Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group

BNSSG CCG Primary Care Commissioning Committee

Minutes of the meeting held on 25 September at 9am, at the Vassall Centre, Bristol.

Minutes

Present		
Alison Moon	Independent Clinical Member – Registered Nurse	AMoo
John Rushforth	Independent Lay Member – Audit, Governance and Risk	JRu
Sarah Talbot-Williams	Independent Lay Member – Patient and Public Engagement	STW
Julia Ross	Chief Executive	JR
Anne Morris	Director of Nursing and Quality	AMor
Lisa Manson	Director of Commissioning	LM
Martin Jones	Medical Director for Primary Care and Commissioning	MJ
Justine Rawlings	Area Director for Bristol	JRa
Colin Bradbury	Area Director for North Somerset	CB
David Jarrett	Area Director for South Gloucestershire	DJ
Andrew Burnett	Director of Public Health	AB
Apologies		
Sarah Truelove	Chief Finance Officer	ST
Debra Elliot	Director of Commissioning, NHS England	DE
Sarah Ambe	Healthwatch Bristol	SA
Rachel Kenyon	Clinical Commissioning Locality Lead, North Somerset	RK
Alison Bolam	Clinical Commissioning Area lead - Bristol	AB
Kevin Haggerty	Clinical Commissioning Locality Lead, North Somerset	KH
Alex Francis	Healthwatch South Gloucestershire	AF
In attendance		
Felicity Fay	Clinical Commissioning Locality Lead, South Gloucestershire	FF
David Soodeen	Clinical Commissioning Locality Lead, Bristol	DS
Nikki Holmes	Head of Primary Care, NHS England	NH
John Burrows	Assistant Head of Finance, NHS England	JB
Philip Kirby	Chief Executive, Avon Local Medical Committee	PK
Sarah Carr	Corporate Secretary	SC
Jenny Bowker	Head of Primary Care Development	JBo
Laura Davey	Corporate Manager	LD

Mike Vaughton	Deputy Chief Finance Officer	MV
Georgie Bigg	Healthwatch North Somerset	GB
Ruth Thomas	Head of Locality Development	RT
Geeta Iyer	Clinical Lead for Primary Care	GI
Debbie Campbell	Deputy Director (Medicines Optimisation)	DC
Louisa Darlison	Senior Contract Manager	LDar

	Item	Action
01	**Welcome and Introductions** AMoo welcomed everyone to the meeting and apologies were noted as above. It was noted Mike Vaughton was deputising for Sarah Truelove.	
02	**Declarations of Interest** The following declarations were noted: JBu commented on his personal connection to Thornbury and it was agreed that no action was needed. SC commented that the GPs in attendance all have an interest in Item 7 of the agenda but that the information shared with them is shared in the public domain and confirmation was given that they are not involved in the decision-making process. There were no new declarations.	
03	**Minutes of Previous Meeting** The minutes were agreed as an accurate record.	
04	**Action Log** Actions 16 and 25 were closed. Action 26 was agreed to remain open.	
05	**Chairs Report** GP locality provider plans which incorporated plans to deliver Improved Access were submitted and reviewed by a working group consisting of the PCCC Chair, Area Directors, Locality Managers, Associate Medical Director, Finance and Contracting representatives on 9th July 2018. Following this the PCCC chair AM enacted chair's action on 8th August 2018 to ensure a decision was made noting the requirement for timely mobilisation	

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	work to be undertaken with localities and OneCare to ensure the CCG met the deadline of a 1st October 2018 commencement. The locality plans to deliver Improved Access were approved as presented. Present at the meeting were: Alison Moon (Chair), Kate Rush, Justine Rawlings, David Moss, David Soodeen, John Rushforth AMoo noted the PCCC Terms of Reference contain an allowance for chair's action. The Primary Care Commissioning Committee: • Noted the verbal update	
09	**GP Forward View Overview** JBo presented noting comments from the committee had been incorporated into this latest version. JBo commented that each chapter addressed a section of the GP forward view and was rated as Red, Amber or Green. Two were currently self-assessed as green in response to progress made to develop plans and to take these forward. JBo highlighted to the committee: • Approval has been given to Local GP Retention Scheme for BNSSG • The CCG submitted a bid for international recruitment of GPs for 50 recruits in 2019 and 2020 and this has been approved. • The CCGs bid for medicines optimisation in care homes fund for a small team of pharmacists and pharmacy technicians has been approved • Area Teams are working closely with Localities to mobilise plans for Improved Access in October • More work around advertising availability is needed • The CCG will publish an Equality Impact Assessment for Improved Access that draws from Locality plans • The BNSSG Time for Care launch event was held on 20 September to promote the national Time for Care programme AMoo commented on the format of the report noting it was helpful and clear. DS agreed with AMoos comments on the formatting of the report but queried the ratings. JR confirmed this was about how we	

