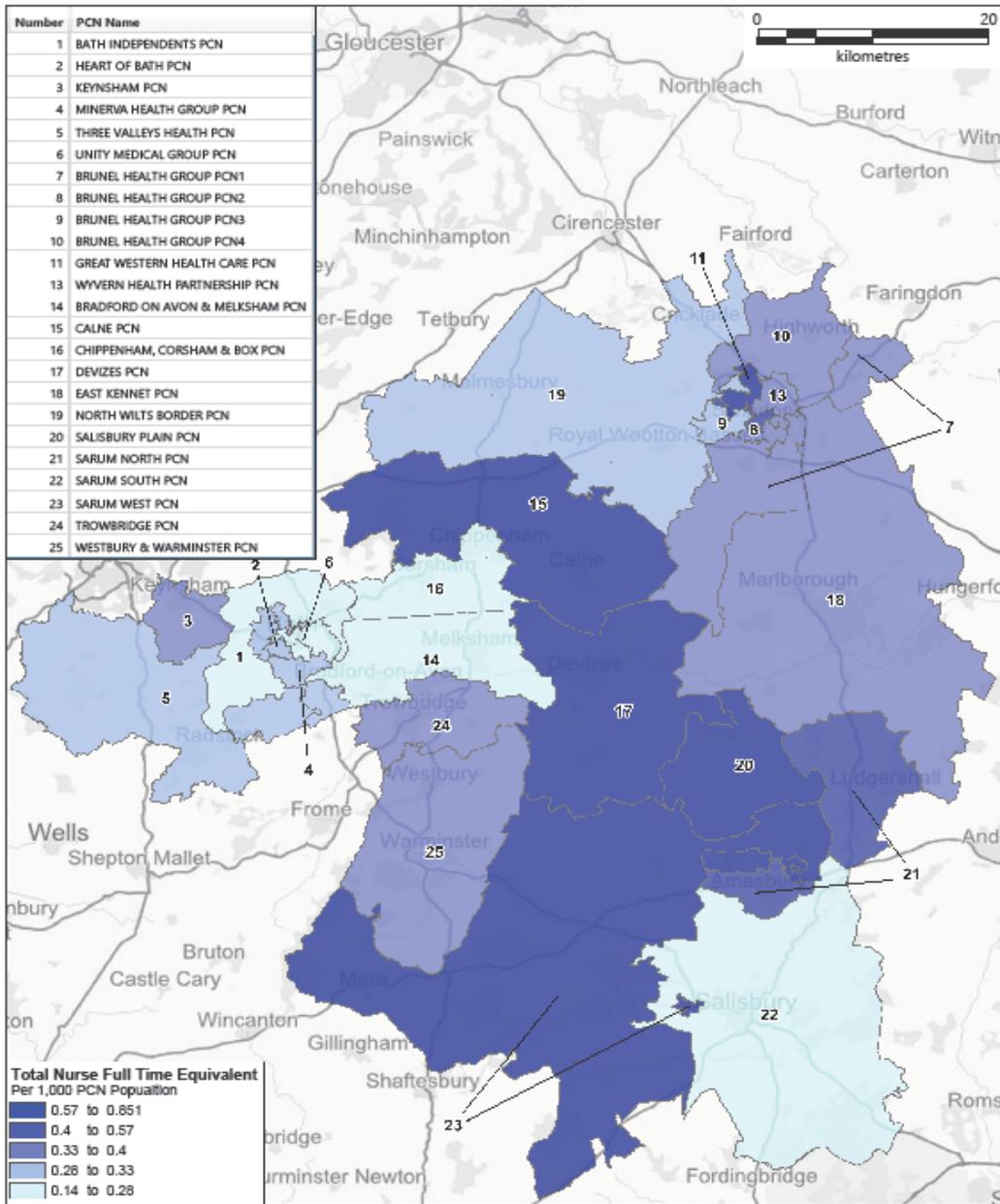
**NHS Bath & North East Somerset, Swindon & Wiltshire CCG - GP Workforce Analysis & Primary Care Networks**

Total Direct Patient Care Full Time Equivalent Per 1,000 Of PCN Population, At PCN Level\*

\* PCN footprints as at November 2020

South, Central and West Commissioning Support Unit  
 scwccsu.gla@nhs.net - 26/11/2020  
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**NHS Bath & North East Somerset, Swindon & Wiltshire CCG - GP Workforce Analysis & Primary Care Networks**

Total Nurse Full Time Equivalent Per 1,000 PCN Population, At PCN Level\*

\* PCN footprints as at November 2020

South, Central and West  
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## Meeting of the BSW CCG Primary Care Committee Report Summary Sheet

