NHS
Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group

Primary Care Commissioning Committee

Open Session

Minutes of the meeting held on 25 June 2019 at 9am, at The Vassall Centre

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Minutes

Present		
Alison Moon	Independent Clinical Member – Registered Nurse	AM
Julia Ross	Chief Executive	JR
David Jarrett	Area Director for South Gloucestershire	DJ
Sarah Talbot-Williams	Independent Lay Member – Patient and Public Engagement	STW
Colin Bradbury	Area Director for North Somerset	CB
Justine Rawlings	Area Director for Bristol	JRa
David Soodeen	Clinical Commissioning Locality Lead, Bristol	DS
Andrew Burnett	Director of Public Health	AB
Janet Baptiste-Grant	Interim Director of Nursing and Quality	JBG
Philip Kirby	Chief Executive, Avon Local Medical Committee	PK
Nikki Holmes	NHSE	NH
Felicity Fay	Clinical Commissioning Locality Lead, South Gloucestershire	FF
Martin Jones	Medical Director for Primary Care and Commissioning	MJ
Apologies		
Sarah Ambe	Healthwatch Bristol	SA
Jenny Collins	Contracts Manager for NHS England (NHSE)	JC
John Rushforth	Independent Lay Member – Audit, Governance and Risk	JRu
Rachael Kenyon	Clinical Commissioning Locality Lead, North Somerset	RK
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
Georgie Bigg	Healthwatch North Somerset	GB
Rob Ayerst	Head of Finance (Primary & Community Care)	RA
Sarah Carr	Corporate Secretary	SC
Rob Hayday	Associate Director of Corporate Services	RH
Lisa Manson	Director of Commissioning	LM
In attendance		
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
Debbie Campbell	Deputy Director Medicines Optimisation	DC
Jon Lund	Deputy Chief Finance Officer	JL

	Item	Action
01	**Welcome and Introductions** AM welcomed everyone to the meeting and apologies were noted as above.	
02	**Declarations of Interest** There were no declarations relating to the agenda.	
03	**Minutes of the Previous Meeting** JR noted there was an action on page 11 that clear metrics would be included in the quality aspect of the Primary Care Strategy and that this action would be picked up by MJ and JBG. With the above amendment the minutes were agreed as an accurate record.	MJ/JBG
04	**Action Log** **Action 62** – it was noted GB would not be able to attend the foreseeable meetings and that this action formed part of usual business activity for the CCGs quality work. Action to close. **Action 77** – it was noted a date had been arranged. Action to close. **Action 83** – it was noted this would form part of the Primary Care strategy that was being developed. Action to close.	

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	Action 85 – JL noted final confirmation had not been received from NHS England. It was noted a letter had been sent some time ago in Julia's name and JL confirmed he would follow this up. Action to remain open. **Action 86** – it was noted this would be addressed in a future paper to the committee. Action to close. **Action 89** – it was confirmed an update would be brought to the July meeting. Action to remain open **Action 90** – JB confirmed FF was now on the invite list for the STP work stream group as was DJ. Action to close **Action 91** – it was noted this action has been completed and that LES should read LTS. Action closed. **Action 92** – this would be covered under agenda item 8. Action to close. **Action 94** – BJ noted the leaflet would be launched in July but that she would follow up on this action to confirm the ratification process for the content. Action to remain open **Action 95** – BJ noted an update was awaited and that she would chase this up. Action to remain open It was noted actions should be updated prior to the meeting and LD confirmed she would ensure the action log was shared prior to each meeting for updates and JB would support this as well.	LD/JB
05	**An Evaluation of a Centralised Repeat Prescription Management Hub in North Somerset** DC presented the report to the committee noting the work that had been undertaken in North Somerset around exploring ways to improve the management of repeat prescriptions. DC noted Tyntesfield Medical Group piloted the Hub and the evaluation of the pilot was set out in the paper. Dc noted the significant benefits that have been achieved through the pilot that are discussed in the paper; benefits are shown to both the CCG and Tyntesfield Medical Group. DC noted the recommendations and next steps. FF queried how valid the comparison was of the North Somerset site compared with other areas and if the requirement for a pharmacist or hub was mandatory. FF noted a hub would	

