

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

Thursday 9 December 2021, 13:30hrs

Virtual meeting held via Zoom

Present

Voting Members

Lay Member Primary Care Commissioning (Chair), Suzannah Power (SP)
Lay Member Patient and Public Engagement (Vice Chair), Julian Kirby (JK) *(from 13:38hrs)*
Chief Executive, Tracey Cox (TC)
Registered Nurse, Maggie Arnold (MA) *(from 13:46hrs)*
Medical Director, Dr Ruth Grabham (RG)
Director of Strategy and Transformation, Richard Smale (RS)
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 14:00hrs)*
Locality Healthcare Professional (Swindon), Dr Francis Campbell (FC)
Locality Healthcare Professional (Wiltshire), Dr Catrinel Wright (CW)
Director of Nursing and Quality, Gill May (GM)
Deputy Director of Primary Care, Tracey Strachan (TS)
Deputy Director Nursing and Quality, Sharren Pells (SPe)
Associate Director of Finance – BaNES, John Ridler (JR)
Representative from HealthWatch Swindon, Steve Barnes (SB)
Representative from HealthWatch Wiltshire, Joanna Wittels (JW)
Acting Chief Executive, Wessex LMC, Dr Gareth Bryant (GB)
Clinical Liaison & Engagement Specialist - Communications & Engagement, Helen Robertson (HE)
Patient Safety and Quality Lead, Claire Spiers (CS)
BSW Assistant Director of Primary Care – Swindon Locality, Louise Tapper (LT)
Board Secretary, Sharon Woolley (SW)
Communications Team, Gill Kirk-Burgess (GKB)

Apologies

Locality Healthcare Professional (Wiltshire), Dr Nick Ware (NW)
Locality Clinical Lead Swindon, Dr Amanda Webb (AW)
Locality Healthcare Professional (Wiltshire), Dr Sam Dominey (SD)
Chief Financial Officer, Caroline Gregory (CG)
Representative from HealthWatch Swindon, Harry Dale (HD)
Representative from HealthWatch Bath & North East Somerset, Joanna Parker (JP)

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 once the Lay Member PPE joined the meeting from 13:38hrs.
- 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 the meeting.

4 Minutes from the meeting held on 14 October 2021

- 4.1 The minutes of the meeting held on 14 October 2021 were **approved** as an accurate record of the meeting.

5 Action Tracker and Themes to Watch

- 5.1 Eight actions were noted on the tracker. Four were marked as CLOSED or COMPLETED, with updates provided for the Committee to note. There were no further updates to note against the ONGOING actions.
- 5.2 The Committee reviewed the Themes to Watch list. There were no further items to add.

6 Summary of Decisions made at the PCCC Private Meetings

- 6.1 A report summarising those decisions made at the Primary Care Commissioning Committee meetings held in private on 9 September 2021 and 11 November 2021 had been included in the paper pack. These referenced the GP Flexible Pool and the Primary Care H2 Block Funding decisions.
- 6.2 The Committee **noted and ratified** the decisions made in the PCCC Private meetings on 9 September 2021 and 11 November 2021.

7 British Medical Association Ballot Result

- 7.1 The Acting Chief Executive from Wessex LMC advised that a primary care ballot in response to the recent Government proposal and national letter had been undertaken. The indicative ballot undertaken by the British Medical Association (BMA) concerning GP willingness to engage in industrial action had concluded, with a 35% response rate. From the responses:
 - 80% of those voted in support of withholding appointment data.
 - 84% voted that they would be willing to refuse to comply with COVID certification.
 - 58% would be willing to withdraw from Primary Care Networks (PCNs) at the next opt out period.

- 39% would be willing to disengage with the PCN Directed Enhanced Service (DES) before the opt out period.

7.2 The LMC had discussed the results in its closed conference session to consider the next steps. It was felt that it would not be close to mandate for the BMA to approve taking industrial action.

7.3 It was noted that there was now a new lead for the BMA GP Committee, with appointments to the Executive Team to be made. Recent communications had seen encouraging comments regarding resetting with the government. GPs involved in the ballot would be awaiting the steer from the BMA on next steps, but it was acknowledged that current pressures and demands would have taken the attention from this.

