

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

Thursday 11 March 2021, 13:30hrs

Virtual meeting held via Zoom

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### Present

#### Voting Members

Lay Member PCCC (Chair), Suzannah Power, SP  
Lay Member PPE (Vice Chair), Julian Kirby, JK  
Lay Member Finance, Ian James, IJ  
Director of Strategy and Transformation, Richard Smale, RS  
Registered Nurse, Maggie Arnold, MA (*until 14:30hrs*)  
Medical Director, Dr Ruth Grabham, RG

#### Attendees

Locality Clinical Lead (BaNES), Dr Bryn Bird, BB  
Locality Clinical Lead (Swindon), Dr Amanda Webb, AW (*until 14:00hrs*)  
Locality Healthcare Professional (BaNES), Dr Tim Sephton, TS  
Locality Healthcare Professional (Swindon), Dr Francis Campbell, FC  
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 & North East Somerset, Joanna Parker, JP  
Representative from HealthWatch Swindon, Steve Barnes, SB  
Representatives from HealthWatch Swindon, Harry Dale, HD  
Associate Director of Finance – BaNES, John Ridler, JR  
Clinical Liaison & Engagement Specialist, Helen Robertson, HR  
Board Secretary, Sharon Woolley, SW  
Associate Director of Patient Safety and Quality, Sarah Jane Peffers, SJP  
Named GP for Safeguarding, Swindon, Dr Michelle Sharma, MS (*until 14:35hrs*)

#### Apologies

Locality Healthcare Professional (Wiltshire), Dr Catrinel Wright  
Director of Nursing and Quality, Gill May  
Director of Primary Care, Jo Cullen  
Locality Clinical Lead (Wiltshire), Dr Edward Rendell  
CEO, Tracey Cox  
CFO, Caroline Gregory

### 1 Welcome and Apologies

- 1.1 The Chair welcomed members and officers to the meeting, in particular Dr Michelle Sharma who was in attendance to present item 9a, and Sarah Jane Peffers, who was in attendance for item 10 in the absence of Gill May. 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 The following interests was deemed relevant for today's business:
- Item 9i - Dr Sam Dominey is a GP Partner at Three Chequers Medical Practice and therefore had a direct conflict of interest in item 9i. It was agreed that Dr Dominey could remain in the meeting, but not be involved in the item discussion, and as a non-voter, would not be involved in decision-making.
  - Item 9f – Dr Nick Ware advised the Committee that Patford House Partnership was a member of the Calne Primary Care Network (PCN), along with Northlands Surgery, of which he was a GP Partner. However, NW confirmed that he had no direct link with the bid and no direct benefit from the project, and therefore it was agreed that he could remain in the meeting and be part of the item discussion.
- 2.3 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.

## **3 Questions from the Public**

- 3.1 The following question had been received in advance of this meeting. The Chair read out the question, followed by the CCGs response. This response would also be made available upon the CCG website.
- 3.2 Question received from a member of the public:
1. *Could you please raise the question with them Victoria Cross, that the new place meets the capacity required for patients even though it seems it does. Page 96 (of the full meeting pack) talks about merging Eldene surgeries.*

### **CCG Response:**

Eldene Health Centre is a branch surgery of Victoria Cross Surgery and will be vacating 4 clinical rooms when it leaves Eldene Health Centre. The GWH Eye clinic will also be vacating a number of rooms when it leaves Eldene.

These moves will allow for more clinical and office space within both Eldene Surgery and Eldene Health Centre.

It should be noted that this activity is not due to the two practices merging, and each will continue to operate as separate entities.

## **4 Minutes from the meeting held on 10 December 2020**

- 4.1 The minutes of the meeting held on 10 December 2020 were **approved** as an accurate record of the meeting.
- 4.2 It was acknowledged that a number of meetings had been cancelled more recently due to the pandemic, but the Chair assured the Committee that agenda items remained on the

forward planner for future meetings. For any urgent decisions, the procedures set out in the Committee's terms of reference had been followed.

## **5 Action Tracker and Themes to Watch**

- 5.1 Two actions were noted on the tracker as CLOSED or COMPLETED – with an update provided for each for the Committee to note.
- 5.2 The Committee reviewed the Themes to Watch list. There were no amendments or additions to note.

