NHS
Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group

Primary Care Commissioning Committee

Open Session

Minutes of the meeting held on 26th November 2019 at 9am, at Clevedon Hall, Elton Road, Clevedon, North Somerset, BS21 7RQ

Minutes

Present		
Alison Moon	Independent Clinical Member – Registered Nurse	AM
Colin Bradbury	Area Director for North Somerset	CB
Alison Bolam	Clinical Commissioning Locality Lead, Bristol	AB
Georgie Bigg	Healthwatch North Somerset	GB
David Clark	Practice Manager	DC
Felicity Fay	Clinical Commissioning Locality Lead, South Gloucestershire	FF
David Jarrett	Area Director for South Gloucestershire	DJ
Mathew Lenny	Director of Public Health, North Somerset	ML
John Rushforth	Independent Lay Member – Audit, Governance and Risk	JRu
Sarah Talbot-Williams	Independent Lay Member – Patient and Public Engagement	STW
Julie Thallon	Interim Director of Quality	JT
Apologies		
Sarah Truelove	Chief Finance Officer	ST
Kevin Haggerty	Clinical Commissioning Locality Lead, North Somerset	KH
Nikki Holmes	NHS England	NH
Martin Jones	Medical Director for Primary Care and Commissioning	MJ
Rachael Kenyon	Clinical Commissioning Locality Lead, North Somerset	RK
Lisa Manson	Director of Commissioning	LM
Justine Rawlings	Area Director for Bristol	JRa
Julia Ross	Chief Executive	JR
In attendance		
Rob Ayerst	Head of Finance (Primary & Community Care)	RA

Jenny Bowker	Head of Primary Care Development	JB
Sarah Carr	Corporate Secretary	SC
Bev Haworth	Models of Care Development Lead	BH
Geeta Iyer	Primary Care Development Lead	GI
Bridget James	Associate Director of Quality	BJ
David Moss	Head of Primary Care Contracts	DM
Lisa Rees	Principal Medicines Optimisation Pharmacist	LR

	Item	Action
01	**Welcome and Introductions** Alison Moon (AM) welcomed everyone to the meeting and apologies were noted as above. AM noted that NHS England had not sent a deputy and asked that they be approached again to consider sending deputies. Alison Bolam (AB) was now attending the Committee and David Soodeen had stepped down.	**SC**
02	**Declarations of Interest** There were no new declarations and no declarations relating to the agenda.	
03	**Minutes of the Previous Meeting** The minutes of the previous meeting were agreed as a correct record.	
04	**Action Log** AM reminded colleagues that updating actions in advance of the meeting assisted the discussion. **Action 85** – Rob Ayerst (RA) confirmed that a further £700,000 non-recurrent funding had been allocated by NHS England to support the delegated primary care budgets in 2019/20. Work was ongoing to understand the level of recurrent locum expenditure. This was referenced in the Finance Report. **Action 122** – AM asked about the Board to Board meeting with Pier Health. Colin Bradbury (CB) confirmed it had been an Executive to Executive meeting. **Action 127** – RA confirmed an update presented in the Finance Report. It was noted this was a significant issue. The action remained open. **Action 134 –** Jenny Bowker (JB) confirmed the Primary Care Network (PCN) seminar would be held in February and the PCN Clinical Directors would be invited to attend. It was noted that there was no meeting planned for December 2019. **Action 135 –** David Moss (DM) explained that a teleconference had been arranged with the national team to discuss PCN specifications. The action remained open.	

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	Action 137 – it was agreed to change the completion date for the action to January 2020 and add the review of the impact of population metrics on CQC ratings to the work plan. The action was closed. **Action 138 –** It was agreed to change the completion date for the action to January 2020 and add the review of the impact of population metrics on CQC ratings to the work plan. The action was closed. **Action 139 –** the best practice summary would be reported in the GP Bulletin. The action was closed. **Action 140 –**The action remained open. **Action 141 –** the January 2020 Contract and Performance Report would include information on the APMS contracts. The action was closed.	
05	**Chairs Report – Pre Election Period** AM explained that the agenda for the meeting was restricted due to the requirements placed on public bodies during a pre-election period. It was agreed to take agenda item 10 as the next item.	
06	**Influenza Season Work Plan** Lisa Rees (LR) attended for this item. The work plan acknowledged the different commissioner roles and highlighted the joint working in place with NHS England and Public Health England (PHE). The supply delay related to the quadrivalent non-adjuvanted vaccine noted in the paper had been resolved. The delay in the delivery of the intranasal vaccine had been addressed and practices were now able to order the vaccine. The supply issues had impacted on uptake to date however the CCG was performing well compared to the national averages with uptake for “at risk (6 months – under 65 years) at 23.7% against the national average of 22.6% and for “65 and over” at 61% compared to the national average of 58%. It was anticipated that uptake for the ‘at risk' cohort would improve as vaccine availability increased. The outbreak management programme was discussed; it was noted that there had been a reported school outbreak in North Somerset. The risk that GPs might not have capacity to review patients and prescribe antivirals and therefore might be unable to react in a timely manner due to system winter pressures was highlighted. Commissioning arrangements for the 2020/21 flu season were being considered; options could include a different provider model more focused on PCNs and/or a single provider.	

