

Primary Care Commissioning Committee

(Open Session)

Minutes of the meeting held on 26-03-19 at 9am-11am, at Vassall Centre

Minutes

Present		
Alison Moon	Independent Clinical Member – Registered Nurse	AM
John Rushforth	Independent Lay Member – Audit, Governance and Risk	JRu
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
Colin Bradbury	Area Director for North Somerset	CB
Jenny Collins	Contracts Manager for NHS England (NHSE)	JC
Apologies		
Sarah Ambe	Healthwatch Bristol	SA
Philip Kirby	Chief Executive, Avon Local Medical Committee	PK
David Moss	Head of Primary Care Contracts	DM
Nikki Holmes	NHSE	NH
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
Rob Moors	Deputy Director of Finance	RM
Lisa Manson	Director of Commissioning	LM



Andrew Burnett	Director of Public Health	AB
Julia Ross	Chief Executive	JR
Georgie Bigg	Healthwatch North Somerset	GB
Janet Baptiste-Grant	Interim Director of Nursing and Quality	JBG
Justine Rawlings	Area Director for Bristol	JRa
In attendance		
Rob Ayerst	Head of Finance (Primary & Community Care)	RA
Jenny Bowker	Head of Primary Care Development	JB
Laura Davey	Corporate Manager	LD
Bridget James	Associate Director of Quality	BJ
Sarah Carr	Corporate Secretary	SC
Helen Wilkinson	Principal Pharmacist	HW
Helena Fuller	Deputy Director of Commissioning	HF
Louisa Darlison	Senior Contract Manager	LDar
Loran Davison	Corporate Administrator	LDavi

	Item	Action
01	<p>Welcome and Introductions</p> <p>AM welcomed everyone to the meeting and noted apologies as above.</p>	
02	<p>Declarations of Interest</p> <p>There were no declarations of interest relating to the agenda.</p>	
03	<p>Minutes of Last Meeting</p> <p>The minutes were approved as an accurate record.</p>	
04	<p>Action Log</p> <p>Action 41 – BJ confirmed further discussions were taking place around defining ‘what good looks like’ noting the range of indicators and dependency on specific variables relating to different data sets. The committee agreed to close the action and BJ also confirmed she would bring back a reworded action for the log.</p> <p>Action 58 – BJ confirmed an update would be ready for the next meeting</p> <p>Action 62 – AM confirmed she would contact GB for an update</p>	BJ



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	<p>Action 71 – the action was noted by all and it was agreed the action could be closed.</p> <p>Action 72 – DJ confirmed the log has been developed and will be in the April report. It was agreed the action could be closed.</p> <p>Action 77 – SC noted a diary date had been set and it was agreed the owner of the action would be changed to SC</p> <p>Action 78 – MJ confirmed a diary date had been set and it was agreed the action could be closed.</p> <p>All other actions due were closed.</p>	
05	<p>Referral Trends and Management Presentation</p> <p>Andy Newton, Head of Planned Care (AN) presented the report and introduced Rob Adams, Referral Service Clinical Lead and David Peel, Planned Care Lead to the committee. AN talked the committee through the presentation and pulled out the key highlights.</p> <p>RAd commented on the following:</p> <ul style="list-style-type: none"> • Slide 18 - noting the aim for the work to be 'owned by practices and lead by clinicians' • The aim for a patient focused approach • That the approach taken was to not impose the service on practices • Of the 14% of referrals returned to primary care 6-8% remain in primary care • Slide 23 which showed an example of feedback given to practices and noted the intention to tailor advice ensuring it is helpful and supportive <p>DP commented to confirm that Remedy is about disseminating information.</p> <p>It was queried if a radiologist should be part of the referral management team and it was explained that this had been considered and was judged inappropriate for the time being.</p> <p>FF noted her practice would be interested in the project and RAd confirmed the project was now being rolled out to the South Gloucestershire area. The benefits of additional resource to roll out the project faster were discussed. RAd confirmed the success of the project was largely due to the engagement of practices by their own choice and that attempting to implement a faster roll out may not be in keeping with that approach.</p>	



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	<p>DJ noted it was helpful to have the committees support and recognition of the work.</p> <p>MJ noted the pathway development involved and that a whole system approach needs to be considered and explained this was being picked up.</p> <p>RK queried if referrals needed to return to primary care and RAd confirmed this is because whilst the service is designed to offer advice it cannot manage patient care.</p> <p>STW asked how it was ensured all referrals were necessary and DP noted practices should use the data and advice as they see fit and commented that it is recognised at a national and local level that each procedure and investigation carries a level of risk to the patient. DJ confirmed he would consider the best approach to charting progress and reporting back to the committee for future reports.</p> <p>The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> • Noted the presentation 	DJ
06	<p>GP Contract Reform Next Steps</p> <p>JB presented and noted the paper set out the immediate communication and engagement plan and that a further update would be brought to the next meeting. Further guidance is expected and this would be incorporated into the next report.</p> <p>Am queried PCN Governance and DJ confirmed it was too early to anticipate this in relation to ICS structures.</p> <p>The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> • Noted the update 	
07	<p>Prescribing Quality Scheme</p> <p>HW presented the report and noted it has been received by the Commissioning Executive and PCOG. HW noted the first part of the report set out detail about achieving financial balance and the next part set out detail on the quality projects chosen for 2019-20 that linked to national priorities with an overarching theme of patient safety, frailty and reducing inappropriate polypharmacy.</p>	



