# Primary Care Commissioning Committee

**Minutes of the meeting held on 29-01-2019 at 9-11am, at Vassal Centre**

## Minutes

| | | |
|---|---|---|
| **Present** | | |
| Alison Moon | Independent Clinical Member – Registered Nurse | AM |
| John Rushforth | Independent Lay Member – Audit, Governance and Risk | JRu |
| Lisa Manson | Director of Commissioning | LM |
| Martin Jones | Medical Director for Primary Care and Commissioning | MJ |
| David Jarrett | Area Director for South Gloucestershire | DJ |
| Sarah Talbot-Williams | Independent Lay Member – Patient and Public Engagement | STW |
| Felicity Fay | Clinical Commissioning Locality Lead, South Gloucestershire | FF |
| Rachael Kenyon | Clinical Commissioning Locality Lead, North Somerset | RK |
| Justine Rawlings | Area Director for Bristol | JRa |
| Colin Bradbury | Area Director for North Somerset | CB |
| **Apologies** | | |
| Sarah Ambe | Healthwatch Bristol | SA |
| Philip Kirby | Chief Executive, Avon Local Medical Committee | PK |
| Georgie Bigg | Healthwatch North Somerset | GB |
| Nikki Holmes | NHSE | NH |
| Jenny Collins | NHSE | JC |
| Janet Baptiste-Grant | Interim Director of Nursing and Quality | JBG |
| Andrew Burnett | Director of Public Health | AB |
| Julia Ross | Chief Executive | JR |
| David Soodeen | Clinical Commissioning Locality Lead, Bristol | DS |
| Sarah Truelove | Chief Finance Officer | ST |
| Kevin Haggerty | Clinical Commissioning Locality Lead, North Somerset | KH |
| Alex Francis | Healthwatch South Gloucestershire | AF |
| Debra Elliot | Director of Commissioning, NHS England | DE |
| **In attendance** | | |
| Rob Moors | Deputy Director of Finance | RM |
| Rob Ayerst | Head of Finance (Primary & Community Care) | RA |
| Jenny Bowker | Head of Primary Care Development | JB |
| David Moss | Head of Primary Care Contracts | DM |
| Laura Davey | Corporate Manager | LD |
| Bridget James | Associate Director of Quality | BJ |
| Sarah Carr | Corporate Secretary | SC |

| | Item | Action |
|---|---|---|
| 01 | **Welcome and Introductions**<br><br>AM welcomed everyone to the meeting and apologies were noted as above | |
| 02 | **Declarations of Interest**<br><br>There were no new declarations of interest to be declared | |
| 03 | **Minutes of last meeting – 3 January 2019**<br><br>It was noted the HG Wells programme on page 3 related to diabetes and that if this was to be rolled out a renaming would be beneficial.<br><br>Page 9 it was noted the action, “Information from North Somerset PPGs regarding improving FFT responses to be shared with the quality team.” should be for GB not BJ<br><br>With the above amendment the Minutes were agreed as an accurate record | LD |
| 04 | **Action Log**<br><br>Action 33, 63 and 65 – it was noted a presentation and discussion in open session would take place rather than a seminar for actions 63 and 65 the timescale would also be changed to March to match with the conclusion of discussions at the 6 locality membership forums. The feedback will then be used in the presentation to the committee.<br><br>Action 49 – the timescale was changed from February to March to take into account the rollout timeframe.<br><br>Actions 45, 48, 51-57, 59-61, 64, 67 and 68 were Closed<br><br>All other actions remain open. | |
| 05 | **Chairs Report**<br><br>AM reported to the committee and confirmed no chairs decision had needed to be made since the last meeting. AM brought the committees attention to the Long Term Plan and noted the following key points in relation to primary care: | |

| | Item | Action |
|---|---|---|
| | • £4.5b investment for expanded community multi disciplinary teams aligned with primary care networks, which will create Integrated Community Based Healthcare<br>• Significant changes to the Quality and Outcomes Framework<br>• A New Shared savings Scheme offer for primary care networks<br>• Upgrade support to care homes<br>• Digital First primary care<br><br>AM felt that it was important for the committee to note the agenda items for the committee and the links to the Long Term Plan and suggested that future agenda items make explicit such links.<br><br>JB commented on the significance of Primary Care Networks noting this is required to be in place by June. Further guidance is awaited following which the CCGs Primary Care Strategy will be updated.<br><br>**The Primary Care Commissioning Committee noted the report.** | All |
| 06 | **Primary Care Networks Development Update**<br><br>DJ presented noting front and centre to this work was the Long Term Plan.<br><br>DJ noted the following highlights from the presentation:<br>• Funding allocation of £473,000 (non-recurrent 18/19) to support the development of primary care networks using the primary care maturity matrix<br>• Assessment of localities against the maturity matrix was undertaken by the CCG in partnership with Locality Board Members; Locality Provider Forums and One Care<br>• The three core gaps highlighted on slide 3 of the presentation;<br>  ○ Basic population segmentation<br>  ○ Standardised end state models of care<br>  ○ Defined future business model for PCNs<br>• The development of population health management in primary care noting there are significant opportunities in BNSSG with a single instance of EMIS across BNSSG supported by One Care, enabling a consistent approach to the developing use of primary care data<br>• That the timeframe for delivery is set out in Slide 7<br>• There may be changes to timescales but the current aspiration is for step 3 to be achieved by March 2020 | |

