

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

Thursday 10 June 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)  
Registered Nurse, Maggie Arnold (MA)  
CEO, Tracey Cox (TC)  
Chief Financial Officer, Caroline Gregory (CG)  
Director of Primary Care, Jo Cullen (JC)

#### Attendees

Locality Healthcare Professional (BaNES), Dr Tim Sephton (TS)  
Locality Healthcare Professional (Swindon), Dr Francis Campbell (FC)  
Locality Healthcare Professional (Wiltshire), Dr Nick Ware (NW)  
Locality Healthcare Professional (Wiltshire), Dr Sam Dominey (SD)  
Locality Healthcare Professional (Wiltshire), Dr Catrinel Wright (CW)  
Representative from HealthWatch Swindon, Steve Barnes (SB)  
Representative from HealthWatch Bath & North East Somerset, Joanna Parker (JP)  
Director of Nursing and Quality, Gill May (GM)  
Deputy Director of Primary Care, Tracey Strachan (TS)  
Associate Director of Finance – BaNES, John Ridler (JR)  
Representative from Wessex LMC, Dr Gareth Bryant (GB)  
Communications and Engagement Specialist – Media Relations, Shaun Dix (SDi)  
Board Secretary, Sharon Woolley (SW)  
Associate Director Medicines Optimisation, Paul Clarke (PC) (*for item 7d*)

#### Apologies

Medical Director, Dr Ruth Grabham (RG)  
Director of Strategy and Transformation, Richard Smale (RS)  
Locality Clinical Lead (Wiltshire), Dr Edward Rendell (ER)  
Locality Clinical Lead (BaNES), Dr Bryn Bird (BB)  
Representative from HealthWatch Wiltshire, Joanna Wittels (JW)  
Representative from HealthWatch Swindon, Harry Dale (HD)

### 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:
- Item 9b - Dr Sam Dominey is a GP Partner at Three Chequers Medical Practice and therefore had a direct conflict of interest in item 9b. It was proposed and agreed that Dr Dominey remain in the meeting, but not be involved in the item discussion, and as a non-voter, would not be involved in decision making.
- 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 are 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 15 April 2021**

- 4.1 The minutes of the meeting held on 15 April 2021 were **approved** as an accurate record of the meeting.

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

- 5.1 Seven actions were noted on the tracker. Three were marked as CLOSED with an update provided for the Committee to note.
- 5.2 The Committee reviewed the action tracker and noted:
- 28/07/2020: The action transferred over from the PCCC Private action tracker, concerning principles and framework in relation to payment of legal fees and professional fees, remained as ONGOING and would be presented to the August meeting.
  - 15/04/2021: No further feedback had been received from the Risk Management Panel with regards the vaccination programme reputational risk.
  - 15/04/2021: Analysis of the Learning Disability Health Check pilot was underway, the final report was expected to be available in September and would be brought to a Committee meeting in due course.
- 5.3 The Committee reviewed the Themes to Watch list, there were no additional items suggested to add to the list. It was noted that an update regarding Primary Care Wellbeing would be provided during the presentation for item 6.

## **6 Primary Care Work Plan 2021-22 - Expected Outputs and Deliverables**

- 6.1 The Director of Primary Care talked through a number of slides which provided an update against the main themes of the primary care work plan. It was noted that the estates and digital elements would form part of the July PCCC Seminar to allow for a fuller discussion.
- 6.2 The Committee received the update and noted:

