

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

Thursday 15 April 2021, 14:00hrs

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)  
Registered Nurse, Maggie Arnold (MA)  
CEO, Tracey Cox (TC)  
Chief Financial Officer, Caroline Gregory (CG)  
Medical Director, Dr Ruth Grabham (RG)  
Director of Primary Care, Jo Cullen (JC)

#### Attendees

Locality Clinical Lead (BaNES), Dr Bryn Bird (BB)  
Locality Clinical Lead (Wiltshire), Dr Edward Rendell (ER) *(from 14:35hrs)*  
Locality Healthcare Professional (BaNES), Dr Tim Sephton (TS)  
Locality Healthcare Professional (Wiltshire), Dr Catrinel Wright (CW)  
Representative from HealthWatch Swindon, Steve Barnes (SB)  
Representatives from HealthWatch Swindon, Harry Dale (HD)  
Director of Nursing and Quality, Gill May (GM) *(from 14:35hrs)*  
Associate Director of Finance – BaNES, John Ridler (JR)  
Clinical Liaison & Engagement Specialist, Helen Robertson (HR)  
Board Secretary, Sharon Woolley (SW)  
Observer – Assistant Board Secretary, Helen Evans (HE)

#### Apologies

Director of Strategy and Transformation, Richard Smale (RS)  
Locality Clinical Lead (Swindon), Dr Amanda Webb (AW)  
Deputy Director of Primary Care, Tracey Strachan (TS)  
Representative from HealthWatch Bath & North East Somerset, Joanna Parker (JP)  
Locality Healthcare Professional (Swindon), Dr Francis Campbell (FC)  
Representative from Wessex LMC, Dr Gareth Bryant (GB)  
Locality Healthcare Professional (Wiltshire), Dr Nick Ware (NW)  
Locality Healthcare Professional (Wiltshire), Dr Sam Dominey (SD)

### 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 The following interest was deemed relevant for today's business, but did not require management in the meeting due to SD's apologies being presented.
- Item 9 - Dr Sam Dominey is a GP Partner at Three Chequers Medical Practice and therefore would have a direct conflict of interest in item 9.
- 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 No questions had been received ahead of this meeting.

## **4 Minutes from the meeting held on 11 March 2021**

- 4.1 The minutes of the meeting held on 11 March 2021 were **approved** as an accurate record of the meeting.

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

- 5.1 Three actions were noted on the tracker, two of which are marked as CLOSED with an update provided for the Committee to note.
- 5.2 Feedback from the Risk Management Panel was requested regarding the vaccination programme reputation risk noted at the March meeting. Feedback would be sought and an update provided to the next meeting as part of the Primary Care Risk Register agenda item. The Chief Executive Officer informed the Committee that risks associated with the vaccination programme were also reviewed by the BSW System COVID Assurance Group, and as part of other groups within the system governance architecture to ensure vaccination programme risks were managed.  
**ACTION: Feedback would be sought from the Risk Management Panel with regards the vaccination programme reputational risk.**
- 5.3 One action had transferred over from the PCCC private action tracker, concerning principles and framework in relation to payment of legal fees and professional fees. This remained as ONGOING, with the item to come to the June meeting.
- 5.4 The Committee reviewed the Themes to Watch list:
- The Committee added 'Integrated Care System (ICS) Development - White paper proposals to transfer or delegate additional primary care functions from NHS England to the ICS for April 2022' to the list to ensure it continued to have oversight of the implications for the Committee and wider BSW - particularly regarding community pharmacy services and optometry. Timescales for the transition were to be clarified and were subject to further guidance being released and legislative changes. A short briefing on the latest position would be brought to the June PCCC meeting.

**ACTION: Integrated Care System Development – latest position regarding the transfer and delegation of primary care functions from NHS England to the BSW ICS to be brought to the June PCCC meeting.**

- Primary Care Wellbeing – Through this Committee, BSW Colleagues were actively aware of this and were discussing this in other forums to identify the support required. For the CCG, the Registered Nurse had taken on the role as the Health and Wellbeing Guardian, and was available to provide support to CCG colleagues as required. It was acknowledged that the demand on primary care continued to increase across the BSW system, and indeed the country, and significant pressures were still being felt.