| | Item | Action |
|---|---|---|
| | RM asked any slippage on finances be reported to the finance team at the earliest opportunity so that this can be managed at year end.<br><br>JRu queried if workforce profiling had been considered as progress to step 3 is made. JRa noted the matrix was helpful in this aspect in that it allows for data to be analysed on a population basis and that all models of care will have a workforce element.<br><br>AM noted it would be useful to see the risks and mitigations in future reports.<br><br>JRu queried Conflicts of Interest. JB noted there will still be a provider/commissioner relationship and DM commented all processes in relation to Conflicts of Interest will continue to apply with a focus on being open and transparent.<br><br>DM queried if localities were aware of the timeframes in the report and it was confirmed they were but noted that localities are coming from individual starting points.<br><br>AM queried if this work was monitored by NHSE and JB confirmed it was.<br><br>DJ noted that although the IPS programme has ended support from NHSE is continuing.<br><br>It was agreed updates would be received by the committee every other month with verbal updates where necessary in the other months.<br><br>**The Primary Care Commissioning Committee noted the update.** | DJ |
| 07 | **Local Enhanced Services (LES) Review Update**<br><br>MJ presented and noted the following.<br><br>Response to a flu outbreak is included within the proposed tariffs for care homes. The other changes to the specification are around providing additional wording on medicines management reviews, in particular for end of life care and there have been some changes to the proposed frequency of ward rounds (weekly to fortnightly) and meetings with care home managers (monthly to quarterly) in response to feedback from practices. | |

| | Item | Action |
|---|---|---|
| | The LES Review Steering Group recognises that the specifications for support to care homes do not make specific references to the needs of people with Learning Disabilities and in the longer term it may be more appropriate to develop a separate specification for support to these homes. It is recommended that the Mental Health and Learning Disabilities transformation team is asked to review this during 2019/2020.<br><br>JB noted subject to approval of the documents in the report, the review is now drawing to a close. JB talked the committee through the responsibilities set out in section 4 on page 2 of the report in relation to closure of the review.<br><br>JB introduced Geeta Iyer, Corporate Clinical Lead for Primary Care Provider Development, who has been working closely on the project to the committee.<br><br><u>Appendix 1</u><br><br>It was noted the changes to the specification have been shown in red and MJ talked the committee through each of these changes.<br><br>FF noted a query she had received around the review of medicines and it was confirmed this was to ensure safe and appropriate use.<br><br>In respect of the change from weekly to fortnightly ward rounds MJ noted the required frequency can differ for example a larger home may need more regular visits. RK noted the positive effect this work has already had in Clevedon.<br><br>AM queried if the specification would be monitored on the basis of patient outcomes. MJ noted once the foundations are set in place the intention will be to monitor patient outcomes.<br><br>The pathways relating to responsibilities at the time of flu outbreaks were noted.<br><br>FF suggested a learning seminar be set up to share good practice. BJ noted AHSN have some projects coming up including RESTORE2 which is centred around working with care homes. It was noted support with upskilling as roles and responsibilities change would also be needed.<br><br>AM queried the use of the word 'ideally' in the specification and it was recognised the main timeframe to consider was that Antiviral therapy should be started within 48hours. This section of text will be redefined to make this clearer. | JB |