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	The national care home specification would impact on commissioning arrangements.	
	Felicity Fay (FF) commented that there was a lack of clarity regarding the national indemnity scheme and who could vaccinate practice staff. LR agreed that the position was complicated and had been raised nationally to improve the position for 2020/21. Matthew Lenny (ML) welcomed the discussion about future commissioning arrangements for outbreak management and asked to be part of the discussions. AM asked whether the learning from the 2018/19 flu season was used to inform the 2019/20 plans. LR confirmed that a more proactive approach with practices to encourage uptake had been adopted for 2019/20. The team was working with the CCG communication team and PHE to ensure consistent messages.	
	John Rushforth (JRu) asked if the CCG was able to monitor vaccine uptake for health inequalities and inequalities. LR explained that nationally data was provided by cohorts of patients, e.g. respiratory patients and by practice. This data would highlight if there was lower uptake within patient groups or geographical areas, this allowed for targeted campaigns. JRu commented it would be helpful to have this information as part of the learning. Bridget James (BJ) explained that data from the 2018/19 flu season had been used to inform the approach taken for this. It was agreed that the debrief on the 2019/20 flu season would include information on inequalities and health inequalities. Sarah Talbot-Williams (STW) asked that information about working with vulnerable groups was included. LR highlighted work in Bristol targeting homeless people through hostels and outreach. STW noted that the paper reported there were no implications for inequalities and health inequalities, although the statistics to support this were not available.	**BJ** **BJ**
	Alison Bolam (AB) observed that the delayed delivery of vaccines had impacted on practices' ability to offer opportunistic vaccinations. ML noted the role of Children's Centres in raising awareness of the vaccination programme. FF noted that, in relation to outbreak response, the handover and communications between out of hours services and general practice were an important issue to consider when looking at commissioning arrangements. AM asked that the next report include more detail on the programme targeted at people with learning disabilities. LR	**BJ**

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	explained that there was an active campaign and that this included offering the intranasal vaccine where appropriate. It was asked if the national data included people with learning disabilities. LR agreed to review this. AM commented on the reliance placed on the care home local enhanced service and the reported uptake of this service. AM supported a proactive commissioning approach that reflected PCNs and how new structures could support future programmes. AM asked when the final debrief paper on the 2019/20 flu season would be presented. LR confirmed that the campaign ends in March 2020 and the final debrief would be in the early summer. It was agreed to add the 2019/20 debrief to the June agenda. **The Primary Care Commissioning Committee:** • **supported the work undertaken by the BNSSG influenza task and finish group** • **acknowledged there were processes and procedures in place for this year's influenza programme including monitoring vaccine uptake.** • **discussed the areas where there were potential risks, particularly influenza outbreaks and what support would be needed to strengthen commissioning arrangements for an outbreak scenario**	**BJ/LR** **BJ**
07	**Reviewing our LES Offer for 2020/21** DM explained that the paper provided a summary of the Local Enhanced Services (LES) offered to practices, the level of uptake and delivery and outcome information where this was available at the mid-year point: Anticoagulation service: Two levels of anticoagulation service were offered and outcomes would be audited in December 2019. Dementia: All practices had signed up to the LES. Due to the limited number of practices attending the training events a further event would be held in February 2020. It was highlighted that the numbers of diagnoses and reviews completed were above plan. Insulin initiation: 71 practices had signed up to the LES. Outcome measures included attendance at A&E and the national diabetes audit score. The latter data would not be available until summer 2020. Data to establish whether participating practices continued to refer patients to the Diabetes Specialist Nursing service had been requested. The issue had been raised by Bristol Community Health.	