## **6 BSW CCG Primary Care Commissioning Committee Terms of Reference**

- 6.1 The Chair advised Members that the annual review of the committee terms of reference has been undertaken, and only one minor numbering amendment had been made as shown with tracked changes. With only minimal formatting changes, review and approval by NHS England of these statutory committee terms of reference would not be required.
- 6.2 The Committee **approved** the Primary Care Commissioning Committee Terms of Reference.
- 6.3 It was agreed that a verbal report from the Committee Chair would be given to the Governing Body at its meeting on 20 May 2021, to give assurance that the review had been undertaken, but only minor amendments had been made. Governing Body approval would not be required.

### **6a Review of Committee**

- 6.4 In accordance with its terms of reference, the Committee was required to annually review its performance and effectiveness. The PCCC Annual Effectiveness Review survey had been shared at the end of March to enable Members and regular attendees to reflect on the performance and effectiveness of the Committee. The Chair encouraged responses to support the development of the Committee.
- 6.5 No feedback or comments were received in the meeting.

## **7 Primary Care Work Plan 2021-22**

- 7.1 The Director of Primary Care presented the Primary Care Work Plan for 2021-22, which was based upon the ambition and objectives contained within the BSW Primary Care Strategy, within the framework of the Long Term Plan. Not all identified priorities had been delivered during 2020/21; however, the focus on the COVID response had demonstrated significant primary care transformation and achievement. The progress made during 2020-21 was noted within the report.
- 7.2 The proposed work plan for 2021-22 included in the paper listed the high level priority areas. This aligned to the BSW planning process currently underway, which, with the involvement of each locality, was considering the recovery of primary care and the restoration of business as usual, as well as the continued delivery of the vaccination programme. The plan would ensure a manageable increase in services, in a sustainable way.
- 7.3 The Committee discussed the proposed Primary Care Work Plan for 2021-22; the following points were noted:
- Through the national Directed Enhanced Services (DES) contract, primary care had been commissioned by NHSE/I to deliver the Covid-19 vaccination programme to cohorts 1-9 for first and second doses. Continued delivery to cohorts 10-12 was optional, to be agreed by each Primary Care Network (PCN). A number of PCNs had

already advised they would be opting out, whilst others had confirmed they would continue. A comprehensive demand and capacity plan was being finalised to ensure vaccination delivery across BSW.

- All of the vaccination sites across BSW would be on the National Booking Service (NBS) so people were able to book appointments at any site for cohorts 10-12. A map of vaccination sites was being prepared to provide assurance to the BSW population of the options available.
- It was acknowledged that it had been an extraordinary and difficult year for primary care. The level of expectation for the coming year was still significant. This would be captured in the system planning response, and then fed into the detailed work plan. [ACTION: Expected outputs and deliverables against the primary care work plan to be shared at the June PCCC meeting to provide sufficient granularity.](#)
- The wellbeing of all primary care staff was important. Additional workforce was required to deliver cohorts 10-12 and to enable primary care to restore services.
- The proposed plan would ensure engagement and connectivity with all key areas to determine what was already underway, to draw this together and to avoid duplication.
- Some patient feedback noted confusion around the various systems and technology implemented to access GPs and consultations, consolidation was to be considered.
- The plan would be aligned with national direction and priorities. Stakeholders would be involved in the development of the detail of the plan as required. Any proposed changes to services etc would come back through due process and recommendations brought to Committee.
- PCN engagement in transformational aspects of development was important (for 3.3 and 3.4), rather than just focussing on resilience. A better understanding of the population health management outcomes, inequalities and risk stratification was needed, and a mechanism for PCN involvement and scope for champions in key work streams.
- The Contract DES was wider than just general practice, to enable PCNs to join up the work of the wider system. This needed to tie back to the planning process.
- PCNs would be engaged in the ICS transition piece.
- The local commissioned services review was expected to identify the required primary care and secondary care relationship, and those services the acutes were requiring GPs to undertake.

7.4 The Committee **reviewed and confirmed** the Work Plan and priorities for primary care for 2021-22. Elements from this will be incorporated into the Committee forward planner.

## 8 Operational Report

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

8.1 The Director of Nursing and Quality provided an vaccination programme update to the Committee, and highlighted the following:

- Over 584,000 vaccines delivered across BSW to date
- PCNs were starting to deliver second doses
- The BSW Clinical Reference Group had considered the challenges faced with delivering the second dose following the recent AztraZeneca guidance changes, and the request for vaccine choice. Despite this, uptake on the vaccine remained good.
- Delivery plans for cohorts 10-12 had been submitted to NHSE, confirmation was awaited.