| | Item | Action |
|---|---|---|
| | FF queried how face to face reviews would be measured noting that action taken for patients with long term conditions can be minimal at times whilst still being appropriate. MJ noted this would not be affected by the reporting mechanism.<br><br>JB commented that the reference to Community Pharmacist should be Clinical Pharmacist.<br><br><u>Appendix 2</u><br><br>JB presented noting that the paper sets out a recommendation to cease enhanced payments to practices for Minor Injuries at the end of March 2019.<br><br>This pilot was introduced in April 2016 and offered to all practices in South Gloucestershire. The aim of the pilot was to provide 'in-hours' (8.30am and 6.30pm Monday to Friday) minor injury provision for local populations as an alternative to attending A&E.<br><br>The initial desktop review established a number of key themes:<br><br>• Service Utilisation and Impact on the Urgent Care System<br>• High proportion of patients referred to Self- Care<br>• Cost Effectiveness<br>  ○ There is a net cost of providing the service in South Gloucestershire of £378,443p.a. This cost equates to circa double the cost per attendance of an A&E/MIU attendance for a similar case-mix<br>• Equity of Access<br>• High patient satisfaction: 99% of patients responding to a patient survey were happy with the treatment they received.<br><br>Following discussion of the desktop review at PCCC in June 2018 it was agreed to undertake analysis of more up-to-date activity data for the MIS scheme in South Gloucestershire and for the review to be considered in the context of the BNSSG Urgent Care Strategy.<br><br>JB talked the committee through the charts noting the following:<br><br>Fig A – shows higher activity in the first year which then levels out over the second year with some seasonal activity showing | |

| | Item | Action |
|---|---|---|
| | Fig B – gives a summary of what patients are presenting with<br><br>Fig C – shows a slight rise in attendances at Yate MIU across the period of the pilot scheme<br><br>Fig F – without taking into account peak travel times the whole of the BNSSG population has access to an MIU within a 20-30 minute drive by private vehicle. RK noted the challenge around patents who do not have access to a private vehicle. MJ noted there is work ongoing through the Weston workstream that will address transport in the wider context.<br><br>It was noted the North Somerset Scheme has slight differences as it is on a much smaller scale and only provided in 5 practices.<br><br>DJ noted there is now an Urgent Care Strategy in place across BNSSG and key elements that mitigate risk are set out in the paper these include:<br>• New 111 service from 1st April<br>• Maintaining and extending the ability for x-ray hot reporting (urgent same day reporting)<br>• Consistency in opening hours of Minor Injury Units across BNSSG including extension of hours and x-ray support to Yate MIU.<br><br>DJ noted the recommendations on page 9 of the report.<br><br>AM noted Section 8 and JB reported that as part of evaluation patient experience has been incorporated. It will also be important to provide clear information regarding how and where services are accessed through a comprehensive communications package.<br><br><u>Appendix 3</u><br><br>JB presented the report noting the following assumptions set out on page 7 which have been made:<br>• Where Practices are already signed up to Local Enhanced Services, 2018/19 forecast activity has been used as the basis for modelling 2019/20 reimbursements, ensuring only tariff changes are reflected in changes to CCG cost / practice income.<br>• For the newly offered LES: Recognition and support for people with dementia in North Somerset and South Gloucestershire; Insulin Initiation in South Gloucestershire; DVT pathway for patients presenting in general practice across BNSSG 100% GP practice take up has been | |

| | Item | Action |
|---|---|---|
| | assumed<br>• For GP Practice Support to Care Homes as described above Option B is assumed and the impact has been shown in the Area line.<br>• No changes have been made to the supplementary services LES tariffs and for this reason it is not included in the table<br><br>The forecast spend set out on page 5 of the report was noted as was the £515k increase in investment in LES for the CCG. This £515k increase can be afforded from the £1.7m which has been released from the cessation of the Bristol Primary Care Agreement and the Compact in South Gloucestershire. The investment in the new DVT LES is also offset by savings made from the existing care pathway. Offering the suite of LES across BNSSG will provide consistency and value for money by supporting more people to have their care in a community setting.<br><br>The NHS Operational Planning and Contracting Guidance 2019-20 has now been published and requires CCGs to commit £1.50 per head recurrently to developing and maintaining Primary Care Networks. For BNSSG this equates to an investment of just over £1.3m.<br><br>The recommendations were noted.<br><br>JRu queried the financial position. RA confirmed that the investment in the LES could be delivered from savings made through the review. MJ confirmed the in year impact was affordable and JB noted the benefits from the work of better quality of care for patients and wider system benefits noting this offers value for money. There followed a discussion about the financial position and it was agreed a detailed paper regarding finances would be received at the February meeting. This will highlight how we will deliver the budget in the round including the £1 million savings target, the investment to support the NHS Long Term plan and the expenditure on the LES.<br><br>**AM Left the meeting and STW took the chair.**<br><br><u>Appendix 4</u><br><br>JB presented the highlight report which shows key risks and associated mitigations.<br><br>The key risks are identified as:<br>• Practice uncertainty about the future of their income | JB |