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	Care Home: 64 practices had signed up to the LES covering 3,411 nursing beds and 1,935 residential beds. An impact analysis would be completed regarding attendances at Emergency Departments, non-elective activity and place of death. DVT: quarter one activity was reported at 331 tests and quarter two at 546. An EMIS extract was used for the quarter two data and there would be a review to understand the coding. There would be a review of the full transformation programme in January 2020. Specialised Medicines Monitoring: 80 practices had signed up to the LES. DM drew attention to the delivery of the scheme reported in the paper. The outcomes of the scheme would be audited in December 2019 by the Medicines Optimisation team. DM explained that the schemes for 2020 would be reviewed against the PCN specifications. The Improved Access design group would evolve into an LES review group in January 2020. More detailed information on the review of the LES would be reported to the January Committee meeting. FF asked if the dementia LES data differentiated between practice diagnosis of dementia and memory clinic diagnosis. It was agreed to review this. FF noted that it was helpful to look at outcome measures other than emergency admissions for the Diabetes LES. FF highlighted the potential financial implications for practices if the Care Home LES ceased once it became part of the PCN specification. JRu observed that the paper reported that there were no specific financial implications and asked what the financial impact of the activity reported was. RA explained that the overall LES were underspending. Financial planning had been based on maximum uptake and delivery as this was the first year of roll out of the schemes across BNSSG. Further work was required to understand the detailed implications of update and delivery. AM asked when the next update would come to the Committee. DM explained that the next update would be at the end of the financial year. AM asked that this included information for each LES on the uptake expected in addition to actual uptake and the implications for patients where practices were not part of the LES. It was noted	**DM** **DM**

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	that a paper would be presented to the January meeting regarding the planning for the offer for 2020/21. **The Primary Care Commissioning Committee received the update against the intended outcomes of each Locally Enhanced Service (LES) and noted the current activity data, and associated spend**	
8	**GP Forward View – Quarterly Update** Jenny Bowker (JB) took the Committee through the reported dashboards: Workforce: The green assessment was based on the actions in place. JB reported that the Happy App was to be rolled out across practices in December. This provided real-time feedback from practice staff. Sirona had submitted a bid to establish a health and social care staff bank; the CCG would look to make this available to general practice with a focus on general practice nursing and other practice staff. The international recruitment programme for GPs continued. Care redesign: This focused on Improved Access and was assessed as green. The national minimum requirement continued to be met. It was anticipated that 45 minutes would be achieved during the winter period. The access offer would be part of the winter communications campaign. A patient survey to understand patients views of the offer was being developed. The outcome of the national review had been delayed. A further update would be presented in the new year regarding future commissioning arrangements. Workload: This was rated as green. The number of practices participating in the Productive General Practice Quick Start programme had increased. An expression of interest for a further wave of the Time to Care Quickstart Productive General Practice had been made and programme feedback was positive. The CCG promoted the wider Time to Care offers to practices; this included a quality improvement session with the Time to Care team. Future offers would include collaborative working. The South Bristol Resilience Improvement programme continued to develop. Practice Infrastructure: This was assessed as amber. The Estates Strategy had been approved and the focus was now on how models of care would direct the development of the estate. Direct booking at South Bristol Urgent Care Centre was live and take-up was at 50%. Direct booking through 111 for primary care would be	

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	reviewed in the new year to understand its impact.12 practices offered online booking and the learning from these pilots would be used to inform service specifications to be presented to the Committee. JRu commented that Gloucestershire CCG used practice telephone data as an indicator of activity and asked if this was being considered locally? Bev Haworth (BH) explained the practices involved in the on-line consultation evaluation had been asked to review call volumes. JB explained data was not available for all practices. Where practices had adopted Bistech it would be possible to consider how to use the data generated. FF asked for more information about the Alexa project in North Somerset. JB explained that care home residents were using Alexa to request a GP visit. ML commented that social care colleagues were involved in developing this area and it was agreed that a briefing would be prepared on this. DM welcomed the direct booking through 111 which was an important part joining up system pathways. AM noted that the RAG ratings were based on actions and programmes in place and asked for these to be moved based on outcomes as programmes progressed. This would be reviewed by the team. **The Primary Care Commissioning Committee received the GP Forward View Quarterly Update.**	**ML/JB** **JB**
9	**Primary Care Finance Report** RA explained the overarching CCG financial position. The CCG had set an annual plan with a deficit of £12 million; this position had moved in month 6 by £12.9 million. There was a further net £6.6 million of risk that gave a total risk adjusted deficit of £31.5 million. The delegated primary care financial position was considered. The risks associated with the delegated primary care budgets had been discussed at the start of the financial year. NHSE had allocated a further £300,000 recurrent funding to support the delegated budgets and further, non-recurrent, funding of £700,000 had been allocated for 2019/20. The total allocation of £1 million and the release of the 0.5% contingencies supported the breakeven position. RA drew attention to table 6 which demonstrated how the breakeven position was reached. FF sought clarification of the costs relating to list dispersals and asked if there were examples of transitional funding. RA explained	