[ACTION: Update on Cohorts 10-12 and ongoing vaccination programme arrangements to be shared at the June meeting.](#)

- All PCN sites will be added to the National Booking System to ensure equity across BSW. Confirmation regarding the Great Western PCN is awaited due to the alignment with the GWH Hospital Hub status. There had been minimal communications of this change to date due to the 10 days of national mourning currently in place.

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

**b. Primary Care Network Directed Enhanced Services Update**

8.3 The changes to the agreed 2021-22 Network Contract DES were to provide further stability and support to PCNs, whilst acknowledging their vital role in the delivery of the COVID response and vaccination programme. NHSE/I has confirmed that temporary changes to the GP contract under the pandemic regulations were to be extended until 30 June 2021.

8.4 The primary care requirements of expanding primary care access and PCN roles, improving outcomes and the return of the Quality Outcomes Framework, and addressing health inequalities and adopting population health management, had fed into the work plan. PCNs were to play a vital role within their locality systems to align and integrate services.

8.5 The Additional Roles Reimbursement Scheme (ARRS) had seen an increase in funding from April, and further roles added to the reimbursement list. PCNs would work with AWP to embed the mental health practitioner programme, bringing together the community mental health service funding and PCN funding. The practitioners would be employed by AWP, but work through each PCN. PCNs were encouraged to make full use of their ARRS entitlement, but also to seek new appointments, rather than moving workforce around the system.

8.6 The national Network Dashboard contained key metrics for PCNs to monitor their local achievements and enable effective benchmarking. This dashboard would be further demonstrated to the Committee when fully established.

8.7 The Investment and Impact Fund incentive scheme focussed on high quality care in areas where PCNs could contribute. This linked with public health, secondary care and patient pathways. Further details of how this had been embedded and developed would be brought back to Committee in due course.

8.8 A national enhanced access service specification for extended access was to be developed by Summer 2021, and the transition of services and transfer of funding to take place in April 2022. An update on progress would be brought back to the Committee in due course.

8.9 The Committee **noted** the update and areas currently under development.

**c. BaNES Practice Closure Report**

8.10 Monmouth Surgery and Grosvenor Place Surgery closed on 31 March 2021. 6,759 patients had been successfully transferred to nine Bath city practices during February and March. Further movement of patients between Bath city practices post-closure was anticipated and would be closely monitored by the BaNES locality primary care commissioning team. 50% of the staff had since retired, whilst others had transferred to surrounding local practices or other roles. There were no outstanding risks or issues identified.

8.11 The Committee **noted** this update and thanked the team on this achievement for a successful dispersal.

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

8.12 The 2020-21 Primary Care Offer had ensured that funding uncertainties did not influence any clinical decision making. Following confirmation that the temporary changes to the GP contract were to extend to 30 June 2021, the CCG wished to propose that the BSW

Primary Care Offer followed a similar 'block contract' arrangement for the majority of the Locally Commissioned Services (those paid on activity not capitation) for the first quarter of 2021/22 to enable practices to reintroduce any services that have been paused during the pandemic in a planned and measured way over the first quarter with no funding uncertainties. Services that will be covered under this three month arrangement would be paid at 2020-21 levels (based on 2019/20 activity). Activity would be revisited for quarter two.

- 8.13 The Committee **approved** the proposal for the BSW Primary Care Office block contract arrangement for quarter one of 2021-22.

**e. GP COVID Capacity Expansion Fund**

- 8.14 An extension to the GP COVID Capacity Expansion Fund for the period from 1 April to 30 September 2021 had been confirmed. Revenue funding has been allocated (ring fenced for general practice) to specifically support the expansion of capacity, progress the seven priorities identified for 2021-21 and Same conditions as for 20/21 to make further progress on the 7 priorities, and for the CCG to prioritise spending on any PCNs committed to deliver the COVID Vaccination Enhanced Service (including for cohorts 10-12) whose capacity requirements are greater. There were non-recurrent funds and could not be used to fund commitment beyond the allocated period.

- 8.15 The allocation to BSW was £1.87m. It was proposed to allocate initial funding to practices at £1.00 per patient for the period April to June 2021.

[ACTION: Proposal for use of the remaining GP COVID Capacity Expansion Funds to be developed and brought back to Committee for approval.](#)

- 8.16 The Committee **approved** the proposed allocation for the GP COVID Capacity Expansion Fund.