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	come with a need for additional resource and queried if there was any flexibility around this. DC confirmed a level of flexibility in the approach could be applied noting there were advantages in managing the process for prescriptions across a wider area. JR agreed but highlighted that the pilot has shown an effective model and the intention would be to not adapt the approach too far away from that. DS queried how it is proved that the savings were generated from this specific initiative. DC confirmed recognition had been given to the other factors in place to drive forward savings but that in terms of the evaluation the savings shown were over and above the savings achieved in practices without a hub in place. Additionally this work had also supported savings being released at a faster pace. DS also noted he would have expected to see some more negatives drawn through from the evaluation and would discuss this with DC. JR thanked DC for the report and cover paper noting it was one of the best evaluations she has seen. JR queried the PCN £1.50 funding aspect, asking if there was anything else the CCG was expecting to ask practices to spend this money on. DC noted the initial set up costs came in at under £10,000 and there would be a potential cost in additional staff along with some IT costs, which may already be covered by the CCG. PK confirmed the LMC would support this use of the funding if that was felt to be appropriate by the PCNs. JB noted there is also guidance due which will identify suggested areas of spend for this funding. JR queried the 40% gain share noting a safety net would be needed in case of any overspend on the whole CCG prescribing budget. It was noted the 40% was a figure that came out of discussions with JL and ST. It was agreed that this would need to align with other work that may be adopting the same approach, such as SDEC. DC agreed a safety net was needed and that this would need further thinking and discussion with JL and ST. AB commented that the patient reviews in the report were favourable. AB queried if there was a mechanism to ensure people ordering their medications were not then stockpiling them. DC agreed this aspect needs more emphasis and that the hub approach would support this. DC noted the recommendations and next steps set out in the paper. JL suggested the financial piece also be taken through the Strategic Finance Committee and this was agreed by the committee. DC to discuss further with JL	DS/DC JL/ST/DC DC/JL DC

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	It was also agreed practice managers would be engaged with through the Practice Managers Group and DC confirmed she would progress this by sharing the report with practices which would also note that finances were still being worked through. DJ confirmed he would work with DC on the gain share piece of work. **The Primary Care Commissioning Committee:** • Discussed the recommendations noted within the report summarised in the cover paper and below and, agreed the next steps as set out in the report ➢ further system investment is recommended across BNSSG to adopt Repeat Prescription Management Hubs across the emerging Primary Care Networks ➢ It is recommended this investment be a joint venture between the CCG and Primary Care Networks with both gaining benefit. ➢ It is recommended that the CCG support Primary Care Networks using some of the £1.50 Primary Care Networks funding to develop Repeat Prescription Management Hubs across the emerging Primary Care Networks. ➢ It is recommended that where a Primary Care Network(s) implement a Repeat Prescription Management Hub(s) and they spend less than their allocated annual prescribing budget, that the Primary Care Network retains a share of the budget savings. It is proposed that Primary Care Networks are offered 40% of the savings they make on their annual prescribing budget	DJ/DC
06	**Primary Care Networks in BNSSG** JB presented the report noting that the Primary Care Networks (PCNs) consist of groups of general practices which would work together with a range of local providers to offer personalised, coordinated health and social care to their local populations. JB confirmed the papers sets out the assurance process undertaken by the CCG in the development of local PCNs. JB noted 18 applications had been received covering all practices within BNSSG and that the applications had gone	

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	through a process of review which included review from an initial internal review meeting, the CCGs executive committee and the PCCC in closed session. Following this process letters were sent confirming the application outcome to the Clinical Network Directors. JB confirmed 14 of the 18 applications had been approved and that the other 4 had been approved in principle with further assurances requested. JB took the committee through the specific assurances requested for these four applications as set out on page 3 of the report. JB confirmed work was ongoing and noted the request in the paper for delegation to JRa, MJ and JR to progress the work around the final assurance arrangements. DS queried the size of PCNs and weighting asking if there was a risk in the future of any of the PCNs falling under the 30,000 threshold when weighted and, if this could cause any future problems for the CCG. JR noted PCNs would likely develop further before this would become an issue. NH noted it was important to understand the direction of travel and would take this back to her colleagues. AM asked what support was available for the Clinical Director role and JB confirmed there was national OD prospectus due to be published which will centre around leadership and change management. JB noted there were other local support and training opportunities that could also be used including through the STP workstreams and the work of the training hub. **The Primary Care Commissioning Committee:** • Supported the recommendations proposed for the PCN applications and supported delegated decision making as proposed for Weston and Worle, Gordano Mendip and Affinity PCNs. The Committee noted the next steps.	
07	**Locality Transformation Scheme 19/20 – Delivering Frailty and Community Based Same Day Emergency Care** DJ presented the paper noting it gave a summary of progress made through the scheme in 2018-19 and details the priority areas of focus for 2019-20. DJ talked the committee through the vision set out on page 1 of the report and the next steps for delivery.	

