

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

Thursday 10 February 2022, 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) – *until 14:00hrs*  
Registered Nurse, Maggie Arnold (MA)  
Chief Financial Officer, Caroline Gregory (CG)  
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 14:12hrs*  
Locality Healthcare Professional (Swindon), Dr Francis Campbell (FC)  
Locality Healthcare Professional (Wiltshire), Dr Catrinel Wright (CW)  
Locality Healthcare Professional (Wiltshire), Dr Nick Ware (NW)  
Locality Healthcare Professional (Wiltshire), Dr Sam Dominey (SD)  
Director of Nursing and Quality, Gill May (GM)  
Deputy Director of Primary Care, Tracey Strachan (TS)  
Representative from HealthWatch Bath & North East Somerset, Joanna Parker (JP)  
Acting Chief Executive, Wessex Local Medical Committees Ltd, Dr Gareth Bryant (GB)  
Associate Director of Finance – BaNES, John Ridler (JR)  
Board Secretary, Sharon Woolley (SW)  
BSW Assistant Director of Primary Care – Swindon Locality, Louise Tapper (LT)  
Senior Commissioning Manager for Primary Care, Louise Sturgess, (LS)  
Patient Safety and Quality Lead, Claire Spiers (CS)  
Communications and Engagement, Sheena Hobbs (SHo)  
Integrated Care Board Chief Executive Designate, Sue Harriman (SH)  
Project Lead - Primary Care Flexible Staff Pool, Rachel Cooke (RC) – *for item 9*  
Lantum, Charlie Mostyn – *for item 9*

#### Apologies

Representative from HealthWatch Wiltshire, Joanna Wittels (JW)  
Representative from HealthWatch Swindon, Steve Barnes (SB)  
Locality Clinical Lead (Swindon, Dr Amanda Webb (AW)  
Chief Executive, Tracey Cox (TC)  
Communications and Engagement, Gill Kirk-Burgess (GKB)

### 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. Consideration is being given to future Committee meetings and some moving back to face to face. Further details would be shared with members in due course.
- 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 conflict of interest was noted:
  - Item 8a – Wiltshire Prescribing Incentive Scheme Payments - Dr Sam Dominey is a GP Partner at Three Chequers Medical Practice and therefore has a direct conflict of interest in item 8a. As this was a meeting held in public, 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 There were no other interests declared regarding items on the meeting agenda.
- 2.4 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 9 December 2021**

- 4.1 The minutes of the meeting held on 9 December 2021 were **approved** as an accurate record of the meeting, with one amendment noted:
  - Page 4, item 9.2 – replace *site* with *sit* on the second bullet.

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

- 5.1 Six actions were noted on the tracker. Four were marked as CLOSED, with updates provided for the Committee to note.
- 5.2 The Committee requested the reopening of the 'patient communication' action due to the further work still to do regarding GP access, and the results from the Healthwatch Wiltshire audit were still awaited. The Communications Team were working with practices and Healthwatch to review practice websites and the information shared. The CCG continued to share information also via its own website and social media channels. ONGOING
- 5.3 The Chair advised that efforts had been made to schedule a 'Primary Care Data and the IT Interface' meeting to talk through CCG reporting with Healthwatch, unfortunately dates had not been able to accommodate all. New dates would be shared shortly. ONGOING
- 5.4 The Committee reviewed the Themes to Watch list. The Chair suggested that the three items noted on the themes to watch be removed. Primary care communications and primary care wellbeing were constantly considered as part of the ongoing support. Similarly,

the transition to the BSW Integrated Care System was moving at pace in time for 1 July establishment. There had been a stall on the transfer and delegation of additional primary care functions from NHS England due to the pandemic pressures. These discussions were now to restart, agenda items would be raised as required.

5.5 The themes to watch list would be updated and items removed as suggested.

## **6 Summary of Decisions made at the PCCC Private Meetings held on 9 December 2021 and 13 January 2022**

6.1 A report summarising those decisions made at the Primary Care Commissioning Committee meetings held in private on 9 December 2021 and 13 January 2022 had been included in the paper pack. This referenced the decisions taken on Somerton House Surgery Temporary List Closure, Pulteney Practice Temporary List Closure, Primary Care Funding, Funding for Atypical Populations (BaNES) and Secondary Care Bloods.