- 8.17 Discussion concerning the Operational Report was opened up and the following points noted:

- The Steam vaccination site was to be added to the national booking system within the week, along with all other vaccination sites, to enable all remaining cohorts to book appointments. This would enable a more proactive approach of the Community Pharmacies, PCN or mass site.
- The current national vaccine supply restrictions were recognised, which was likely to impact upon delivery of the second doses. PCNs with additional vaccine could proactively invite those aged 45-49 for vaccination.
- NHS available cognitive behaviour therapy / talking therapies were still offered if deemed the appropriate course of therapy as part of the mental health assessments, but it was acknowledged that there was a long waiting list for such services. Patients were not directed to chargeable services.
- BSW agreed to continue its primary care business as usual where possible whilst delivering the vaccination programme. The impact of delivering the programme was being closely monitored, against the use of virtual consultations and responding to demand. Reassurance was given that practices were restarting services and business as usual was returning.

**9 South Sarum Primary Care Network Reconfiguration**

- 9.1 The Chair advised that this item had originally been circulated for decision out of committee at the end of March. However, there was no unilateral approval and it was agreed the item would be brought for further discussion and approval to this meeting.

- 9.2 It was within each PCNs gift to reconfigure. The PCN Contract DES stipulated that any changes were to be notified to the commissioner by 30 April 2021. Sarum South PCN had notified the CCG of their intention to split to form two PCNs. The split would create two reasonably sizes PCN's with a population of around 37,000 each. It was the CCGs duty to support PCNs and changes, and support the smooth transition. The reconfiguration proposal would be passed on to NHS England.
- 9.3 Assurance was given that the PCN Clinical Directors had now contacted Wiltshire Health and Care to confirm there would be no disruption to their staffing arrangements. The Local Medical Committee had confirmed their support of the reconfiguration.
- 9.4 The Committee would continue to monitor the split and two new PCNs to ensure expectations and benefits were realised, for the patient, both PCNs and BSW. Patient consultation was not required as part of this reconfiguration, but each PCN would need to advise its stakeholders of the change and ensure patient involvement going forward.
- 9.5 The Committee **approved** the two new Primary Care Networks in Sarum South.

## **10 Primary Care Quality Report**

- 10.1 The Committee **received and noted** the report, which provided an update on primary care incident reporting, engagement with Practice Manager Forums, themes from the Patient Advice and Liaison Service, learning disabilities health checks and priorities going forward.
- 10.2 First Options Health had now been commissioned to provide flexible work across primary care to support the completion of the first part of the learning disability health checks and assessments. The current pilot was a success and was well received by patients. Bristol University would be evaluating the pilot, and this would be shared with the Learning Disability and Autism Board and PCCC. The next steps would be to ensure the longer term sustainability of the offer to primary care.  
[ACTION: Learning Disabilities Health Check pilot evaluation report to be shared with the Committee at its June meeting.](#)
- 10.3 It was requested that future Quality Reports included benchmarking data to compare incident reporting to other systems. The Director of Nursing and Quality advised that this bespoke piece of work was underway, approaching this as a whole clinical element and working with the Academic Health Science Network.

## **11 Finance Report**

- 11.1 The Associate Director of Finance for BaNES presented the report, which provided assurance to the Committee of the primary care financial position for BANES, Swindon and Wiltshire CCG to Month 11 of the 2020/21 financial year. Primary care and primary care delegated budgets were both indicating low risk with a good end of year position. COVID spend as at month 11 was at £13.8m.
- 11.2 The Committee **received and noted** the report.

## **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. Risk related to capacity and demand pressures and had been discussed as part of previous agenda items.

## **13 Primary Care Operational Groups Update Report**

13.1 The last meeting of the Primary Care Operational Groups had been held jointly as a BSW meeting on 25 February. Items of concern were covered under previous agenda items.

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

14.1 The Committee **noted** the Committee forward plan for 2021-22. The Chair advised Members that the May Seminar would focus on Primary Care Finances going forward, and the learning from Cross Plains. The July Seminar would focus on the learning from IMH. Elements from the primary care work plan would be incorporated into the Committee forward planner.

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

**15 Any Other Business**

15.1 There being no other business, the Chair closed the meeting at 15:33hrs

Signed as a true record and as approved by the BSW CCG Primary Care Commissioning Committee at the meeting held on 10 June 2021:

**Name:** Suzannah Power

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

**Signature:**

**Date:** 1 July 2021