

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

Thursday 9 September 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)  
Chief Financial Officer, Caroline Gregory (CG)  
Director of Strategy and Transformation, Richard Smale (RS)  
Director of Primary Care, Jo Cullen (JC)

#### Attendees

Locality Healthcare Professional (Swindon), Dr Francis Campbell (FC)  
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)  
Deputy Director of Primary Care, Tracey Strachan (TS)  
Associate Director of Finance – BaNES, John Ridler (JR)  
Representative from Wessex LMC, Dr Gareth Bryant (GB) *(from 14:04hrs)*  
Communications and Engagement Specialist – Media Relations, Shaun Dix (SDi)  
Board Secretary, Sharon Woolley (SW)

#### Apologies

Medical Director, Dr Ruth Grabham (RG)  
Representative from HealthWatch Swindon, Harry Dale (HD)  
Representative from HealthWatch Wiltshire, Joanna Wittels (JW)  
Locality Clinical Lead (BaNES), Dr Bryn Bird (BB)  
Locality Clinical Lead (Wiltshire), Dr Edward Rendell (ER)  
Locality Clinical Lead (Swindon), Dr Amanda Webb (AW)  
CEO, Tracey Cox (TC)  
Locality Healthcare Professional (Wiltshire), Dr Nick Ware (NW)

### 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. None of the interests registered were deemed to be relevant for the meeting business. There were no other interests declared regarding items on the meeting agenda.
- 2.2 It was acknowledged that the primary care agenda would bring conflicts of interests for all Committee GPs working across BaNES, Swindon and Wiltshire (BSW). This would be managed by allowing them to be part of item discussions, but ensuring they did not influence any decision making. GPs on the Committee are non-voters.

## **3 Questions from the Public**

- 3.1 No questions had been received ahead of this meeting.

## **4 Minutes from the meeting held on 10 June 2021**

- 4.1 The minutes of the meeting held on 10 June 2021 were **approved** as an accurate record of the meeting.

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

- 5.1 Seven actions were recorded on the tracker, six of which were marked as CLOSED with an update provided for the Committee to note.
- 5.2 One action regarding the Learning Disabilities Health Check pilot evaluation report remained as ONGOING – in the absence of the Director of Nursing and Quality, the expected timescale to receive the evaluation report was unknown. This would remain on the action tracker. ONGOING
- 5.3 The Committee reviewed the Themes to Watch list and discussed the following items:
- Primary Care Communications (to the public) – Concerns were raised about the communication from the CCG and Practitioners to the public and patients, both in terms of insufficient volume and clear, comprehensible messages. Those within the health sphere were aware of the changes regarding the triaging of patients for example, but the public had little understanding of this process change and its impact.  
[ACTION: Healthwatch and CCG Communications Team to review public messaging construct to ensure clear and concise.](#)

It was acknowledged that a considerable amount of public communications had been undertaken more recently through a range of channels concerning primary care workload, increased demand, face to face appointments and zero tolerance to abuse. The CCG Communications Team worked closely with practices to offer support, particularly during challenging events. A frontline approach was needed to create meaningful and local messages that patients could relate to, targeted through the right forums, and direct from Primary Care Networks (PCNs) and practices, rather than the broad messages from the CCG. Some practices were not always proactive in their direct communications with patients, although it was recognised that a balance was needed to ensure these did not intrude on patients' personal time. Some guidance on patient messaging would be helpful for practices. Practices used their own websites for sharing of information.

[ACTION: Patient communication questions to be raised with the Patient Participation Groups and to be added to the next Our Health Our Future Citizens Panel to gain an understanding of what communications from practices was required/wanted.](#)

- Blood Testing Complaints – An increase in complaints to surgeries was expected as an impact of the global shortage of blood test tubes. The shortage had resulted in a restriction in routine blood tests, reducing non-clinically urgent testing. Decisions concerning blood tests were being made to ensure clinically urgent blood tests were still being undertaken. The supply position of tubes was expected to remain for a few weeks. This additional pressure could impact further on the public's relationship with primary care, and increase clinician burn-out. It was agreed that rather than adding this to the Themes to Watch list, a focussed piece of work would be undertaken to assess the potential damage and understanding using available data.  
**ACTION: A focussed piece of work to be undertaken to assess the potential damage and public understanding of the impact of the blood test tube shortage, using available data.**