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	DJ commented on the 2 core areas of delivery for 2019-20: • Delivery of LTS Phase 2 programmes – Frailty and mental Health • Development of Locality based Urgent Care Services DJ commented on the gain share proposal noting this was a key element of system planning. FF queried the view of secondary care clinicians and DJ confirmed very strong engagement had been received so far and that the lead acute physician form NBT would be co-chairing the Clinical Reference Group as well as involvement from the UHB lead clinician. JR noted she was in dialogue with the newly appointed Chief Executive of AWP and noted the organisations support in working towards an integrated localities approach. JR recognised that there were some practical challenges to overcome. FF queried the GP staffing aspect in relation to community care pathways. FF noted she was aware of some discussion that the improved access approach could be used for this and asked if this was progressed if there was any evidence of the effect of removing those out of hours appointments. DJ confirmed models of delivery would be for the localities to develop and that there may be an opportunity to use the AGPT team in a different way. DJ noted the AGPT team were a Brisdoc team who supplied services through the RUC and Southmead hospitals. JR commented that the CCG needs to start thinking about how to integrate in and out of hours with primary care and this would be a critical piece of work added into the LTS. CB noted patients can often stockpile healthcare due to a lack of confidence in the 7 day offer and that engagement with patients to smooth out demand over the week would be beneficial to this. AM noted the ambitious clinical pathway work which was being arranged for quarter 2 and queried the confidence in capacity to deliver this. DJ confirmed the challenges were recognised and confirmed there would be a focus on quick wins to support pressures this winter. DJ noted this was now a system piece and support would also be seen from other services. JR noted the offer was being made to all 6 localities. JL noted the financial context explaining the CCGs 2019-20 financial plan which is underpinned by an assumed £1.5m of net savings as a result of urgent care action of which the locality transformation scheme is key.	

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	The Primary Care Commissioning Committee: • The PCCC noted the progress made through the Locality Transformation scheme in 18/19 and approved the following areas of focus for 19/20: ➢ Delivery of LTS Phase 2 Programmes – Frailty and Mental Health ➢ Development of Locality Based Urgent Care Services	
08	**Primary Care Finance Report** JL presented the report and noted the headlines shown on page 1. JL noted there have been some changes to the funding model including that the delegated commissioning budget is set after the indemnity scheme which is now centrally funded. JL commented on the key risks which included an assumption on an additional allocation from NHSE to cover market rent and locum costs noting this was also picked up through the committee's action log. JL commented on the impact of the primary care networks noting there was a budget line of £4.2m set which assumed a 50% slippage on the prescribing and pharmacy roles. There is an uncommitted contingency of 0.5% and £170k for section 96 funding. JL noted the budget also assumes the full impact of the LES contract review from last year which delivers the primary care savings requirement. JR queried the confidence in the budget noting there is now a new regional team in place. JL confirmed this had been flagged formally through the submission of the financial plan and informal discussions had also taken place. JL confirmed he would ensure this would be pursued more formally from the CCG. NH confirmed she had already followed this up with her financial colleagues JRa queried the confidence level that 50% of the posts would not be filled and JB confirmed more information on this would come from a meeting being held later in the evening with Clinical Network Directors to look at current progress around recruitment. AM noted there was a significant sum attached to the Quality Outcomes Framework. JL noted that at month 2 the CCG was reporting year to date and, forecast breakeven position for all primary care budgets which included an uncommitted contingency of £638,000 and that the risks referred to in the report may impact on that position.	JL

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	The Primary Care Commissioning Committee: • Noted the confirmed Primary Care Medical revenue resource limit for 2019/20 of £127,655K • Noted the financial planning assumptions as outlined above and the expenditure plan totalling £129.3m before additional income as summarised in Table 1 above, and detailed in Appendix 1 • Noted that a balanced plan has been submitted based on the assumption that the CCG will receive an additional £1.7m of income • Noted the other risks to delivery of this plan as outlined in Section 5 above	
09	**Primary Care Quality Report** BJ presented and talked the committee through the report noting the following highlights: • CQC – four practices had a CQC inspection between 9 April and 14 June with all receiving an overall rating of good. Of the four one practice received a rating of requires improvement for the safe domain and BJ confirmed actions were in place to address this • FFT – response rates have shown a marked improvement which has been maintained since January 2019 • Quarterly Reporting – 12 incidents had been reported of these 8 related to medication incidents. Of the medication 2 had been escalated as serious incidents for investigation under the CCGs serious incident process. • The North Somerset Healthwatch enter and view report was due in July • Complaints data from NHS England had been requested • Noted there were two focused quality domains this month. Prescribing and Respiratory. The four indicators relating to prescribing were noted as set out on page 9 of the report. The CCG was showing slightly below average however both antibiotic indicators were showing performance as better or equal to average • The CCG had performed well against all national respiratory targets • Section 5 of the report details the actions being taken forward and next steps	