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	that a nationally mandated premium was paid to practices when patients registered due to a practice closure; examples of the transitional funding examples could be found in Committee papers concerning Graham Road and Clarence Park. David Jarrett (DJ) asked if costs relating to new PCN roles had been considered. RA explained that the planning assumption had been for a 50% uptake of new roles. Financial activity to date was in line with this. Work was ongoing to understand those reimbursements being made. Full uptake of the roles had not been factored into the forecast. RA highlighted the non-delegated budgets and the medicines management position explaining that the data received by the CCG was delayed by 2 months. The additional increase in the price of Category M drugs set nationally was noted; the full year impact of this for the CCG was forecast to be £2 million. This risk was no longer mitigated by additional income. Growth in prescribing expenditure was planned to be fully mitigated by a range of medicines optimisation schemes with a target of £8.5 million. Growth had been contained at approximately 1% however there had been an increase in volume and price increases leading to an overall cost increase of approximately £5 million compared to the prior year spend. Work was underway to understand the factors driving the increases. It was noted that the year to date position included unmitigated risks. AM noted that the outcome of the deep dive into the prescribing issues highlighted would be reported at a future meeting. **The Primary Care Commissioning Committee noted:** • **at Month 7, combined primary care budgets were reporting a year to date overspend of £3.2M** • **the forecast out-turn (£133K surplus) remained the same as Month 6** • **additional net risk of £4M, resulting in a risk adjusted forecast out-turn £3.9M deficit** • **formal confirmation from NHS England of a further £700K non-recurrent allocation (to be received in Month 8)** • **the risks to delivery of this plan outlined in Sections 2 and 9 of the main report**	**RA**
10	**Primary Care Quality Report** BJ drew attention to the Broadmead Medical Centre CQC inspection report published in October. The overall rating was “Good” and “Good” across all domains. The rating given for quality of care for the ‘vulnerable people’ population group was rated	

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	"Outstanding" reflecting the programme of regular nursing team visits to a local hostel, the homeless centre service and close working with the homeless health service. The CCG Quality, Resilience and Contracting team met with the CQC bi-monthly to discuss emerging issues and themes and to share intelligence regarding quality of care. The planned Local Medical Committee (LMC) hosted CQC event in November had been cancelled and would be rescheduled for February 2020. Friends and Family Test (FFT) submission rates were above the national average (61%) at 81.7%. Data from the FFT was used to inform the dashboards. NHS England had published new guidance which would come into effect in April 2020; this changed the standard question and introduced a new response scale. The CCG would review how it would report performance against these new questions and score. Flu vaccine uptake figures would be reported monthly. Uptake rates for the over 65 years cohort were above national uptake levels. A quality calendar was included in paper which set out the reporting to the Committee. A schedule of proposed quarterly deep-dives was part of this. BJ highlighted the proposed subject areas detailed on page 9 of the paper. These were: • equality and provision of care: • the safety culture • leadership culture and learning from excellence • patient experience and access FF asked if the CCG would consider the Green Impact for Health Scheme and practice sign up to this. Julie Thallon (JT) commented that sustainability had been discussed at an Executive Team meeting and it had been noted that this was a broader issue than quality and cut across all work streams. Martin Jones was the CCG sustainability lead. It was agreed to raise this with Martin Jones. AB noted that Terry Kemple was the national lead for this work. Georgie Biggs (GB) explained that Health Watch was reviewing its priorities. It was agreed that Health Watch would work with the CCG on the deep dives and BJ would discuss this further with GB. AM asked for the next report to include information on any other mechanisms for patient feedback. AM supported the deep dive approach and asked why the four areas were chosen. BJ explained that the first reflected issues that had been highlighted through CQC reports. The other areas picked up on the National Patient Safety Strategy and areas of support for practices and PCNs. AM asked if practices and PCNs had been asked if there were areas to	**BJ** **BJ/GB** **BJ**

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	be explored. It was explained that the deep dives reflected the commissioner position. BJ commented that the members event could be used to explore this. JB commented that practices would welcome learning from each other. The equality and provision of care deep dive would include cohorts that did not always have equal access to care such as people with learning disabilities. **The Primary Care Commissioning Committee received the primary care quality report and approved the Quality Calendar for deep dives in 2020.**	
11	**Contracts and Performance Report October 2019** DM drew attention to the national variation to the GP contract and the two key changes; • requirements to protect a minimum of 1 appointment per 3,000 list size for 111 direct booking • conditions relating to the participation of Primary Care Network activities including data sharing, participation at meetings and provision of information relating to registered patients. Performance against the Improved Access commissioned additional minutes was noted. AM asked if the CCG was confident that the utilisation of available slots on Sundays would improve. DM explained that there were connectivity issues between EMIS and Adastra which impacted on bookings. There would be a wider review of patient appetite for the additional capacity on Sundays and capacity within the Out of Hours service. AM observed there were questions of value for money. **The Primary Care Commissioning Committee noted the report**	
12	**Papers to be presented to Governing Body** There were no papers from the meeting to be presented to the Governing Body.	
13	**Questions from the Public – previously notified to the Chair** There were no questions from the public.	
14	**Date of next PCCC:** Tuesday 28th January 2019 9am-12pm The Vassall Centre, Gill Avenue, Bristol, BS16 2QQ	

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15	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 JRu.	

Sarah Carr, Corporate Secretary December 2019