## 6 Developing a BSW Care Model

- 6.1 The Director of Strategy and Transformation talked through a number of slides concerning the development of the BSW Health and Care Model, and drew members attention to the following:
- The delivery of health and care across BSW was complex due to the local community based service level, interacting with specialist tertiary centres. The aim was to understand how all services could fit together to enable this to inform how resources could be best invested in the future.
  - Work on developing the Health and Care Model had commenced with the BaNES footprint, with engagement and discussions well underway. Pre-existing work had been completed in Wiltshire and Swindon, and was now being updated to feed into the overall model.
  - There was a need to ensure alignment of the three localities/places where possible, to include communications, the Single Point of Access, Clinical Hubs and involvement of the voluntary sector.
  - Bringing a richer source of information to the Model, moving away from health-heavy data, would also support alignment with social care and voluntary sector.
  - There will be two supporting documents for the Model; one which was a simplified overview accessible for public information and one with the technical detail.
  - The Model would include how the three places will collaborate on areas such as workforce, digital technology and estates.
  - The wider determinates of health will also be incorporated to consider the health and wellbeing agenda.
  - More detail on how the system would use concepts such as risk stratification and approach to personalised care would be included.
  - Further Model development and engagement work would be undertaken between September and December, including an element of public engagement. This included a further follow up workshop on 7 October 2021. An update from this would be shared at the October Committee meeting.
  - The development of the Model was seen as an important step in creating a collective understanding of services, investments and resource gaps.

## 7 Operational Items

- 7.1 The Committee received the following operational update from the Director of Primary Care and **noted** the following:

### 7a. Current Demands and Challenges

- Gold system escalation calls were currently in place for BSW due to the sustained demand being seen by the hospitals and ambulance services. Primary Care was seeing the same demand.
- A comparison of July 2020 and July 2021 appointment records confirm an increase of over 21,000 appointments. 53.6% of July 2021 appointments were face to face.

- Detailed activity data was being monitored; profile data cuts could be made at PCN level.  
**ACTION: Profile cut data to be incorporated into next meeting report.**

#### **7b. Blood Test Bottle Stocks and Plans**

- There was a national shortage of Becton Dickinson blood bottles due to a supply disruption.
- NHS England had issued national recommendations to ensure stock levels were managed in an equitable way.
- Following discussions amongst the CCG Clinical Chair, CCG Medical Director, acutes and consultants in pathology; guidance and advice had been shared with practices.
- The impact on patients and practices was a concern. LMC were supporting practices to manage patient queries and additional workload.
- This would not have an adverse impact on the practices and their achievements against the Quality Outcome Framework (QOF).

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

- As of 8 September 2021, 1.39m vaccines had been delivered across BSW.
- BSW was seen as a high performer, being rated 13<sup>th</sup> in the country.
- National guidance concerning vaccinations of healthy 12 to 15 year olds was awaited.
- With the exception on one PCN, all other PCN's had confirmed continuation of the programme into phase three.
- It was a complex and time consuming programme – but had seen a tremendous effort from all those involved.
- Questions still surrounded the co-administering of the flu and COVID vaccine booster. Guidance was still awaited.

#### **7d. Primary Care Network Update**

- The national plan for the gradual introduction of new PCN service requirements had been released in August, confirming how PCNs could access the Investment and Impact Fund (IIF) monies available across the second half of 2021-22 and for 2022-23.
- New services would be implemented gradually through the remainder of this year, with full focus required for 2022-23.
- The detail of the PCN leadership, management and support funding, and the five key objectives for PCNs over 2021-22 and 2022-23, was still being worked through with engagement from the PCNs and their Clinical Directors.

#### **7e. Investment and Impact Fund**

- IIF had been deferred to October 2021.
- Utilisation of the unallocated funds would be a similar arrangement to QOF – ensuring a transparent and proportionate approach.
- Detail would be shared with the Primary Care Operational Group (PCOG) and the Finance Team in due course to review.

#### **7f. Phlebotomy Issues and Solutions**

- The majority of practices across BSW have one daily phlebotomy collection from their practices to the agreed hospital laboratory. This was a historic legacy issue.
- Following demand changes, practices were requesting a later second collection of blood samples.
- This second collection would help improve the quality of specimens, as well as support practices and laboratories to manage workloads.
- A system wide working group were progressing plans to utilise funding allocated by NHS England for community diagnostics to establish a second collection, anticipated to be in place by October.