8 Operational Items

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

8a. Current Demands and Challenges

- Monthly monitoring of GP appointments continued, with 535,700 in October 2021, compared to 449,000 in September 2020. This was partly due to the high volume of additional flu clinics. Flu vaccination appointment accounted for 17% of GP appointments in BaNES, Swindon and Wiltshire (BSW) for October 2021. The detail behind the appointment data was available should members wish to receive this. [ACTION: PCCC Chair to talk through CCG reporting with Healthwatch representatives to seek possible improvements and aid understanding of how data is presented.](#)
- 66.3% of appointments were face to face in October 2021.

8b. Update on COVID-19 Vaccination Programme

- The UK marked one year since deploying the first COVID-19 vaccine on 8 December 2021.
- At the time of reporting, 1.8m vaccines had been delivered in BSW thanks to the significant efforts of all involved in delivery of the vaccination programme.
- The national announcement made on 29 November 2021 came with updated advice following the emergence of the Omicron variant. A number of temporary GP Contract changes were being made to support the vaccination programme; including changes to the Quality Outcome Framework and Minor Surgery DES.
- Those PCN sites that had planned to exit the programme at Christmas were now being asked to continue their efforts during this challenging period to support the required increased in vaccine effort. Assurance was given to the Committee that BSW was maintaining sufficient capacity across the patch to meet the demands of the programme, picking up housebound and care homes as required. It had been clear nationally that vaccine delivery was to be at PCN level via a PCN led site, it was not possible for individual practices to run these.
- The Committee recognised the additional work for primary care, regardless of the additional monies being made available. A sustainable vaccination programme was needed going forwards that was not dependent on primary care to enable it to continue to meet the capacity and demand requirements, and the requirement to continue a vaccination campaign.

8c. Winter Planning

- Continuing to improve access to primary care and supporting general practice formed part of the winter planning and the submission against the Winter Access Fund.
- BSW had submitted a plan to NHS England, focussing on working across practices, PCNs and local systems to support primary care in the difficult months ahead
- A number of locality plans had been supported with funding received, expanding the Community Pharmacy Consultation Service and supporting the Clinical Assessment Service.

- As a late addition to the presentation - in line with National Temporary Changes to GP Contracts – a proposal was made to suspend the CCG's Prescribing Incentive Scheme for this financial year given the pressures in primary care. This would remain at £1 per patient. Practices would continue to work with the Meds Optimisation Team on schemes where possible. Funding for this had been identified within the existing budget. The Committee recognised the extraordinary work across primary care over the last few months - the achievements in delivering the vaccination programme in the timeframe, alongside the need to increase access to primary care. The Committee further recognised the costs on the individuals providing that level of service, which was not sustainable. The proposal would be in line with the BSW Covid-19 Response Primary Care offer. The Committee did support this proposal in principle, but requested a supporting paper to ensure appropriate review and scrutiny before confirming a decision. [ACTION: Supporting paper to be prepared and shared with the Committee to propose the suspension of the CCG's Prescribing Incentive Scheme for the remainder of this financial year.](#)

8d. Phlebotomy Collections

- Following good collaborative working with transport providers, pathology laboratories and the CCG acute and primary care teams, additional later specimen collections were being put into place from December and January.

9 BSW Integrated Care Alliances Update and Developments

9.1 The Chair invited the Locality Clinical Leads to update the Committee on the development work underway in support of the establishment of the BSW Integrated Care Alliances (ICAs) for each locality.

9.2 The Committee noted the following from the update provided by the BaNES Locality Clinical Lead:

- Two-way discussions were being held with primary care colleagues concerning the integrated care arrangements for place level, system and ICA, with consideration to be given to the Integrated Care Board nomination.
- Primary Care Alliance (PCA) (looking to rename) – involves BaNES Enhanced Medical Services (BEMS), PCN Clinical Directors, practice managers, Allied Health Professionals and the LMC. This was to give the balance of voice and representation of primary care, broader than just GPs. One PCA representative would then sit upon the BaNES ICA.
- Primary care forums in BaNES were to continue with system colleague involvement, with arrangements and co-ordination to be finalised.
- Availability and use of population health analytics and data was improving, providing neighbourhood and place level information of benefit to practices.