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	assess our confidence in our plans rather than about the outcome indicators for practices. We are capturing these separately in our quality and resilience datasets and over time we should see a correlation between the CCG plans and the impact on practice measures. MJ agreed with this and confirmed there are other data collections and analysis that look into the situation within practices but that it is important to be mindful that practices are private businesses. JBo noted the intention to procure in Spring for online consultation services with an intention to have a product to offer by March 2010. In response to a question about the workforce trajectory JBo confirmed the workforce trajectory was only for a two year period and that it would be beneficial to have a trajectory for a longer period JBo confirmed the workforce plan had been shared but not the specific figures and that this was available on request. JBo confirmed the report was due to come back to the committee on a quarterly basis. The Primary Care Commissioning Committee: • Noted the progress, risks and mitigations and the next steps provided in the highlight report attached as Appendix A to the report	
06	**Thornbury Health Centre Outline Business Case** DJ presented the report and noted the recommendations to the committee. DJ commented on the context of the report noting that a key component of this programme is the development of a new enhanced primary and community care hub at Thornbury which supports the delivery of the 3Rs programme (Rehabilitation, Reablement and Recovery services). DJ highlighted the following key issues to the committee: • Significant population growth in the area • The current estate in Thornbury does not meet the local population needs DJ confirmed the inpatient facility does not fall within the scope of this work. There were 9 original options which were shortlisted to 5 and DJ confirmed the preferred option is the development of new premises which will bring together the three local Thornbury GP	

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	practices alongside other services to create an enhanced primary and community hub (option 5b). The final site remains under discussion and this will be explored within the full business case alongside the procurement options. All three practices are engaged in this work. JRu queried the impact if the capital bid was not successful and commented that while there was a clear timetable given the current approach is a lift and shift with recognition of other opportunities, how would the application of one of those other opportunities affect the timescales. LM confirmed if unsuccessful this would cause delay but not require plans to be put on hold, LM commented on the reassurance that this is a system priority. DJ commented the community procurement is working to pace and this work is being aligned as closely as possible. JR asked about the level of practice engagement and commitment to the project. DJ confirmed that there has been engagement with all 3 practices and that all of the practices wish to remain engaged with the project at this stage. There are specific issues related to St Mary Street practices as they are in an owner occupied building and therefore they do raise a different perspective in respect of the full business case than the other practices. DJ confirmed Buckover Garden Village development was not included in current plans and figures as the development was not currently approved and has no clear timeframe at this point in time. STW queried engagement with the public and patients and DJ confirmed initial engagement was underway and this will become front and centre as work moves forward. The Primary Care Commissioning Committee: • Approved the preferred option identified in the Outline business Case, Appendix 1 to develop a new health care centre which will bring together the three local Thornbury GP practices alongside pharmacy, the outpatient department, mental health and community services, to create an enhanced primary care and community care hub. • Approved commencement of the full business case	

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07	**LES Review Update** MJ presented and noted the key points specified in the executive summary of the main report. Draft specifications were presented to the committee for anticoagulation, near patient testing and supplementary services with a view to engaging further on these with practices. The committee discussed the approach to anticoagulation. There are 2 pathways in operation across BNSSG and there are potential advantages to a consistent pathway with all practices operating an advanced level service in primary care and there are also some key risks. It was agreed we need to better understand the risks before we are in a position to confirm the offer of both a basic and advanced level service across BNSSG and enter into negotiations with the acute trusts about provision of warfarin monitoring. It was agreed that a discussion with practices should be had across BNSSG to assess the likely uptake for the advanced service as it will only be possible to offer this if all practices take this up, given that the resourcing of this would require us to decommission the clinics in secondary care. The committee discussed the Near Patient Testing specification. DC noted the desire to change the name from Near Patient Testing to Specialist Medicines Monitoring as this better reflects the actual activity practices are undertaking. FF queried Biologics and DC confirmed they are not included as they are red drugs requiring specialist prescription. DC highlighted that the Specialist Medicines Monitoring LES will provide a framework for which further drugs which move to shared care and require regular monitoring would become part of the LES and this will be sponsored by the BNSSG formulary group. DC confirmed data from the last two years had been reviewed and this indicates only 1 drug per year would be eligible for this framework. JBo drew the committee's attention to the finance report and highlight report. In particular JBo drew the committee's attention to the proposal that whilst initial financial modelling is undertaken as service specifications are being developed that no decisions be made on tariffs by the committee until the complete financial assessment on the combined specifications has been made at the end of the calendar year. The committee supported this proposal. The Primary Care Commissioning Committee:	**DC/JB**