## **6 Internal Audit – Primary Care Delegated Commissioning Report**

- 6.1 CCG internal auditors, KPMG, had recently reviewed the Primary Care Delegated Commissioning arrangements, with a focus on contract oversight and governance.
- 6.2 An assurance rating of 'significant assurance with minor improvement opportunities' (AMBER-GREEN) had been given. Three recommendations relating to the need for formalised and consistent processes across the CCG, implementation of periodic shared Primary Care Operation Group (PCOG) meetings, and timeliness of the submission of meeting papers were raised and were now being actioned by the team.
- 6.3 The Chair advised the Committee that a BSW PCOG had been held on 25 February 2021 and feedback from attendees was being gathered.
- 6.4 The Committee **noted** the report.

## **7 Report on Out of Committee Decision – Final Allocation of COVID General Practice Expansion Funding**

- 7.1 The Chair informed the Committee that an urgent decision made out of committee on 29 January 2021 concerning the Final Allocation of COVID General Practice Expansion Funding. A report outlining the process followed and the detail of the decision made was brought for Committee ratification and noting in public.
- 7.2 The Committee **noted** the report and **ratified** the decision made.

## **8 Operational Report**

### **a. Update on COVID-19 Vaccination Programme**

- 8.1 TS talked through the vaccination programme slides and highlighted the following to members:
  - To date, just over 350,000 vaccines had been delivered across the BSW system, of which 35,000 of those were in the past seven days.
  - BSW was on track with delivering against the cohorts – with 75% of priority cohorts one to nine having had dose 1.
  - Although those patients to be included in cohort six regularly changed nationally, BSW was more than meeting that trajectory. Cohort seven as on track for mid-March. Cohort eight had seen a slight delay against target due to the supply, but was still on track to be achieved by the end of March. Patients within cohort nine were now being sent letters of invite.
  - An enhanced agreement was to be developed to cover the delivery of vaccinations to cohort ten. Sign up to this was to be explored with PCNs once guidance was received. This was a high risk to the programme and may cause a period of instability if some sites did not continue.

- Workforce remained a considerable risk as timetables for delivering targets were brought forward. Workforce capacity was due to the initial delays in acquiring support through the RUH workforce pool of staff and volunteers, but this was now starting to move forward with bank staff being made available to support PCN and mass vaccination sites.
- The supply of vaccine had caused some issues, particularly in Swindon. However, it had been advised that a substantial supply would now be delivered to all sites to enable the significant increase now required to administer doses one and two.
- The Steam PCN vaccination site was a current area of concern. Although this was seen as a large site, it was not categorised as a mass vaccination site. The ability to book vaccinations at Steam through the national booking facility was not therefore possible. This concern had also been shared at the Swindon Patient and Public Engagement Forum meeting held on 10 March 2021. AW advised that as Steam was a PCN site, local booking was only possible once stocks of vaccine were available. This was an understandable frustration to the Swindon population, particularly as transport options were poor to reach the two bookable pharmacist sites in Swindon, or to access the available mass sites in Bath, Bristol or Salisbury. This was also impacting upon those patients within the North East of Wiltshire. Practices in the Swindon and North Wiltshire areas were on the receiving end of patient frustrations. There was a disconnect of the national model and what would work within the local BSW area.
- The possibility of Steam becoming a mass vaccination site had been escalated to NHS England, but still required support and traction through other routes to signal its urgency. Raising awareness of this issue to the local MPs was suggested. This was a high concern of the Committee, and of the CCGs Quality and Performance Assurance Committee who had discussed this issue that morning. The CCG and those involved in the delivery of the vaccination programme were in full support of the need to re-categorise Steam.
- The issuing of the national letters was also causing confusion and concern, as further afield sites were available to book encouraging travel.
- Six PCN sites were piloting a booking system, which would be rolled out if successful.
- PCN sites had not yet commenced second doses, as vaccine delivery to date had been variable and on occasion a mixture of AstraZeneca and Pfizer vaccine. This was causing pressure points. Records of the vaccine administered were kept against patients to ensure the same vaccine was used for the second dose.