- National detail regarding recovery and restoration of primary care was awaited. BSW had further developed its COVID-19 Response Primary Care Offer for quarter two (to be presented under item 7bi) based upon the existing principles and the criteria within the National Standard Operating Procedures for General Practice, which had been updated in May 2021. The Offer would guarantee primary care funding for those locally commissioned services during this pressurised time.
- There was an increasing level of demand upon primary care to address due to an increase in patient expectation and anxieties around people's health. The national media messages had not been supportive of managing these. A local positive press campaign was being worked on to reflect the true picture of the level of demand to manage with limited resources, and to highlight the alternative healthcare professionals available.
- Data for BSW recorded that there were 388,391 appointments during May 2021, compared to 223,951 in May 2020, a 73.4% increase. 58% of these were face-to-face appointments, being held in a safe and controlled way.
- The clinical triage and the appointment with the clinician were recorded as two separate appointments, both were necessary to ensure health and safety of patients and staff, and to ensure safe services were delivered during the pandemic.
- This level of demand understandably had an impact on waiting times and patient access.
- Unfortunately, it was not possible to compare with appointment data from 2019 as online/virtual services were not utilised, not giving a true like for like.
- An amazing response had been seen by the majority of practices to the pandemic, delivery of the vaccination programme and now restoring business as usual.
- A collection of key messages from primary care colleagues further evidenced the need to manage the demand and workload and seek other service solutions. The wellbeing of staff was a high concern. Wellbeing resources were being made available to primary care staff through the Training Hub website.
- Planning and preparation for potential further responses was underway, with national guidance awaited regarding the potential combination of the COVID and flu vaccine. The COVID Oximetry @ Home and Virtual Ward services were in place for BSW.
- CCG and LMC webinars were planned for all practices to discuss Integrated Care Alliance (ICA) primary care representation. The Memorandum of Understanding for each ICA were awaited.
- Details regarding the transfer or delegation of dental, optometry and pharmacy services from NHS England to the BSW Integrated Care System (ICS) were awaited and would be shared with the Committee in due course.
- A paper concerning Primary Care Network (PCN) development was to be discussed later on the agenda, which had been prepared with engagement from PCNs and practices.

## **7 Operational Items**

### **7a. Update on COVID-19 Vaccination Programme**

7.1 The Director of Nursing and Quality provided an update on the BSW Vaccination Programme, and highlighted the following to the Committee:

- Over one million vaccine doses had now been administered across BSW.
- Although a number of PCNs had decided not to continue with the programme for the remaining cohorts of 10, 11 and 12, alternative options were being put into place.
- Cohort 11 was being worked through to meet the national target requirement of 60%; this target was expected to be reached across BSW by 14 June 2021.
- Direct contact was being made with each PCN to offer support to the workforce to enable continuation of the vaccination programme.
- Phase three and the vaccination booster guidance was awaited to advise of the workload and capacity requirements.

- Cohorts one to nine – BSW was the best achiever and performer from the seven systems across the South West. Our PCNs and system had gone above the call of duty to ensure registered patients have received the vaccine.
- Hard to reach groups and the inequalities have been addressed by the set-up of the vaccination boat and bus, and by working with local faith groups.
- The best practice and learning from the pandemic and delivery of the vaccination programme would be documented to share.

7.2 On behalf of the Committee, the Chair wished to record a thank you to the whole of primary care for the remarkable work over the last 12 months.

**ACTION:** A letter of thanks to be sent to each PCN from the Committee as a good gesture and to recognise the efforts.

## **7b. Recovery and Restoration of Primary Care – Quarter 1 Block Arrangement and Quarter 2 Proposal**

7.3 The Deputy Director of Primary Care advised that in recognition of the pressures being seen amongst primary care due to the bringing forward of the second vaccine for some cohorts, and the new Standard Operating Procedure, the proposal was to extend the COVID Response Primary Care Offer to September 2021. This would allow time to recognise the impact to primary care and ensure recovery and restoration. This would be an extension to the agreement approved at the April 2021 PCCC.

7.4 The Chief Financial Officer advised that the current financial regime was to continue for H1 (April to September 2021) and this would support the proposed block payment arrangements. The regime going into H2 was unknown.

7.5 The Committee **approved** the extension of the COVID Primary Care Offer block arrangement to September 2021.

### **i) Proposal for use of the Remaining GP COVID Capacity Expansion Funds**

7.6 Modelling had been completed to consider funding allocations to all practices, and additional funds to those PCNs who will continue to deliver the COVID Vaccination Enhanced Service for cohorts 10 to 12. Option three was recommended for approval, funding all practices at £0.50 per patient, and funding vaccinating practices at a further £2.00 per patient.