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	• Discussed and approved that the draft BNSSG service specifications for Anticoagulation, Near Patient Testing and Supplementary Services (Appendix A) move to engagement with practices and more widely with the Local Medical Committee (LMC) before being considered by the Committee for final approval • Noted and approved the approach to finance proposed in Appendix B • Noted the Highlight Report in Appendix C	
08	**Locality Development Update** DJ presented noting significant progress of the scheme to date. DJ commented on the intention to move to mobilisation of the locality based Improved Access model on 1 October. Work is also ongoing with locality provider groups and other local providers to identify priorities for integrated working. These are listed on Appendix 1 to the report with associated actions shown on appendix 2. DJ commented on the three main cohorts of patients, the fail and elderly, mental health patients and children. DJ noted the recommendation of release of the next £1.50 per head of population on a phased basis to support the role of the GP provider Boards in delivery of the LTS phase 3 collaborative. DJ commented on the transition process for those employed on BPCAg tariff. JRa commented there is more in depth data that could be shared at monthly meetings noting the intention for practices to start in a position that suits them and work together towards more aligned arrangements in phase 3. JRa confirmed the collaborative approach would help ensure local population differences were identified and addressed and also that consistency was offered through localities. DJ confirmed representatives from the 6 provider groups attended the Integrated Care Steering Group and that the vision was shaped through that group. JRa noted the test will be if the vision holds as plans progress forward. CB noted membership forums were a good place for engagement and LM commented that plans will feed into commissioning intentions and contract arrangements.	

	Item	Action
	The Primary Care Commissioning Committee: • Noted the progress made to date in developing locality providers and delivering the Locality Transformation Scheme • Agreed the proposed approach to the development of phase 3 of the locality transformation scheme in support of integrated community localities	
10	**Primary Care Quality Report** AMor presented the report and confirmed the purpose to provide the committee with an update on specific quality measures for primary care and that this report focuses on patient experience data and CQC ratings providing an overview of quality indicators. AMor talked the committee through the report. DS noted the dashboard identified a number of indicators rated as amber in respect of children's data and AMor confirmed she would look into this. AMoo commented this was recognised as an area to focus on by the Quality Committee. JR noted the report was high level and commented on the need to improve triangulation of data as the data shown was not reflective of other associated data held by the CCG. MJ agreed noting the focus of the report was on national submitted data. AMor confirmed deep dives into the data would help improve the triangulation. GB commented that she found it an interesting report and suggested for an aligned approach it might be helpful for the CCG to suggest some areas of focus for Healthwatch to consider through their work with an aim for shared learning. AMor and GB would discuss potential areas of focus outside the meeting. JRu queried if the measures were that which the public would measure themselves and JR confirmed a number which would be measured by the public such as frequency and availability of appointments do form part of the GP patient survey. AMo and JR welcomed the quality report and commented on how the report had developed really well. The Primary Care Commissioning Committee: • Noted the specific quality and performance indicators for primary care highlighted in the paper	**Amor** **Amor/GB**

	Item	Action
	• Discussed the domain BRAG ratings associated with the data set • Agreed the proposed quality calendar subject to any final checking of sequencing with members of the Primary Care Operational Group	
11	**Contracts and Performance Report** LM presented and confirmed the report gives an overview of CCG contracts and their performance in 2018-19. LM noted the data for improved access in June 2018 which showed an average minutes per week of 44.2 noting the increase was due to practices not providing hours during May bank holidays and providing those hours in the June period instead. LM commented work continues to ensure practices are mobilised and ready to take on delivery plans from 1 October 2018. LM commented the MMR active call enhanced service is underway with 51 practices signing up to invite all eligible 16-25 year olds for their MMR vaccination. LM commented on the two merger applications that have been approved of: • Mendip Vale Medical Practice and Riverbank Medical Practice • Mendip Vale Practice and Sunnyside Surgery The Primary Care Commissioning Committee: • Noted the performance and contractual status of primary care	
12	**Primary Care Finance Report** MV presented the report and commented on the year to date position that as of Month 5 there is an overspend of £109k against a year to date budget of £50.879k. The most significant element behind the year to date overspend is additional costs against budget of GP locums which at month 5 amount to £334k. This indicates a substantial overspend in the full year and the CCG is working with NHSE to understand the background to this. The locum spend is consistent with the levels seen last year and MV confirmed the CCG has requested a detailed analysis of locum spend in 2017-18 form NHSE which will support a risk review in the current year around the recurrent and non-recurrent impact of changes to reimbursement rules.	