9.3 The Committee noted the following from the update provided by the Wiltshire Locality Clinical Lead:

- The governance surrounding the Wiltshire ICA was in development, ensuring it remained connected with the three place-based partnerships and the system level. Further discussions were needed about the BSW Integrated Care Partnerships to inform ICA development, and needed to further engage with local authority partners.
- Although keen to engage, capacity amongst partners and primary care remained an ongoing issue and implication on development and representative roles. The unique geography of Wiltshire and three referral routes was leading to a model including three primary care representatives sitting on the Wiltshire joint committee.
- Discussions were being held to explore the structures being used by Dorset, Bristol and BaNES around primary care collaboration to provide a connecting structure between the ICA, Integrated Care System (ICS) and primary care. It was advised that in Bristol, North Somerset and South Gloucestershire (BNSSG), the nominated Chair of the GP Collaborative Board would be the primary care representative upon their ICB Board. The new BSW ICB was to have one clinical member upon the Board. Place discussions were

reflecting upon this change from the current CCG membership arrangements, considering where the natural level of engagement lie.

9.4 In the absence of the Swindon Locality Lead, the following was noted:

- Good engagement with Swindon primary care colleagues remained, with the concept of collaboration or alliance place based structures to connect with the Swindon ICA; governance and principles were moving forward.

10 Quality Report

10.1 The Committee **received and noted** the Quality Report. The Director of Nursing and Quality highlighted the following items to the Committee:

- The Primary Care Quality Oversight Assurance Group had now been established to monitor the completion of improvement plans, mitigations and to ensure the right level of support from the CCG to those practices that required improvement following their CQC inspections.
- The Medical Examiner role was already established within BSW acute providers. BSW acute providers have been allocated additional funds to support the roll out of Medical Examiners into the community, including primary care. This role formed part of the patient safety changes being implemented.
- Complaints regarding access to vaccinations had been logged through PALS. Support was being provided to individuals, acting as a contact point to take this pressure away from practices.
- The ambition remained to implement the incident reporting system (Learn from Patient Safety Events) across BSW to ensure more collaborative working of primary care, but it was acknowledged that it was not currently an appropriate time to implement this. The functionality issue had been resolved, the system would be ready to roll out when appropriate.
- Discussions were to be held with HealthWatch representatives to ensure a link with the Quality Report going forwards. HealthWatch were also to join the Quality Surveillance Group. The results from the HealthWatch GP Survey would be fed through the appropriate routes for discussion.

11 Finance Report

11.1 The Associate Director of Finance for BaNES presented the report, which provided the primary care financial position for BSW CCG to Month seven of the 2021/22 financial year. The Committee noted:

- The financial position as at the end of October 2021 recorded an underspend in Primary Care by £849k, with a forecast underspend for the remainder of the year of £629k anticipated.
- BSW CCG has received £780k against the bids made to date to the Winter Access Fund.
- Additional Service Development Fund (SDF) non-recurrent funding for primary care was fully committed for H1, and all expected funding confirmed for H2. The Committee was to consider use of the 2021/22 investment monies and the remaining planned commitments for the year in its private session.

11.2 The Committee **received and noted** the report.

12 Primary Care Operational Groups Update Report

12.1 The Committee **noted** the summary report of the BSW PCOG meeting held on 4 November 2021.

13 Primary Care Risk Register

- 13.1 The Risk Register for Primary Care was circulated for information, which details the primary care risks currently upon the CCG's corporate risk register.
- 13.2 The Committee **noted** the report and the progress made to date on actions in place to mitigate risk.

14 Any Other Business

- 14.1 There being no other business, the Chair closed the meeting at 14:29hrs

Signed as a true record and as approved by the BSW CCG Primary Care Commissioning Committee at the meeting held on 10 February 2022:

Name: Suzannah Power

Role: Lay Member Primary Care Commissioning (Chair),

Signature:

Date: 25th February 2022