6.2 The Committee **noted and ratified** the decisions made in the PCCC Private meetings on 9 December 2021 and 13 January 2022.

### **6a. Out of Committee Decision Report - Prescribing Incentive Scheme Suspension**

6.3 The report documented the urgent out of committee decision made regarding the suspension of the Prescribing Incentive Scheme for 2021-22. In accordance with the Committee's terms of reference and in line with the Delegated Financial Limits, a supporting paper and recommendation were circulated to Committee members on 10 December 2021, with confirmation of approval of the agreed approach requested from voting members by 13 December 2021.

6.4 The Committee **noted and ratified** the decision made outside of committee – to suspend the prescribing incentive scheme for 2021/22.

## **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**

- The trend data was now available back to April 2019.
- Appointment data indicated 443,100 appointments were held in December 2021, compared to 359,400 in December 2020, a 23% increase in activity.
- Face to face appointments were 61.9% of the total appointments, compared to 58% in December 2020.
- The national data had now been included in the graph comparison, as available up to November 2021. BSW was following similar activity levels to the national records.

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

- The national letter received on 27 January 2022 covered the period until 31 March 2022, and listed the key priorities for practices and Primary Care Networks (PCNs) - continued delivery of general practice services, management of symptomatic COVID-19 patients in the community and support to the roll out of new services and treatments, and ongoing delivery of the COVID-19 vaccination programme, particularly to the most vulnerable people, to minimise health inequalities, to care home residents and staff, those with underlying health conditions and carers, housebound, eligible 12-15 year olds, and at risk 5-11 year olds.
- Over 2.1m vaccines had been delivered in BSW – an amazing effort by all involved, including the military. PCNs were maintaining delivery where possible. Pop up clinics and the bus were being used to increase uptake and to reach those hard-to-reach communities and groups, particularly in those unvaccinated areas.

## **7c. Surge Planning**

- System pressures had worsened with staff shortages and continued demand and challenges.
- 100% of practices were now reporting every day upon the SHREWD system, ensuring practices reported their workforce and demand challenges to feed into the overall BSW picture. The Committee welcomed this positive step for practices. Practices needed to see the consequences of their input, and the added value and support of reporting into system level.
- Practice and PCN plans continued to be developed, personalised and localised – incorporating action cards and surge plans.
- Mutual aid and closer working between practices was enabling tangible solutions to continue core service delivery.
- The TeamNet page was being developed to share all schemes, training offers, IT and digital support, communication materials, complaints support and Hot Hub arrangements.
- There was a continued system response and focus on the flow of patients through the acutes to community settings, and the provision of extra bed capacity in the community and out of hospital – with wrap around primary care support.

## **7d. Vaccination as a Condition of Deployment (VCOD)**

- The Secretary of State for Health and Social Care announced on 31 January 2022 that the Government was looking to revoke the regulations requiring vaccination as a condition of deployment for healthcare workers from 1 April 2022. Further guidance was awaited.

7.2 The Medical Director advised that Community Development Medicinal Units (CDMUs) were being established in localities to support the new set of treatments prescribed and delivered by the acutes for those vulnerable COVID-19 positive patients. The complexity around the new treatments, which were stepped up before Christmas following the identified Omicron variant, was to make contact with patients within 5-7 days of them testing positive. This required urgent contact, assessment of the suitability of the treatment, and then delivery of the treatment – all within a short timescale. A unique service being offered, with support of primary care colleagues to identify eligible patients who qualify for treatment. Those patients who had not yet received the letter are asked to contact their GP or out of hours 111 to keep to the timescales. GPs could not prescribe treatment, but can email a referral into the service for triage. It was noted that this service was for those patients who had tested positive for Omicron and were feeling unwell with worsening symptoms.