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	MV reported the overspend also includes costs of £67k (year to date) that reflects additional service charges levied on Practices by CHP. MV commented in respect of market rent adjustment that this has been previously funded non-recurrently by NHSE and that the financial position assumes a non-recurrent allocation of funds to the CCG in 2018-19. This has been advised as correct by NHSE however formal notice is awaited. MV confirmed the forecast out-turn position remains at break-even at the end of Month 5. The Primary Care Commissioning Committee: • Noted the financial position at Month 5	
13	**Primary care E-consultations and NHS App** The committee noted the report was for information only. JBo commented that Governing Body approval was received on 4 September and that the e-consultation pilot contract was awarded to two vendors for a 12month contract with the option to extend for a further 6 months to work with 5 practices. STW queried the implications for equalities section and JBo confirmed the NHS App would not be the only way of access to information but would be one method of access and that in respect of providing the resource in a different language translation functions would need to be considered. The Primary Care Commissioning Committee: • Noted the report	
14	**Any Other Business** There was no other business.	
15	**Questions from the Public** **Question:** Shaun Murphy from Protect our NHS asked the following question. Last year NHS England removed the long-standing subsidy for the service charge for GP Health Centres in the BNSSG area. One consequence of this deplorable decision was that GP partners at the Charlotte Keel Practice ended their contract and a private company took over the practice. The Charlotte Keel	

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	Practice was widely admired for the excellent work it did in one of Bristol's most deprived areas. Our understanding is that financial collapse at the other Health Centres has been averted only by the granting of temporary funding. What steps is the Primary Care Commissioning Committee taking to ensure that the Health Centres have a stable financial future and so prevent any further handing-back of contracts by GP partners, and subsequent privatisation of the GP service? **Response:** LM thanked Shaun for his question and responded. The partners at Charlotte Keel Medical Practice resigned their contract in 2017. In 2013 the ownership of some local health centres, including Charlotte Keel, transferred from Bristol Primary Care Trust to NHS Property Services (NHSPS), a new national organisation set up to be a landlord, renting out properties to GPs, and providing facilities management services like cleaning and security to occupiers. Under nationally agreed funding arrangements for all GPs, practices are reimbursed for the cost of rent, water, rates and clinical waste by NHS England. As with any practice Charlotte Keel will receive the level of funding that they are eligible to receive under the national rules. In January of this year NHSE carried out a review, with the LMC and CCG, to review the payments that have been made by NHSE to practices for non-reimbursable items, predominantly relating to premises. NHSE, the CCG and LMC met all 24 practices in January and discussed the changes with each of them and also advised them how they could apply for financial support should that be required. The CCG is actively working with NHPS to review where we can reduce the costs to practices. We are working with NHPS to resolve this quickly and focus on Charlotte Keel so we the know the extent of the reduction and we can then apply the principles and solutions to other health centres in BNSSG. In addition to this we are developing a programme of work to support the resilience of all our practices. This involves: • Supporting practices to participate in nationally funded GP Forward View programmes to review their processes, efficiency and workflow (of which Charlotte Keel has been one) • Supporting practices to introduce care navigation and train receptionists in signposting people to the right care	

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	• Developing a programme of work to support greater resilience in the workforce including international recruitment of GPs, a fellowship scheme to attract professionals to work in areas of health inequalities, introducing new roles and developing apprenticeships and career pathways • Encouraging practices to collaborate more with each other so that they can identify opportunities to share good practice and identify areas where they can develop efficiencies across a group of practices • Encouraging practices to work as locality groups to work in a more integrated way across primary, community, mental health, social services and the voluntary sector to develop integrated care for people and make the most of their combined resource • Supporting a small number of practices with short-term financial support to help them to address their resilience As a CCG we are investing 18.6 million in additional enhanced services and GP Forward View transformation funding in 2018/19 and have increased the planned investment in primary care across BNSSG by 3.5% compared to 2017/18. We will continue to support the resilience of health centres and other practices in BNSSG as we see this as a priority to support our local health system. We have recently set up a General Practice and Transformation work stream within our STP and we will be working with key partners including One Care Limited, the Community and Education Provider Network and the LMC to develop initiatives that support primary care resilience. Shaun again queried the situation regarding temporary funding and LM responded to confirm that there was some temporary funding in place that is considered non-refundable under national rules. Primary Care is an independent sector provider and the challenges in landlord rent are recognised. JR confirmed the CCG is aware of the increasing pressured in general practice and that those with temporary funding are clear it is temporary. The CCG aims to support practices to ensure that charges made are clear, fair and appropriate. PK commented that from an LMC perspective there are rules in place around government funding and alongside CCG and NHSE colleagues work is ongoing with practices to support them. **Question:** Mavis Zutshi from Protect our NHS queried in respect of Item 9 on the agenda if a feedback loop for the key themes would be implemented to avoid any perverse consequences.	

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	Response: JR confirmed navigation was very supportive of people from different backgrounds and in assisting them to get the right response for their needs. Jr noted when this work was implemented in Surrey it was well received by patients and noted that whilst risks must be managed benefits must not be lost. There were no other questions.	
14	**Motion to Exclude Public and Press** 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. AMoo closed the meeting and thanked everyone for their attendance and contribution.	

Laura Davey
Corporate Manager
31st July 2018