| | Item | Action |
|---|---|---|
| | streams<br>• There is a risk that the locality model may not be ready to take on at scale provision<br>• LES review proposals pose a financial risk either to the CCG or to individual practices<br>• There is a risk that a number of practices will not sign up to the new LES offers. The CCG will need to encourage take up and keep this under review as there may be the opportunity to offer LES at locality level to ensure greater population coverage<br><br>**The Primary Care Commissioning Committee:**<br>• **Noted the progress and next steps set out within the main report and within the highlight report within Appendix 4.**<br>• **Approved the specification for GP Support to Care Homes in Appendix 1 and the offer of a one year contract with a move to a locality model from 1st April 2020**<br>• **Supported the recommendation included within the main report to ask the Mental Health and Learning Disabilities transformation team to review the requirements for support to homes which cater for people with Learning Disabilities during 2019/2020**<br>• **Supported the recommendation to conclude enhanced service payments for minor injuries services in South Gloucestershire and North Somerset from 1st April 2019 as set out in Appendix 2**<br>• **Noted the proposed finance tariffs and analysis paper set out in Appendix 3 for the full set of specifications and approved the proposed tariffs**<br>• **Noted and supported the proposed project closure steps and the ongoing roles and responsibilities set out in section 4 of the main report (This recommendation was approved after AM left the meeting and STW took the Chair)** | |
| 08 | **Improved Access Specification**<br><br>DM presented noting the proposed amendments to the specification adhere to current national guidance and ensure delivery will provide sufficient assurance to NHS England of the CCG Improved Access offer to BNSSG patients.<br><br>The specification (appendix 1) shows the amendments in green which includes the following:<br>• Confirmation that the budget for each locality (and | |

| | Item | Action |
|---|---|---|
| | practice) will be presented in line with that indicated by NHS England allocations. The budget will be fixed for the contract year and the associated population that determines the budget will be the basis for the calculation of the number of minutes each practice will need to deliver. The population figure will also be fixed for each contract year.<br>• More detail to outline the requirement that 100% of patients will need to have access to pre bookable and same day appointments from 18:30-20:00 every weeknight.<br>• Expectation of a locality offer for Saturday and Sunday provision between the hours of 09:00-16:30<br>• Expectation of an offer across all bank holidays including Christmas day<br>• Clarification that there must be a GP face to face provision available to patients at all qualifying times. If that criteria is satisfied then the offer can be enhanced by other skill mix (e.g. nurse, HCA or third party non GP)<br>• Providing the minimum criteria are met (evenings and weekends) an element of core hours can be planned, as long as it is specifically held for IA and the need is demonstrable.<br>• Expectation that all practices should be advertising in line with the nationally available communications pack (link provided) this includes waiting rooms and websites.<br>• Expectation that receptionists are able to sign post people to available services and that IA slots are offered on an equal basis to core<br>• Expectation that the provider will link in to the winter planning process and development of the integrated urgent care offer.<br><br>**The Primary Care Commissioning Committee:**<br>• **Agreed the proposed content of the specification for onward engagement with the locality provider boards** | |
| 09 | **Primary Care Finance Report**<br><br>RM presented noting the report shows the financial position as at month 9.<br><br>At month 9 there is a year to date overspend of £31k against a year to date budget of £91,068k.<br><br>NHSE have been advised on locum expenditure levels and a response was still awaited. | |

| | Item | Action |
|---|---|---|
| | The CCG has received £2.3m funding which has been used to balance the position on pay award and locum activity but this funding is non recurrent and the latter will be a pressure for next year.<br><br>**The Primary Care Commissioning Committee:**<br>• **Noted the current financial position, the key risks, issues and mitigations.** | |
| 10 | **Primary Care Quality Report**<br><br>BJ presented noting the following highlights:<br>• Since the last report 5 practices have had their CQC reports published with one receiving a rating of requires improvement overall.<br>• Graham Road Practice, Clarence Park and Leap Valley have all been contacted in respect of improvement plans.<br>• FFT response data was noted<br>• Across BNSSG 91% of respondents would recommend their GP practice: this is just above the national average of 90% and a 2% increase from the previous month.<br>• Flu uptake figures – assurances have been received that practices are contacting patients via letters, emails, text messages and posters in clinics and that patients are asked at every opportunity.<br>• In Quarter 3 2018-19 practices in BNSSG reported 16 incidents none of which were assessed as serious incidents by the CCG. The majority related to vaccination issues and a best practice guide is being drafted in response to this.<br>• Antibiotic prescribing data is available up to September 2018 and the CCG is meeting the additional threshold and benchmark well against the England CCG median and continues to show a reduction<br>• The focused quality domain was on workforce and resilience data. The report identifies an expected shortfall of 70 GPs by 2020 in terms of maintaining current numbers of GPs and the work programmes in place to address this issue within the STP. Details of the current workforce initiatives in BNSSG were also included.<br><br>BJ confirmed Datix is being used now and further communications will be sent out around this.<br><br>The committee considered workforce issues and discussed international recruitment, noting there is one candidate who has | BJ |