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	FF noted self-care prescribing was part of PCN QIPP savings for 2018-19. FF noted ibuprofen is meant to be taken over the counter now and FF also commented that a large number of patients with COPD and care homes are unable to do spirometry. BJ noted she would pass this back to the clinical effectiveness team. FF queried the mechanism for incident reporting noting she thought practices might not be using Datix for the reporting of serious incidents. BJ confirmed that Practices should be using Datix to report serious incidents and that visits had been made to Forums, noting she had attended the Bristol Members Event. It was agreed BJ would engage with practices further around what incidents should be reported. JR noted the importance of having correct clinical governance processes in place. AM asked if the committee could receive assurance on completed action plans following CQC inspections and BJ agreed to build this into future reports. AM noted the suicide incident and queried if the assurances referenced were sufficient. BJ confirmed this was a summary of a wider and more in depth discussion that had taken place. AM noted the delay in receiving complaints data from NHS England and NH noted she would follow this up with colleagues to understand the reason for the delay. It was noted this had previously related to capacity issues within the team. AM asked that challenges around the deep dive topics be included in the reports noting as an example she would have expected to have seen Tuberculosis included in the respiratory deep dive report. **The Primary Care Commissioning Committee:** • Noted the updates on monthly quality data and, the specific performance indicators for prescribing and respiratory data and associated actions.	BJ BJ BJ NH BJ
10	**Contracts and Performance Report June 2019** DM presented the report noting the following highlights: As set out in section 7 of the report the CCG has been asked to prepare contract variations to a group of practices to support the formation of a super practice. The team are clarifying the position and following a satisfactory assessment of the issues	

	Item	Action
	around this would prepare the relevant paperwork. DM confirmed the assurances had been received since the report was written and that this work would now progress to preparation of the variations. DM noted the contracts for Graham Road Surgery and Clarence Park surgery had been terminated with the contracts expiring on 16 June 2019. DM confirmed the delivery of services to patients was secured without interruption and that Pier Health Group took on the contracts from 17 June 2019. DM noted section 13 of the report which addressed section 96 applications noting further detail would also be shared in the closed session. JR queried if there was anything in the memorandum of understanding that the committee should be aware of and DM confirmed this was still in draft but confirmed the intention to support practices in a variety of ways designed to meet their circumstances. MJ noted the importance of recognising that the Locality Health Centre CIC (LHC CIC) held three contracts. This included one for a practice called Locality Health Centre which is now known as Horizons. It was noted that the LHC CIC had handed back two contracts for Clarence Park and Graham Road but not for the Horizons contract. STW noted the performance management monitoring on page 5 of the report which specified two localities having plans to deliver the 30minutes target and 3 localities with plans to deliver the 45 minutes target and queried this in respect of the sixth locality. DM apologised this had not been included and confirmed he would respond to STW outside the meeting. DS noted in respect of the Language Translation and Procurement set out in section 15 of the report that this was separate to the Community Procurement. DM confirmed an update on this procurement was planned for the July meeting. The committee thanked DM and the team for the report and in particular for the work around managing the handback of the Graham Road and Clarence Park lists and in achieving a seamless solution for patient care. AM also noted her appreciation that the committee had been kept updated and informed as the situation progressed. **The Primary Care Commissioning Committee:**	DM

	Item	Action
	• Noted the contents of the report for information	
11	**PCCC update to Governing Body Quarterly Report (Quarter 4)** JB presented noting the report reflects the work taken in the last quarter as it will be reported to the Governing Body. DJ suggested the report include a stronger reference to primary care networks and it was recommended that the paper on Primary Care Networks also be presented to Governing Body. JR asked the LTS paper be taken to Governing Body. AM suggested noting at the end of committee meetings any papers being progressed to the Governing Body. **The Primary Care Commissioning Committee:** • Recognised the work that the Primary Care Commissioning Committee (PCCC) has overseen through quarter four 2018/19 • Supported the proposal that the Governing Body receives the report to support its own work plan and decision making.	
12	**Questions from the Public – previously notified to the Chair** There were no questions received.	
	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 STW and seconded by MJ.	
	Date of next meeting: Tuesday 30th July 2019 Vassall Centre, Gill Avenue, Bristol, BS16 2QQ	

Laura Davey, Corporate Manager
25 June 2019