## 7g. GP Patient Survey

- The GP Patient Survey (GPPS) is a national survey, providing practice-level data about patients' experiences of their GP Practices. The data from the recent survey had now been released.
- Data was available at practice, PCN and locality level, but there were some limitations to data due to sample sizes, lack of qualitative data and no trend analysis prior to 2020 due to merger. The data needed to be used along the CCG's local intelligence to form the overall picture and to identify the strategic intervention required.
- The Primary Care Team were now working through the survey data to share with colleagues, and to consider the key messages to share with the BSW public.  
[ACTION: Detailed GP Patient Survey data for BSW to be presented to the next Committee meeting.](#)  
[ACTION: Consideration to be given to the key messages to share with the BSW public, alongside the actions in place as a result of the survey.](#)

## 8 Primary Care Operational Group Recommendation for Approval

- 8.1 The Deputy Director for Primary Care presented the item for approval, as recommended by the Wiltshire PCOG. The paper recommended approval of the final concluded reconciliation of the leg ulcer locally commissioned service activity undertaken by Rowden Surgery during 2018/19.
- 8.2 The Primary Care Team were working towards a counting and coding of all locally commissioned service (LCS) activity with standardised coding and templates across all practices and at PCN level.
- 8.3 The reconciliation undertaken by Rowden Surgery at the time indicated some activity and coding issues, brought to the attention of the CCG. The ongoing work to count and code relevant activity was delayed by the pandemic, but was now complete to present to the Committee. This had been discussed and supported by the Wiltshire PCOG, acknowledging the audit trail in place to evidence the timeline of work.
- 8.4 The Committee **approved** the payment of £13,910.00 to Rowden Surgery in a final settlement of service within the 2018/19 financial year.
- 8.5 The Chief Financial Officer requested that any further outstanding practice claims (against any locally commissioned service) be brought to the attention of the Finance Team and Committee as soon as possible to enable the management of the funding and budget. It was recognised that a number of recent claims had been delayed by the exceptional circumstances of the pandemic, but the CCG needed to have oversight. This was a noted recommendation also made by CCG's External Auditors, Grant Thornton, as part of their Auditor's Annual Report - concerning financial sustainability and forward looking for the future of the Integrated Care System (ICS) and managing and understanding the deficit and ongoing costs. The Primary Care Team were currently working through a couple of known premises issues following the handover from NHS England, and these may lead to additional cost claims. As practices were able to make claims against additional service costs up to six years after the activity period, the Team were not always made aware of arising claims. It was suggested a letter of amnesty was sent out to practices to request outstanding claims (against any locally commissioned services) were brought to the attention of the CCG Primary Care Team as soon as possible.  
[ACTION: Letter of amnesty to be sent out to practices to request outstanding claims \(against any locally commissioned services\) to be brought to the attention of the CCG Primary Care Team as soon as possible.](#)

## 9 Quality Report

- 9.1 The Committee **received and noted** the Quality Report.

- 9.2 The suggestion was made to reference the Healthwatch patient experience, PALS and complaints information within the primary care quality report, to create a full picture of patient experience across primary care.  
[ACTION: Consideration to be given to the development of the Primary Care Quality Report, to include Healthwatch information.](#)
- 9.3 It was acknowledged that an Operational Pressures Escalation Levels (OPEL) system was in place to measure and track demand and pressures within hospitals, but a similar system for primary care did not exist. It was known that the British Medical Association were considering a framework, but this was still under development. BSW was trying to fully utilise the SHREWD real-time operational management tool, but currently the primary care element was not operational. Data would need to be forthcoming from practices to create that real-time picture.  
[ACTION: Further discussion concerning utilisation of the primary care element of SHREWD to be held at the BSW Urgent Care and Flow Board.](#)
- 9.4 The Registered Nurse wished to note congratulations to all practices on the latest CQC GP ratings, despite the exceptional year seen in managing the pandemic. Eight had received an overall rating of 'outstanding'. A thank you from the CCG would be communicated down to practices.