8.2 The Committee **noted** the update and wished to note its thanks to all of those involved in the vaccination programme.

## **9 Primary Care Operational Group Recommendations for Discussion and Approval**

9.1 The Chair advised the Committee that the items to follow had all been discussed and debated at the Primary Care Operational Group meeting held on 25 February 2021, and came recommended for approval.

### **9a. BSW Safeguarding Contract Proposal**

9.2 MS talked through a number of slides to present the BSW Safeguarding Contract proposal, and highlighted to the Committee in particular:

- GP's had a moral, ethical and professional duty to safeguarding. Although this addition to GP contracts have been previously requested, this work was still not currently mentioned.
- The judicial review undertaken by NHSE in 2019 advised that GP's were to be paid for their safeguarding work. A BSW payment system was required to remove the set-up of individual invoicing processes, leading to higher costs.
- The proposal would see the creation of a safeguarding contract for GPs, which would encompass all safeguarding work.

- The estimated cost associated with this proposal and contract was £296,800 for BSW for 2021-22.
- Payment to surgeries would be in two-parts - £2,000 per 10,000 population per year, and £160 per adult or child on a safeguarding plan per year. There would be no penalties for work not completed.
- CCG support on areas such as training advice, quality assurance visits, mentoring and supervision would still be available.

9.3 The Committee discussed that:

- Professional curiosity must remain an important part of safeguarding work and the sharing of information was vital. This should be built into the final agreement.
- The contract figures were comparable to national contracts. An audit of national models had been undertaken three years ago when considering options for Swindon CCG. The value of the contract was based upon the system used by Swindon.
- Two codes would be used for GPs to allocate safeguarding work to. This again was based upon an existing system used with Swindon Borough Council. A clear explanation of BSW codes would be shared with surgeries. Named GPs were available to support with this element.
- The two part payment ensured associated costs with first level safeguarding work was covered, acknowledging that elements of work were still to be undertaken for GPs to continue offering support for those patients not currently on plans.
- CCG budget allocations were still unconfirmed, and there was a risk that sufficient funding would not be available to cover this. However, Committee approval was sought, with the acknowledgement that should budgets be lower than anticipated, a cost pressure for the CCG and primary care would be created and the risk would need to be managed. Support of the proposal would enable named GPs to finalise the contracts and processes for implementation from 1 April 2021; to be reviewed after quarter one of 2021-22.
- Support of safeguarding work was important and commitment from the CCG was required.
- Activity levels and costs would be reviewed after year one to ensure this was projected correctly.

9.4 The Committee **approved** the BSW Safeguarding Contract Proposal and payment scheme.

*(14:38hrs – MS left the meeting)*

#### **9b. Special Allocation Service Contract Extension April 2021**

9.5 TS presented the proposal to extend the current short-term contract held with Courtyard Surgery for the Special Allocation Service (SAS) GP cover by a further 12 months to March 2022. As a direct impact of the pandemic, it had not yet been possible to develop a BSW wide SAS specification and to commence a formal procurement, but this remained a priority going forward.

9.6 The Committee **approved** the extension of the contract with Courtyard Surgery for 12 months to March 2022, at an annual cost of £48,160

#### **9c. BSW CCG Standard Operating Procedure (SOP) for the Special Allocation Scheme Appeal Panel**

9.7 TS presented the BSW CCG SOP for the SAS Appeal Panel for approval, which had been refreshed following a change in national guidance.

9.8 The Committee **approved** the BSW CCG Standard Operating Procedure for the Special Allocation Scheme Appeal Panel.

#### **9d. BSW COVID-19 Response Primary Care Offer**

9.9 The wider primary care offer guidance, expectations of activity and payment arrangements for the next financial year had not yet been released. Recent national meetings and webinars have alluded to business as usual from 1 April 2021, including the requirement to meet all activity targets through payment by results. A BSW proposal would be prepared and shared with the Committee once the national direction was finalised.

#### **Primary Care Premises:**

#### **9e. Minor Improvement Grants 2020-22**

9.10 The report detailed the approach taken as part of the Minor Improvement Grant bid process for 2020-21 and 2021-22, and the criteria used to prioritise requests, ensuring they were in line with national direction and estates planning.