7.7 The LMC were supportive of this option. This was broadly the position being offered by other CCGs.

7.8 It was acknowledged that the choice of continuing with the vaccination programme for cohorts 10 to 12 had been a PCN choice, not a practice level choice. Although it was not possible for individual practices to continue the delivery of the programme alone without their supporting PCN network, it was recognised that some practices were delivering on behalf of their PCN. It was further noted that the Expansion Fund payments were made to PCNs, with each agreeing the split amongst their network practices.

7.9 The Committee **approved** payment of the quarter two support from the COVID Expansion Fund at a cost of £898,976 (Option 3).

## **7c. Primary Care Network Development Update**

7.10 An update had been included as part of item six.

## **7d. Prescribing Incentive Scheme Proposal**

- 7.11 The Associate Director Medicines Optimisation was in attendance to present the prescribing incentive scheme (PIS) proposal for approval. Members had agreed at the October 2020 PCCC meeting for 2020-21 to be a transition year, during which the same prescribing incentive scheme would operate across the three localities, but with different payments based on historical funding arrangements. It had also been agreed to standardise incentive payments for 2021-22 to £1 per head for each locality.
- 7.12 The proposed scheme remained largely the same as the 2020-21 scheme, with addition of the target set by NHS England to reduce the amount of antibiotics prescribed and nomination of a Pain Champion for each practice to enable primarily for each to audit prescribing of opioid medicines.
- 7.13 Following discussion at the three Primary Care Operational Groups (PCOGs), with PCNs and approval by PCCC at the October 2020 meeting, incentive payments had been standardised across the patch, with information shared with each Practice Manager to make them aware of these changes. It was recognised in the paper that this had brought the biggest change to Wiltshire practices, and there was a risk of reduced engagement and participation to be mitigated. Further communications may be required with practices to ensure they were aware of the reduction in variation and challenges ahead with the implementation of this equitable solution across the system. It was suggested that a clearer message of alternative support needed to be shared, detailing the access to the Prescribing Online Direct scheme and the CCG Medicine Management support available to practices with regards PIS audits. This reduction in funding for Wiltshire practices came at a difficult time.
- 7.14 Although the full paper was not included within the paper pack, the proposal had been comprehensively explained and had enabled Committee discussion. The Committee **approved** the prescribing incentive scheme for 2021/22 at the funding level of £1 per patient population.

*(14:30hrs – PC left the meeting)*

## **8 Amendment to Primary Care Safeguarding Locally Commissioned Service**

- 8.1 The Director of Nursing and Quality presented the proposed amendment to the primary care safeguarding locally commissioned service, a requested change to reflect the different approaches in place within each locality in the area of self-neglect and to accommodate cover of the multi-agency reviews.
- 8.2 The additional costs to the primary care safeguarding contract were projected as £16,000. It was advised that the H1 budgets would accommodate this. The benefit and impact of this arrangement would be monitored to determine if an extension should be sought, and if this should be included in next year's contract.
- 8.3 The Committee **approved** the extension of the contract to cover multi-agency reviews of individuals at risk of self-neglect that do not meet the safeguarding criteria, at an expected cost of £16,000. This approval was based upon a calculation of 100 reviews (the stated 36 in BaNES, 24 in Swindon and 40 in Wiltshire) at £16,000. If this cost was to increase to reflect the 132 reviews stated in the paper, the Committee would be advised accordingly. [ACTION: Multi-agency review figures and costs to be confirmed and PCCC advised accordingly.](#)

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

- 9.1 A summary report of the four recommendations from the locality PCOGs had been provided to give the Committee oversight and assurance of the discussions already taken place at PCOG level before approval from the Committee was sought. The detail for each item was

appended to the report. The Deputy Director for Primary Care presented each item for approval.