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	<p>FF queried the reference in the report that practices will receive less than 50p if they do not achieve targets and HW confirmed this is correct and that payment will be graduated as it was for 2018-19. HW noted clear communications around this to practices would be made.</p> <p>FF queried the level of reimbursement of practices that did not achieve targets and HW confirmed that spend was to support patient care and funds were not for additional staff.</p> <p>The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> • Supported and signed off the Medicines Optimisation Prescribing Quality Scheme in order that it can be offered to all BNSSG GP practices for 2019/20. 	
08	<p>Primary Care Budget Setting</p> <p>RA presented the report which sets out the CCG's financial planning commitments for 2019-20. Further information had been received from NHSE that indicated a reduction in allocations of central funding of the clinical negligence scheme for GPs. The affordability of the new GP contract and PCN funding in sight of the new allocation were being discussed with NHSE and further work was underway to understand the impact on the CCG's commitments. RA noted the CCG has a specific mandate to deliver a breakeven position. It was agreed that formal communications about the position would be shared with practices.</p> <p>The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> • noted the key changes that need to be incorporated in the CCGs financial planning assumptions • noted that a detailed budget setting paper will be presented to PCCC when further communications are received from NHS England 	
09	<p>Primary Care Finance Report</p> <p>RA presented the report to the committee. AM queried locum expenditure and any update of discussions with NHSE noting that the overspend on locum costs was a frequent point of discussion. RA confirmed that NHSE advised that current expenditure levels reflected the underlying demand and should be considered recurrent. RK asked JC if she would take this forward for a further</p>	JC



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	<p>NHSE response and JC agreed.</p> <p>The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> • Noted the current financial position, the key risks, issues and mitigations. 	
10	<p>Primary Care Quality Report</p> <p>BJ presented the report and talked the committee through the report noting key detail in respect of CQC Reports, Patient Experience, Friends and Family Test data and Flu uptake figures. BJ noted the quality domain (GP Cardiovascular Disease) would be brought to the next meeting. AM queried if service leads were aware of the reporting timetable and BJ confirmed they were. DJ acknowledged the increased response rates in relation to the FFT data and thanked the team.</p> <p>The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> • Noted the updates on monthly quality data 	
11	<p>Contracts and Performance Report</p> <p>LDar presented the report. All PMS practices had been offered a new PMS contract by NHSE. One practice had yet to return a signed contract due to a change in circumstances and LDar confirmed the practice is being supported with this.</p> <p>LDar commented on practice Core Hours noting on initial review there was an estimated 21 practices that were not compliant. Further work was being undertaken to address this and the expectation was that this number will reduce once the position has been fully assessed.</p> <p>LDar noted that practices were able to submit applications to close for a number of hours to allow them to plan for things such as training sessions and periods of significant IT downtime.</p> <p>The committee discussed Sunday A&E attendance rates and it was agreed to ask DM to review Sunday A&E attendance data in comparison with the current IA offer to establish what primary care demand on a Sunday currently looks like.</p> <p>It was noted one practice was not compliant with Improved</p>	DM



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	<p>Access advertising on their website and it was understood that this related to the web publisher and was being addressed.</p> <p>LDar gave a status update on the uptake of Local Enhanced Services for 19/20. LDar confirmed the new GP DVT contract starts on 1 May 2019. Practices are able to deliver the DVT LES from 1 April 2019, using existing referral routes.</p> <p>AM noted the importance of ensuring monitoring from Local Enhanced Services is outcome focused and for the care home LES, not just based on attendance.</p> <p>The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> • Noted the performance and contractual status of Primary Care 	
12	<p>Review of Committee Effectiveness</p> <p>AM thanked the committee for their responses and noted the following for the committee to consider:</p> <ul style="list-style-type: none"> • Consideration would be given to refining the wording of the questions in the future • Need for an out of area GP to sit on the committee • Need for a practice Manager to sit on the committee • The preference to focus on closing off agenda items appropriately rather than completing an end of meeting reflection • Frequency of meetings and the suggestions for 8 business meetings with 4 seminars noting seminars could be stepped up to business meetings if needed. AM also noted that JB and DM are preparing a workplan for the committee which would link into this arrangement <p>The committee were in agreement with the change in meeting frequency to 8 business meetings and 4 seminars and it was noted this is fully covered by the existing detail in the ToR. The committee supported the inclusion of a practice manger on the committee and MJ agreed to take this forward. The committee supported the suggestion for MJ to contact BANES and Wiltshire regarding attendance from an out of area GP and also to recontact other local areas but noted this might not be achievable.</p>	<p>MJ</p> <p>MJ</p>



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	<p>JRu noted the positive comments received in relation to AM as Chair of the committee.</p> <p>The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> • Considered the collated responses to the review of effectiveness questionnaire and agree the next steps 	
13	<p>Review of Terms of Reference</p> <p>AM presented the ToR for their annual review. The committee noted as in Item 12 the agreement to include a Practice Manger on the Membership and that MJ would as per the action in the above agenda item again look to find an out of area GP who would be available to attend the meeting.</p> <p>Attendance was discussed. It was noted attendance where appropriate would be based on total attendance from a specific area/organisation rather than on an individual basis.</p> <p>The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> • Reviewed and commented on the reviewed Terms of Reference • Recommended the reviewed Terms of Reference be shared with the Governing Body for further consideration and approval that they be incorporated into the CCG Constitution which will be submitted to the CCG membership for their agreement in April 2019 	
14	<p>Any Other Business</p> <p>There was no other business.</p>	
15	<p>Questions from the Public – previously notified to the Chair</p> <p>No questions were received.</p>	
	<p>Date of next meeting:</p> <p>Tuesday 30th April, 9-12pm (Vassall Centre, Bristol, BS16 2QQ)</p>	
	<p>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</p>	



	Item	Action
	to the public interest by reasons of the confidential nature of the business” was proposed by JRu and seconded by STW.	

Laura Davey, Corporate Manager

26 March 2019