9.11 PCNs first discussed detailed bids before agreed and development commenced, particularly if it was to have a wider impact on the area. The majority of schemes did not have an ongoing revenue impact. The paper included a list of those practices supported through the process. Due to COVID, a number of schemes had been difficult to progress and would therefore carry over at year end. PCN discussions will be required to ensure assumptions are agreed prior to development for major schemes that have a wider impact on the area.

9.12 The Committee:

- a. **Noted** the Minor improvement Grants process and supported bids.
- b. **Supported** the approach of the primary care and finance teams to manage minor improvement grants within approved limits as necessary over year end.
- c. **Supported** the principle of approval of additional GMS rent due to premises expansions funded by minor improvement grants (subject to finance team budget approval).

#### **9f. Patford House Additional Revenue Request**

9.13 The report detailed the request from Patford House Partnership for an increase in revenue funding to reflect the additional space to be occupied in the new premises, which included additional rent and legal fees. These were within the parameters of the agreed support provided by the CCG for such fees.

9.14 The Committee **approved** the increase cost of £15,810 plus VAT for:

- a. increased revenue of £5,810 plus VAT for an increase in floor area from 714m<sup>2</sup> NIA to 812.5m<sup>2</sup> NIA and increase in parking space from 45 up to 55 plus 1 ambulance bay (equivalent to 2 parking spaces)
- b. increase in legal fees of £5,000 from £15,000 to £20,000
- c. increase in tenant's surveyor fees of £5,000 from £15,000 to £20,000

#### **9g. Victoria Cross Branch Surgery (Eldene Health Centre) move to Eldene Surgery**

9.15 The request concerned the move of Eldene Health Centre GP branch site of Victoria Cross Surgery to Eldene Surgery, also run by Victoria Cross Surgery. The CCG continued to support this practice in particular as a result of the transfer of contract from IMH, and the underlying agreement already in place to support some costs.

9.16 The Committee:

- a. **Approved** the move of Eldene Health Centre branch Surgery of Victoria Cross into Eldene Surgery.
- b. **Approved** CCG financing of the 34% Eldene Health Centre branch Surgery of Victoria Cross cost of the Minor Improvement Grant

- c. **Approved** CCG funding of the revenue costs of four new GMS space rooms within Eldene Surgery building.
- d. **Approved** the CCG underwriting of the lease for the new GMS space of 4 rooms for Eldene Health Centre branch surgery within Eldene Surgery, in line with the existing S96 arrangement for Eldene Surgery (with a break clause option at years 5 and 10 to mitigate any risk that the additional space would not be required longer term). As part of the original transfer, the CCG agreed to underwrite the lease in the event that the sole partner chose to exit.
- e. **Approved** £20k of funding to be held as a contingency to help support any one-off funding required to enable the vacant space in Eldene Health Centre to be fully utilised by the GWH, to prevent any future void liabilities for the CCG being incurred.

#### **9h. The Lawn Medical Centre New Lease Request**

- 9.17 The Lawn Medical Practice was requesting a new 20-year lease with their landlord Primary Health Properties (PHP). The District Valuer (DV) was requested to provide a Valuation Report for the proposed improvements and new lease for Lawn Medical Centre. The DV recommendations have been taken into account.
- 9.18 The Committee **approved** The Lawn Medical Practice new 20-year lease subject to:
  - a. The initial rent for a new 20 - year lease (not including any service charge) is no more than £113,500pa.
  - b. The lease terms between the practice and the landlord are updated and agreed and to include break clauses.
  - c. In line with the Premises Cost Directions, The Lawn Medical Centre and Priory Road Medical Practice's take over the cost of the service charge for the boiler and lift. The CCG to give 6-12 months' notice that the existing arrangement will cease.