## **8 Primary Care Operational Group Recommendations for Discussion and Approval:**

### **8a. Wiltshire Prescribing Incentive Scheme Payment**

- 8.1 It was noted that Dr Sam Dominey would not be involved in this item discussion due to the recorded conflict of interest.
- 8.2 The historic Wiltshire Prescribing Incentive Scheme was based on practice participation and performance. 2020-21 was intended to be the transition year where performance elements were phased out to align to the schemes in BaNES and Swindon. However, during 2020-21, all incentive schemes had been frozen nationally.
- 8.3 There had been a noted misunderstanding between some of the practices and the Medicines Management Team as to whether it was the full scheme suspended with block payment, or the performance element was still payable on actual performance.
- 8.4 Two practices, Ramsbury Surgery and Three Chequers Medical Practice, had been close to meeting the target and had assumed payment due to the protection. The budget to cover these reasonable payments had been identified. Although only Three Chequers had

appealed, it felt equitable to make payment to both practices, based upon the historic performance suggesting that they would have achieved the target. Assurance was given to the Committee that the achievements of all practices in Wiltshire had been reviewed, with no repercussions expected from BaNES, Swindon or Wiltshire practices. There had been a significant difference in the achievements of the third practice. Wiltshire Primary Care Operational Group (PCOG) had discussed this thoroughly and had acknowledged the clear gap from these top two practices and the next tranche, supporting the request and recommending approval by the Committee

- 8.5 This would not be an ongoing issue across BSW, as the incentive schemes were now aligned, with the performance element removed.
- 8.6 The Committee **approved** payment of the 2021 Prescribing Incentive Scheme Performance achievement to Three Chequers Medical Practice (£16,462) and Ramsbury Surgery (£1,847).
- 8b. Personal Medical Services to General Medical Services Requests from Hathaway Medical Partnership and Sixpenny Handley Surgery**
- 8.7 The CCG had received requests from Hathaway Medical Partnership and Sixpenny Handley Surgery to move from a Personal Medical Services (PMS) to General Medical Services (GMS) contracts. This decision is presented to the Committee as part of due process, acknowledging that the practices have the right to request this move. The required three months notice had been provided. There was a minimal difference in contracts or financial impact. These requests had been supported by the Wiltshire PCOG, and were recommended for approval by the Committee.
- 8.8 The Committee **approved** the transfer to GMS contracts for Hathaway Medical Partnership and Sixpenny Handley Surgery.
- 8c. Special Allocation Service Contract Extension**
- 8.9 The current Special Allocation Service (SAS) contract with Courtyard Surgery was to expire on 31 March 2022. The request was to extend this, on a revised service specification, for 12 months to 31 March 2023.
- 8.10 The review of the existing service was underway, to bring a more resilient and sustainable service for the whole of BSW, but due to the pandemic, it had not been possible to roll out the complete process by year end. It was proposed that the 12 month extension contract terms would also be applied to Kingswood Surgery for the Swindon contract from April 2022. This alignment of contract terms would see a slight difference in payment, levelling up for the Swindon provider, but would remain within budget. The payment was based on activity levels.
- 8.11 The full tender and BSW procurement process would be undertaken, commencing April 2022. The shortage of SAS providers previously was recognised, but may encourage other providers if the specification was revised. The team were liaising with other CCGs to seek other potential providers. The tender may look to include mental health and complex patient intensive support elements, or those similar to that of the High Intensive User project. This would be assessed as the tender developed in collaboration with colleagues, to move towards a more integrated service that included other non-medical factors – bringing benefit to both patients and GPs with a shared services approach. The patient pathways would be a focus, to ensure options of support were offered to enable patients to exit the pathway via other routes. Regular updates would be shared with the Committee as appropriate.
- 8.12 The Committee **approved the extension** of the current Special Allocation Service contracts (on revised service specification) for twelve months to 31 March 2023.

## 8d. BSW Primary Care Handbook

- 8.13 The Committee **approved** the adoption of the BSW Primary Care Handbook and **noted** that it was now being rolled out across BSW. This did not change legal and national policies, instead provided guidance on BSW processes.