<b>Report Title</b>	Finance Report					<b>Agenda item</b>	10	
<b>Date of meeting</b>	10 December 2020							
<b>Purpose</b>	Approve		Discuss		Inform	X	Assure	X
<b>Executive lead, contact for enquiries</b>	Caroline Gregory, BSW Director of Finance							
<b>This report concerns</b>	BSW CCG	X	BaNES locality		Swindon locality		Wiltshire locality	
<b>This report was reviewed by</b>	John Ridler, Associate Director of Finance							

<b>Executive summary</b>	<p>This paper provides details of the primary care financial position for BANES, Swindon and Wiltshire CCG to Month 7 of the 2020/21 financial year.</p> <ul style="list-style-type: none"> <li>• Budgets allocations are now known for Months 7-12 following new system financial envelopes being received</li> <li>• At Month 7, Primary Care was £8.5m adverse against budget and this is still mainly down to the COVID spend impacting the reporting position. The CCG will claim for retrospective top up of COVID related expenditure and variances up to M6. COVID spend is now £10.2m for primary care up to Month 7.</li> <li>• Locally enhanced service detail is not included this month as there are no material or exception variances to report</li> <li>• Prescribing growth and opportunities have been recently reviewed at finance committee</li> <li>• GPFV and reserves summary to come to next meeting</li> </ul>
<b>Equality Impact Assessment</b>	N/A
<b>Public and patient engagement</b>	N/A
<b>Recommendation(s)</b>	The Committee is asked to <b>note</b> the contents of the report
<b>Link to Board Assurance Framework or High-level Risk(s)</b>	<p>Ensuring financial sustainability; Robust control mechanisms Embedding the interim financial regime to ensure all organisations costs are being covered Understanding drivers underpinning systems financial challenge and</p>

	refreshing sustainability programme Delivering the efficiency benefits associated with new ways of working							
<b>Risk (associated with the proposal / recommendation)</b>	High		Medium	X	Low		N/A	
<b>Key risks</b>	Insufficient funding to meet safety of services i.e. financially challenged deficit for BSW system							
<b>Impact on quality</b>	N/A							
<b>Impact on finance</b>	As described in paper							
	<b>Finance sign-off:</b> John Ridler, Associate Director of Finance							X
<b>Conflicts of interest</b>	GP Practice partners and staff, including committee members, may have a conflict of interest in funding or commissioning decisions related to their practices or localities.							
<b>This report supports the delivery of the following CCG's strategic objectives:</b>	<input type="checkbox"/> BSW approach to resetting the system <input type="checkbox"/> Realising the benefits of merger <input type="checkbox"/> Improving patient quality and safety <input checked="" type="checkbox"/> Ensuring financial sustainability <input type="checkbox"/> Preparing to become a strategic commissioner							
<b>This report supports the delivery of the following BSW System Priorities:</b>	<input type="checkbox"/> Improving the Health and Wellbeing of Our Population <input checked="" type="checkbox"/> Developing Sustainable Communities <input type="checkbox"/> Sustainable Secondary Care Services <input type="checkbox"/> Transforming Care Across BSW <input type="checkbox"/> Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan							

## FY budget by Locality

## M7-12 BSW Budget

	BaNES	Swindon	Wilts	BSW	Total
	FY Budget	FY Budget	FY Budget	FY Budget	FY Budget
	£'000's	£'000's	£'000's	£'000's	£'000's
LOCAL ENHANCED SERVICES	2,480	1,955	6,632	432	11,499
PRESCRIBING	28,479	30,453	75,990	(108)	134,814
PRC DELEGATED CO-COMMISSIONING	28,339	31,745	68,697	747	129,527
OTHER PRIMARY CARE	891	4,087	2,163	30,164	37,305
<b>ALL PRIMARY CARE TOTAL</b>	<b>60,188</b>	<b>68,240</b>	<b>153,482</b>	<b>31,235</b>	<b>313,145</b>

	BSW Total
	M7-12
	Budget
	£'000's
LOCAL ENHANCED SERVICES	5,739
PRESCRIBING	67,999
PRC DELEGATED CO-COMMISSIONING	61,773
OTHER PRIMARY CARE	17,336
<b>ALL PRIMARY CARE TOTAL</b>	<b>152,848</b>

## Primary Care – Month 7

	BSW TOTAL			
	YTD 20/21			
	Budget	Actual	Variance	Variance
	£'000's	£'000's	£'000's	%
CENTRAL DRUGS	2,117	2,095	(22)	-1%
COMMISSIONING SCHEMES	4,955	3,771	(1,185)	-24%
LOCAL ENHANCED SERVICES	6,716	6,556	(159)	-2%
MEDICINES MANAGEMENT - CLINICAL	1,297	2,945	1,648	127%
OUT OF HOURS	7,570	10,389	2,819	37%
GP FORWARD VIEW	2,731	3,859	1,128	41%
OXYGEN	675	651	(24)	-4%
PRESCRIBING	78,148	78,251	103	0%
PRIMARY CARE IT	2,329	3,144	815	35%
PRIMARY CARE INVESTMENTS	593	593	(0)	-0%
PRIMARY CARE DEVELOPMENT	590	585	(5)	-1%
PRC DELEGATED CO-COMMISSIONING	78,045	81,497	3,452	4%
<b>ALL PRIMARY CARE TOTAL</b>	<b>185,767</b>	<b>194,336</b>	<b>8,569</b>	<b>5%</b>