#### **9i. General Medical Services Expansion Programme within existing Three Chequers Medical Practice**

- 9.19 It was noted that SD is a GP Partner at Three Chequers Medical Practice and therefore had a direct conflict of interest in this item. It was agreed that SD could remain in the meeting, but not be involved in the item discussion, and as a non-voter, would not be involved in decision-making.
- 9.20 The request from Three Chequers Medical Practice concerned the extension to Winterslow and Porton sites and for a rent reimbursement. Additional GMS space was required following the closure of the St Ann's site in 2020.
- 9.21 The Committee **approved** the rent reimbursement to Three Chequers Medical Practice for additional space in Winterslow and Porton branch surgeries – 73.4 m<sup>2</sup> at a cost of £9,248.

#### **BaNES Resilience**

##### **9i. Health Inequalities Budget – Proposal for BaNES Practices'**

##### **9m. University Medical Centre resilience funding for atypical patient population**

##### **9n. GP practices serving significant student populations**

- 9.22 BSW PCOG had considered these three requests relating to resilience support for BaNES practices. The recommendations have been amended to reflect PCOG discussion and for support to be limited to 12 months whilst a review of practice income and services provided (to specifically include deprivation, population weighting and other resilience arrangements) was undertaken to ensure equity. Amended recommendations were summarised in the paper.
- 9.23 Consideration was being given to commission independent support to progress the review with input from the relevant teams, as there was not sufficient capacity in-house. The

review would also need to take into account the population health work. BB requested that the data concerning the wider impacts and factors of deprivation be considered in the review to ensure a broader overview and understanding. It was acknowledged that there was considerable work to do catch up across all areas and that a clear explicit work plan for the 12 months ahead for primary care was needed.

**ACTION:** Primary care work plan for 2021-22 to be brought to the next Committee meeting.

9.24 The Committee:

- a. **Approved** the extension of St Michaels premium protection for a further 12 months non-recurrently whilst a review is undertaken to understand levels of deprivation across BSW, evaluate the financial impact of introducing the BSW LCS on Practices with high deprivation levels and agree next steps if practices experience resilience issues as a consequence of their safeguarding workload.
- b. **Approved** the investment of the remaining annual budget of £150k to fund the BSW safeguarding LCS in BaNES and additional BSW LCS in the BaNES locality as they are introduced in 21/22.
- c. **Approved** the continuation of the historic support to UMC with an annual resilience payment of £127,804 non-recurrently for 12 months from 1 April 2021 whilst a review is undertaken across BSW of GP Practices that have atypical populations that are disadvantaged by the Carr-Hill formula.
- d. **Approved** payment through a S96 agreement from the BaNES delegated budget.
- e. **Approved** the suspension of list size adjustments in Q4 2020-21 for Fairfield Park Health Centre and University Medical Centre. This would be at a cost of £5,671 and £19,551 respectively.

*(15:10hrs – RG left the meeting – the Committee was no longer quorate)*

**Personal Medical Services (PMS) (item moved)**

9j. **PMS Growth Reinvestments**

9k. **PMS Review of BaNES Contracts**

9.25 JR presented the report, which indicated the PMS growth reinvestments made in each locality to provide assurance to the Committee.

9.26 The Committee **noted** the report and the reinvestments to primary care budgets.

**10 Primary Care Quality Report**

10.1 The Committee **received and noted** the report, which provided an update on serious incidents, patient experience and priorities for the team. It was acknowledged that the Quality Team had been depleted over recent months in order to support the vaccination programme.

**11 Finance Report**

11.1 The Committee **received and noted** the report. This presented the primary care financial position as at month 10, of which £5.2m was favourable against budget.

**12 Primary Care Risk Register**

12.1 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.

**ACTION:** Vaccination programme and reputational risk to be considered for the register.

**13 Primary Care Commissioning Committee Meeting Dates and Forward Plan 2021-22**



- 13.1 The Committee **noted** the Committee meeting dates for 2021-21 and the forward plan.
- 13.2 Comments, additions or amendments to the Committee forward plan, particularly regarding Seminar discussion topics, should be sent through to the Chair.

**14 Any Other Business**

- 14.1 There being no other business, the Chair closed the meeting at 15:17hrs

Signed as a true record and as approved by the BSW CCG Primary Care Commissioning Committee at the meeting held on 15 April 2021:

**Name:** Suzannah Power

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

**Signature:**

**Date:** 20/04/2021