## 10 Finance Report

- 10.1 The Associate Director of Finance for BaNES presented the report, which provided the primary care financial position for BSW CCG to Month four of the 2021/22 financial year. It also provided detail against the H1 (April to September) allocations, funding and associated budgets. PCOG's scrutinised the finances and detail, with this summary presented to the Committee for oversight and assurance. The Committee noted:
- BSW Primary Care Budgets had increased from £153.7m to £162m due to additional funding and investments.
  - Month four recorded a £506,000 underspend year to date, and current forecast overspend of £780,000.
  - Brought forward benefits and profiling were being worked through, with some reduction expected.
  - Main pressures were being seen in the primary care delegated position, with a £900,000 variance forecast overspend. This was largely due to the funding shortfall for the Wiltshire locality, which had to be offset in other areas of the CCG. This was a pressure being seen across South West systems.
  - Consideration should be given to transformational monies being set aside for development of patient pathways and improving patient experience.
  - The overall primary care position was seen as 'low risk' as pressures were currently being managed.
  - Investment funds were being considered for place and system level schemes.  
[ACTION: The locality investment considerations and approach to be brought to the private session of the next meeting for Committee consideration.](#)
- 10.2 The Committee **received and noted** the report.
- ### 10a BSW Practice Merger and Closure Protocol
- 10.3 Production of a practice merger and closure protocol was an action from previous discussions within the PCCC private session. The Associate Director of Finance for BaNES presented the protocol, which aimed to clarify the financial support available to practices who were looking to merge or close, bringing a greater consistency.
- 10.4 The protocol covered different merger situations, providing details on the guidance, process and governance requirements to support practices. Financial support of £5,000 to £10,000 was proposed, although up to £15,000 in recognising that some mergers were more

complex than others. Payment would be made on a 50/50 basis – with the remaining 50% paid on completion and evidence of outcomes.

10.5 The protocol was to add value to due diligence considerations. Following engagement and consultation with CCG colleagues, a section of top tips gathered from previous mergers had been included to bring the learning together.

10.6 The Committee **approved** the protocol for use across BSW with primary care practices and in providing any relevant financial support.

## **11 Integrated Care System Development – latest position regarding transfer / delegation of primary care functions from NHS England to the BSW ICS**

11.1 The Director of Strategy and Transformation talked through a number of slides and provided the Committee with an update on the proposed Integrated Care Board (replaced ICS terminology) transfers and delegations to primary care.

11.2 Discussions were underway within the BSW system as to what services were taken on through delegated responsibility, and when. Delivering some services locally brought added advantages and value, but it was acknowledged there were still a number of unknowns and risks.

11.3 During a regional call held on 7 September 2021, it was felt that the current lack of information suggested that transfer may be delayed until April 2022. This was a differing view across the seven South West systems. An expression of interest was to be submitted regionally by 30 September 2021. The concept of a South West commissioning hub was also to be considered by NHS England.

11.4 The Director of Primary Care shared experiences of the previous delegated responsibility transfer, and the requirement for additional resources and capacity. Managing the different contractor groups with different regulations would bring additional demands on workload.

11.5 The Committee agreed that without sufficient information and guidance, the transfer should be delayed until 2022 to create a more realistic timeline. There was a need to focus on recovery and re-establishing services and business as usual, and to ensure staff were not overwhelmed with another major service change. Learning could be taken from other South West systems if they wished to continue with the transfer on 1 April 2021. The Committee would be kept informed of developments.

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

12.1 The Committee **received and noted** the summary report on the Wiltshire PCOG meeting held since the last meeting of the Primary Care Commissioning Committee.

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

13.1 The Committee **noted** the Committee forward plan for 2021-22. The October meeting would be a meeting in public also, with time also set aside for a private seminar session.

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**

**14a Change of Committee Membership**

14.1 A change of role for Lay Member Ian James was noted, Ian would become the Lay Member for Audit from 1 October 2021, following the resignation of Lay Member, Peter Lucas. It was acknowledged that Ian will no longer be able to attend PCCC. The Chair wished to record her thanks on behalf of the Committee for the challenges and contributions made over the last 18 months.

14.2 There being no other business, the Chair closed the meeting at 14:57hrs

Signed as a true record and as approved by the BSW CCG Primary Care Commissioning Committee at the meeting held on 14 October 2021:

**Name:**

**Role:**

**Signature:**

**Date:**