| | Item | Action |
|---|---|---|
| | started in Bristol on the scheme, who was employed by DevonDoc, but that the BNSSG and other local CCG International GP Recruitment Programmes had not got up and running yet. STW queried if we are expecting to meet target figures and JB noted Bristol is a recognised city outside of the UK and so has potential to do well. Gillian Cook, Workforce development Lead agreed that the targets were very challenging and said that work was on-going to help NHS England get the BNSSG programme set up. JB noted as Primary Care Networks develop and we see an increase in skill mix and new roles that these target figures may need to be adjusted. MJ noted the current training scheme is oversubscribed.<br><br>STW noted the actions identified for Graham Road and Clarence Park Surgeries as shown on page 4 of the report and queried whether there were timescales assigned to the actions. BJ confirmed these were contained in the action plans.<br><br>STW noted the wording that Leap Valley Surgery is "establishing" effective governance processes and queried if this was correct as it indicated that there were no process rather than needing to be improved. It was noted that there are processes but that there is work to do in this area.<br><br>STW noted at the last meeting it had been agreed to triangulate data with Healthwatch and queried progress on this. BJ confirmed plans are underway.<br><br>STW noted the reference to a workshop meeting on page 21 of the report and BJ confirmed feedback was being analysed to identify next steps.<br><br>**The Primary Care Commissioning Committee:**<br>• **Noted the updates on monthly quality data, quarterly medicines optimisation data and specific performance indicators for Primary Care Workforce and Resilience**<br>• **Agreed the proposed escalation process for failure to submit FFT data.** | |
| 10.1 | **Improvement and Assessment Framework (IAF)**<br><br>BJ presented noting the report gave an overview of the CCGs position with regards to the Primary Care Metrics. STW queried 128e the Primary care transformation investment as the CCG had been rated as red, but she understood that that was an error. JB clarified that it was indeed incorrect and that this is due to a | |

| | Item | Action |
|---|---|---|
| | technical reporting issue with how the investment was presented within the CCG ledger. This has now been corrected and the extraction from the ledger will now show that the £3 investment over 2 years has indeed been fully committed.<br><br>It was noted the report would come quarterly to the committee.<br><br>**The Primary Care Commissioning Committee:**<br>• **Noted the performance and ongoing action to improve GP reporting of Extended Access to General Practice and correct financial coding to ensure our reporting shows that we are meeting the Primary Care Investments Standard.** | |
| 11 | **Contracts and Performance Report**<br><br>DM presented noting there has not been much change since the last meeting at the start of the month.<br><br>STW asked for an update on the discussions with One Care regarding the advertising of availability of improved access on practice websites. DM confirmed this had been raised with One Care and gave the committee assurance this would not happen again. Verbal assurance provided and contracts team now re-auditing.<br><br>STW queried when the outcome of the referral data would come to the committee and DM confirmed this was expected in March.<br><br>**The Primary Care Commissioning Committee:**<br>• **Noted the performance and contractual status of Primary Care** | |
| 12 | **PCCC update to Governing Body Quarterly Report (Quarter 3)**<br><br>**The Primary Care Commissioning Committee:**<br>• **Noted the report** | |
| 13 | **Any Other Business**<br><br>STW noted the Annual Effectiveness Report was due and that a template will be sent out to committee members to respond during February and that the draft report would come back to the committee at March's meeting. | |

| | Item | Action |
|---|---|---|
| 14 | **Questions from the Public – previously notified to the Chair**<br><br>There were no questions from the public. | |
| | **Next meeting:**<br><br>Tuesday 26th February, 9-12pm<br>(Clevedon Hall, Elton Rd, Clevedon BS21 7RH) | |
| | **The "motion to resolve under the provisions of Section 1, Subsection 1 of the Public Bodies (Admission to Meetings) Act 1960 that the public be excluded from the meeting for the period that the Clinical Commissioning Group is in committee, on the grounds that publicity would be prejudicial to the public interest by reasons of the confidential nature of the business" was proposed by JRu and seconded by LM.** | |

**Laura Davey, Corporate Manager**
**29 January 2019**