### Key narrative/variances:

- **Meds Mgt** COVID recode
- **Out of Hours** COVID recode
- **GP Forward View** Two months of agreed GPFV and Access funding. M1-5 spend/accruals matched with budget.
- **Primary Care IT** includes COVID spend expected to be reclaimed

## Primary Care Delegated – Month7

	BSW TOTAL			
	YTD 20/21			
	Budget	Actual	Variance	Variance
	£'000's	£'000's	£'000's	%
G/PMS, APMS Contract	51,958	52,418	460	1%
Presc/Disp Prof Fees	2,131	2,078	(53)	-2%
QOF	6,026	7,136	1,110	18%
Retainers	387	377	(10)	-2%
Locums	702	732	30	4%
DES Schemes	1,820	1,815	(5)	-0%
PCN ARRS	2,913	3,635	722	25%
PCN Other	1,741	2,033	292	17%
Premises - Rent	6,020	6,406	385	6%
Premises - Rates	1,848	1,561	(287)	-16%
Premises - Other	1,565	1,433	(132)	-8%
Other	934	1,873	939	101%
<b>Total</b>	<b>78,045</b>	<b>81,497</b>	<b>3,452</b>	<b>4%</b>



### Key narrative/variances:

- **G/PMS, APMS Contract** this relates to Swindon GWH s96 resilience (IMH)
- **QOF** this has changed as more is now accrued into year to date position in Wiltshire
- **PCN ARRS** this has been accrued higher in YTD as not fully known what funding we had received in baseline (60% / 40%)
- **Premises** rent includes COVID rent costs but we have also seen b/fwd accruals offsetting this on Premises - other
- **Other** – budget and contingency adjustments only to return to ring fenced allocation for delegated

**BSW CCG - Primary Care Commissioning Committee**

Forward Plan 2020-21

	19	10	14	4	11	<i>tbc</i>
	November	December	January	February	March	April
	2020	2020	2021	2021	2021	2021
	Seminar in private	Public + Private Session	Seminar in private	Public + Private Session	Seminar in private	Public + Private Session
<b>Paper deadline</b>	<b>CANCELLED</b>	<b>01 December 2020</b>	<b>06 January 2021</b>	<b>26 January 2021</b>	<b>02 March 2020</b>	
<b>Papers circulated/ uploaded</b>		<b>03 December 2020</b>	<b>07 January 2021</b>	<b>28 January 2021</b>	<b>04 March 2020</b>	
<b>Standing Items</b>		Declarations of interest - <i>note</i>	Declarations of interest - <i>note</i>	Declarations of interest - <i>note</i>	Declarations of interest - <i>note</i>	Declarations of interest - <i>note</i>
		Minutes of the Previous Meeting - <i>approve</i>		Minutes of the Previous Meeting - <i>approve</i>		Minutes of the Previous Meeting - <i>approve</i>
		Actions from the Previous Meeting - <i>note</i>		Actions from the Previous Meeting - <i>note</i>		Actions from the Previous Meeting - <i>note</i>
		Questions from the Public - <i>read out, note, publish after meeting</i>		Questions from the Public - <i>read out, note, publish after meeting</i>		Questions from the Public - <i>read out, note, publish after meeting</i>
		PCOG Update Reports		PCOG Update Reports		PCOG Update Reports
		Forward Agenda		Forward Agenda		Forward Agenda
		<del>PCOG Recommendations for Discussion and Approval</del>		PCOG Recommendations for Discussion and Approval		PCOG Recommendations for Discussion and Approval
				PMS Growth Investment paper for Swindon and Wiltshire (JR)		
<b>Operational Reports</b>		Operational Report		Operational Report		Operational Report
		Quality Report		Quality Report		Quality Report
		Finance Report		Finance Report		Finance Report
		Risk Register		Risk Register		Risk Register
		COVID-19 vaccination programme				
<b>Other items</b>		Primary Care Workforce & Training Hub Report	Seminar discussion: Learning from case studies	Internal Audit PC Delegated Commissioning Report	Seminar discussion: Primary Care Finance - <i>tbc</i>	
		Summary of decisions made in private session held on 22/10/20		Future Governance Arrangements (JAW)		
				PCNs to present on PCO achievements etc		
				Summary of Primary Care Estates Decisions and Recommendations		
				BSW Enhanced Services Review		
				BSW CCG Protocol for Payment of Legal Fees and Professional Fees (JR) - <i>private</i>		