## 9 Primary Care Flexible Staff Pool

- 9.1 The CCG's Project Lead for the Primary Care Flexible Staff Pool and the Regional Activation Manager for Lantum were in attendance to present an update on the implementation of the primary care flexible staff pool. The Committee had supported the creation of a staff pool across BSW at its meeting in September.
- 9.2 The Committee **received and noted** the update. The following was highlighted to members:
- Since the paper was circulated, three more practices had signed up to the Lantum platform, the total uptake was noted as follows:
    - 42/90 practices (47%) plus 6 branch sites
    - 36 GPs (an increase of 3 in the last week)
    - 9 Practice Nurses (an increase of 2 in the last week)
    - 4 Advanced Nurse Practitioners (ANPs) (increase of 1)
    - 1 Advanced Clinical Practitioner (ACP) (increase of 1)
  - 5 shifts had been filled across two practices by two different clinicians in February. There was also one pending application for a GP shift in March at a practice in Bath.
  - With regards to the Information Governance risk highlighted in the paper – Lantum had since submitted their Data Security and Protection Toolkit application, NHS England had confirmed that evidence of compliance for all mandatory assertions in the Toolkit for their organisation type requirement was fully met.
- 9.3 The Committee agreed that good progress had been made, particularly as this was a new platform launch. The launch had initially been across an area of low clinician density, but had seen significant movement. This would now be fully activated for shifts to be promoted and to allow full engagement in the platform and governance documents, and fulfilment of shifts.
- 9.4 The lessons from across the other 18 Integrated Care System platforms co-ordinated by Lantum would be shared to improve the platform and service. As the BSW platform grew, the engagement and promotion and shift conversion rates would increase, acknowledging that not all shifts would always be filled.
- 9.5 Staff, practice and patient satisfaction should be gathered to assess its success. Case studies and feedback would be gathered throughout the project to further encourage engagement from practices. The platform had a built-in support feature for staff and practices, but consideration would be given to how best gather patient feedback.
- 9.6 NHS England funding was in place for two years. The platform success would highlight this as an invaluable service. Future, longer term funding would need to be sought. The Integrated Care Board (ICB) would need to assess value for money.  
[ACTION: Consideration to be given to longer term funding, succession planning, review of conversion rates and methods to gather patient feedback. A further update would be brought to the Committee in June 2022.](#)

## 10 Quality Report

- 10.1 The Committee **received and noted** the Quality Report, which included the evaluation of the First Option pilot service to improve uptake of Physical Health Checks for people with severe mental illness in Primary Care as an appendix.

- 10.2 The Director of Nursing and Quality highlighted the following items to the Committee:
- The Quality Team continued to support those practices rated as 'requires improvement'. The Primary Care Advisory Oversight Group was reviewing detail and monitoring improvement plans. This Group would remain in place whilst support to those practices was required. The Group would extract the learning and identify actions of governance and leadership to ensure a level of assurance was in place. The continuation of this Group would be considered for future ICB arrangements.
  - The Quality Surveillance Group was working with Healthwatch, CQC and CCG colleagues to develop the quality dashboard to include primary care metrics, particularly surrounding infection, prevention and control.
  - The Annual Healthchecks target was set at 40% - BSW had surpassed that at 45% ahead of the March deadline. A deep dive of annual health checks was to be undertaken to report to the Quality and Performance Assurance Committee (QPAC). A number of practices were still to upload their reports, the Team were working with GPs to consider purpose and level of detail, to support this next step.
  - The evaluation report of the First Option Pilot had been included – work was still ongoing to understand the future model and to further exceed the national targets.
  - The Learn from Patient Safety Events (LFPSE) reporting system was to now be rolled out further to increase reporting, following initial functionality issues. This was being rolled out in line with the Patient Safety Strategy. The Patient Safety and Quality Lead was now a member of the national working group, which would support further development and engagement.

## 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 nine of the 2021/22 financial year. The Committee noted:
- Month 9 was reporting an underspend position of £2.1, and also forecasting a £2.1m underspend.
  - The primary care delegated fund risk had been mitigated with the £800k as agreed from the 2020-21 brought forward monies and non-recurrent funding.
  - Overall the primary care budget was low risk
  - Spend was being assessed against recent Service Development Funding guidance to ensure funds were utilised and not clawed back.
  - BSW had received £780k against Winter Access Fund bids made to date. This would be managed over the year end position.
- 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 Wiltshire PCOG meeting held on 27 January 2022. No other PCOG meetings had been held since the last meeting of the Committee.

## 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 14:43hrs

Signed as a true record and as approved by the BSW CCG Primary Care Commissioning Committee at the meeting held on 14 April 2022:

**Name:**

**Role:**

**Signature:**

**Date:**