**9a. Final BaNES Practice Closure Report**

- 9.2 The managed dispersal of patients from the Monmouth and Grosvenor Surgeries had been successful, with all patients on the list, including those out of area, transferred to an alternative practice. The final cost of the practice closures was £140,151, and had remained within the agreed budget. A number of lessons learnt had been captured for future dispersals and closures.
- 9.3 BaNES HealthWatch had supported the process and agreed that this had been a successful and smooth process; thanks were noted to the CCG team.
- 9.4 The Committee **approved** the final BaNES closure report, noting the cost (£140,151 pre-approved) and lessons learnt.

**9b. Three Chequers Increase in GMS Space**

- 9.5 It was noted that Dr Sam Dominey is a GP Partner at Three Chequers Medical Practice and therefore has a direct conflict of interest in this item. It was proposed and agreed that Dr Dominey remained in the meeting, but not be involved in the item discussion, and as a non-voter, would not be involved in decision-making.
- 9.6 The request from Three Chequers was for further office space in the building next to one of its surgeries to free up clinical space. This would be within the additional funds released by the closure of St Ann's Surgery in 2020.
- 9.7 The Committee **approved** the increase in GMS rent for Three Chequers Medical Practice at a cost of £12,500.

**9c. Maternity Claims Outside Timely Submission**

- 9.8 The Committee received a request to fund maternity locum claims outside of the stated timescales. It was noted that this particular practice had four late claims, but had gone through a number of exceptional circumstances that contributed to the delay. One claim had been made within the set timescales. Wiltshire practices had been contacted in 2019 with an amnesty on locum reimbursement, but this had been missed by the practice.
- 9.9 Extensive discussion had taken place at PCOG concerning the request, the torrid set of circumstances, the Standing Financial Entitlements and six-year claim rule. Although acknowledging the exceptional circumstances, PCOG wished to recommend this compromise proposal for approval by PCCC - payment in full for the period with exceptional circumstances, payment in full for the period ending January 2021 and 50% payment for the other two claims.
- 9.10 The Committee discussed the request and noted the following:
- The deadline for claims was 18 months ago and clear rules had not been complied with.
  - It was the responsibility of each practice to have an understanding of its finances and maintain business income. This late request indicated a lack of action from the practice.
  - The Committee needed to be aware of the consequences to the practice and its neighbouring practices should the request not be approved. Non-approval could result in financial implications to the practice, affecting its ability to offer patient care. This could also affect future recruitment to the practice,
  - The CCG had offered support to the practice during its period of vulnerability. Alternative support packages needed to be devised to move away from expected financial support.
  - Payment of this request would be made from accrued brought forward funds of maternity locum payments, and would not come from the primary care budget.

- There was concern of setting a precedent, but acknowledgment that the issues surrounding this related to a wider financial viability and sustainability issue of the practice, and not in relation to the claim process put into place.
- It was queried as to whether items such as this should also be discussed by the CCG Finance Committee to provide that financial review and opinion. The role of both PCCC and the Finance Committee needed to be clarified in these circumstances.
- The Standard Financial Entitlements acted as a legal framework for the CCG to make payments. Exceptional circumstances could lead to reasonable changes to the claim timescales. A discussion regarding the list of exceptional circumstances was suggested to clarify future governance of requests such as this. This would need to be clearly communicated with practices.

9.11 The majority of the Committee **approved** the payment of maternity locum support in line with the PCOG compromise proposal – at a cost of £92,395. It was noted that the Lay Member Patient and Public Engagement and Lay Member Finance did not support this decision.

#### **9d. Swindon Practices Merger**

9.11 An application for merger had been received from Carfax Health Enterprise CIC to merge Great Western Surgery into the Sparcells Surgery GMS contract, and to operate Great Western Surgery as a branch surgery. There was no anticipated financial impact to the CCG.

9.12 The Committee **approved** the merger of Great Western Surgery and Sparcells Surgery in Swindon.

### **10 Quality Report**

10.1 The Director of Nursing and Quality expressed the need for the Quality Impact Assessment to be completed to support papers and proposals to clearly indicate the patient impact.

10.2 The Committee received the Quality Report, noting in particular:

- Improvement was evident with regards the learning dilatability annual health checks following support from an external provider. Headway was being made.
- The uptake for flu vaccinations for 2020-21 had been at a good level against national records thanks to PCN's and other providers.
- A report on the impact of the COVID vaccination programme would be brought to a future PCCC meeting.
- The scorecard was being developed to enable the learning to be captured, moving away from the regulation focus. Work by the Quality Team continued to support practices to improve their CQC rating.
- Themes had been drawn out from recent patient safety incidents, with access to primary care noted. Assurance was given that these were being addressed and further discussed at the PCOGs and the BSW Quality Surveillance Group.
- The level of scrutiny and oversight as the integrated approach developed was a focus.

#### **10a. Learning Disabilities Health Check Pilot Evaluation Report**

10.3 Evaluation of the pilot was to be completed by University of Bristol by September 2021. The report would be shared with PCCC when available.

#### **10b. HealthWatch Report**

10.3 The Chair invited attending HealthWatch representatives to share current primary care issues and concerns as raised by the public.

- 10.4 JP advised that each individual HealthWatch organisation fed into the national HealthWatch England any concern and issue trends being seen. Praise was given to BSW for its innovative approach to reaching the boating community with the COVID vaccination programme. Details of the vaccination boat were shared upon the BaNES HealthWatch website, and had been reported to the national meeting as an effective project.
- 10.5 SB advised that Swindon HealthWatch had been focussed recently on digital inclusion and exclusion. It was being found that a large part of practice staff time was being spent in supporting patients to use the new technology and systems available, impacting on time spent on video appointments. This would feed into the review being undertaken by HealthWatch England.

## **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 outturn position for BANES, Swindon and Wiltshire CCG to Month 12 of the 2020/21 financial year, and set out the detail for the H1 allocations, funding and associated budgets.
- 11.2 The completed 2020-21 outturn was low risk and the variances understood as we moved into the 2021-22 financial year. The multiple funding pots associated with primary care funding indicated the complexity of managing allocations.
- 11.3 Primary care schemes had been identified against the 2021-22 transformational monies, which equated to £6.8m. Detail of each of these had been shared during the PCCC Seminar held in May.
- 11.4 The next finance report would include detail of the local enhanced services and GP forward view.
- 11.5 The Committee **received and noted** the report.

## **12 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 relating to demands and workforce across primary care in BSW.

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

- 13.1 The Committee **received and noted** the latest update report from the PCOGs.

## **14 Primary Care Commissioning Committee Forward Plan 2021-22**

- 14.1 The Committee **noted** the Committee forward plan for 2021-22. The July Seminar would focus on Patient Safety and Quality, and Estates and Digital.
- 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**

### **15a. NHS Digital - General Practice Data for Planning and Research (GDPR)**

- 15.1 The Lay Member for Finance referenced the national concerns that had been raised regarding the NHS Digital GDPR and the extraction of patient confidential data into a central national database, without actively engaging the public. The opt out deadline had



been extended to 1 September 2021. Although determined by NHS Digital, BSW needed to prepare a consistent approach by practices in the way it was communicated to patients. Links needed to be formed with the LMC and HealthWatch to share these messages also.

- 15.2 This was an area of discussion by the Digital Board. A request would be made for Jason Young (Assistant Director of Digital Transformation) and Dr Shanil Mantri (Chief Clinical Information Officer for BSW CCG) to provide a recommendation to the BSW PCOG being held on 17 June 2021.

[ACTION: Recommendation from the BSW Digital Board to be made to the BSW Primary Care Operational Group with regards the General Practice Data for Planning and Research and consistent patient messaging.](#)

- 15.3 There being no other business, the Chair closed the meeting at 15:24hrs

Signed as a true record and as approved by the BSW CCG Primary Care Commissioning Committee at the meeting held on 9 September 2021:

**Name:**

**Role:**

**Signature:**

**Date:**