

BNSSG CCG Primary Care Commissioning Committee

**Minutes of the meeting held on 26th June at 11am, 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
Lisa Manson	Director of Commissioning	LM
Martin Jones	Medical Director for Primary Care and Commissioning	MJ
Justine Rawlings	Area Director for Bristol	JRa
David Jarrett	Area Director, for South Gloucestershire	DJ
Colin Bradbury	Area Director, for North Somerset	CB
Andrew Burnett	Director of Public Health	AB
Apologies		
Debra Elliot	Director of Commissioning, NHS England	DE
David Moss	Head of Primary Care Contracts	DM
Sarah Truelove	Chief Finance Officer	ST
Kevin Haggerty	Clinical Commissioning Locality Lead, North Somerset	KH
Anne Morris	Director of Nursing and Quality	AMor
In attendance		
Felicity Fay	Clinical Commissioning Locality Lead, South Gloucestershire	FF
David Soodeen	Clinical Commissioning Locality Lead, Bristol	DS
Rachel Kenyon	Clinical Commissioning Locality Lead, North Somerset	RK
Debra Elliott	Director of Commissioning, NHS England	DE
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
Robyn Smith	Executive PA	RS
Mike Vaughton	Deputy Chief Finance Officer	MV



Cecily Cook	Deputy Director of Nursing and Quality	CC
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	Item	Action
01	<p>Welcome and Introductions</p> <p>Alison Moon (AMoo) welcomed all to the meeting and apologies were noted as above.</p>	
02	<p>Declarations of Interest</p> <p>The following declarations of interest were declared.</p> <ul style="list-style-type: none"> • Rachael Kenyon (RK) is a partner at Sunnyside Surgery. It was agreed RK could be present during discussions, but will not participate in the agenda item. • Georgie Bigg (GB) is a patient at Mendip Vale, and a member of the practice Patient Participation Group (PPG). • Martin Jones (MJ) is a salaried GP at the Locality Health Centre. It was agreed MJ can participate in discussions relating to the practice. 	
03	<p>Minutes of Previous Meeting</p> <p>The minutes were agreed as an accurate record subject to the following amendments:</p> <ul style="list-style-type: none"> • Page 1, attendance, Julia Ross (JR) queried if Debra Elliot (DE) should be noted as a member or in attendance. Sarah Carr (SC) to check the terms of reference. • Page 3, item 5 paragraphs on page three unclear. Jenny Bowker (JB) to review section and reword as necessary. • Page 4, item 5 action regarding a meeting with the Director of Public Health to be highlighted and added to the action log. 	
04	<p>Action Log</p> <ul style="list-style-type: none"> • Ref 09: Nikki Holmes (NK) has requested the information through the regional primary care leads. Action remains open. <p>All other actions were closed.</p>	
05	<p>Transition Plan</p> <p>Lisa Manson (LM) provided a brief background and progress of the transition plan. NHSE provides support and mentoring to the CCG team in terms of undertaking the delegated functions. The CCG are focused on ensuring communicating well with practices and the population. The CCG is developing a Primary Care Contract meeting,</p>	



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	<p>which will oversee the transition and will report in to the Primary Care Operational Group (PCOG) quarterly.</p> <p>David Soodeen (DS) referred to the interpreter services and noted that it is currently in phase one and four and asked what this means. LM explained it is currently in two parts; phase one is the current handover in terms of delegation, phase four is the takeover implication noting procurement would have been completed.</p> <p>FF referred to extended access returns, which is part of phase three of the transition plan, and asked if that is also improved access. Nikki Holmes (NH) advised it is extended hours and access; improved access is the wider scheme. There was discussion about the point of contact and administration for the areas within the plan. LM advised that the intent would be that returns for extended hours would come back to the CCG, working with NHSE. LM suggested the team can do an explicit statement in the next GP communication bulletin in terms of extended access and improved access and the requirements of both.</p> <p>Action: Lisa Manson to arrange for a statement to be included in the next GP bulletin regarding extended access and improved access.</p> <p>Sarah Ambe (SA) queried if the transition plan includes some additional communication to the public around 111. LM confirmed that as the winter plan comes together there will be a communication piece for the public about the different roles each organisation serves across the commissioned pathway.</p> <p>AMoo noted it was useful to see the terms of reference (ToR) for the Quality Hub. JR highlighted that the ToR includes Somerset, however as the committee is now chaired and managed by the CCG should the membership be reviewed.</p> <p>Action: Nikki Holmes to check if it is appropriate for Somerset members to continue to attend the Quality Hub meetings now the meetings are managed by BNSSG CCG.</p> <p>The Primary Care Commissioning Committee received and noted the delegation transition plan.</p>	<p>LM</p> <p>NH</p>
06	<p>Proposed Merger of Mendip Vale and Sunnyside Surgery</p> <p>Lisa Manson (LM) provided an update on the proposed merger. The CCG had spoken with the Chair of the Health Overview and Scrutiny Panel (HOSP), and worked with practices to understand the consultation and work done within the practices to assure</p>	



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	<p>engagement had taken place. LM highlighted that if the merger were approved the new contract for the merged practice will be under a General Medical Services (GMS) contract, with Sunnyside Surgery giving up its Primary Medical Services (PMS) contract.</p> <p>GB referred to the map within the appendix that shows the distances between each site; and asked if there has been confirmation that the practice will be providing a second vehicle for transport for patients. LM explained that the CCG had met with the practice who had confirmed their intention is to invest in a second vehicle.</p> <p>Action: Lisa Manson to speak to the practice about getting a message to patients regarding the need of the transport service they provide to determine if a second vehicle would be an appropriate investment for the surgery based on patient demand and use.</p> <p>Sarah Talbot-Williams (STW) highlighted that the practices are working together and have already merged some activities, such as the telephone systems; and asked if that is in line with governance arrangements. LM explained that practices are within their rights to work together to make back office savings, whether they have merged or not; those arrangements can take place and are in line with the CCG wide strategy.</p> <p>There was a discussion regarding the patient engagement carried out by the practice. Members of the committee sought clarification of when would the CCG make a decision that more research and engagement needs to be done. JR suggested there needs to be some form of guidance and clarification for practices about what level engagement is expected.</p> <p>Action: Jenny Bowker to organise a meeting with David Moss and the LMC to produce clear guidance in terms of clarifying to practices what level of information they must provide in applications, including the expected level of engagement.</p> <p>JR suggested that the committee approve the merger application; but for the CCG to go back to Mendip Vale and provide support with the impact self-assessment. Committee members agreed with this approach.</p> <p>Action: Lisa Manson to provide support to the practice in completing their impact self-assessment.</p> <p>The Primary Care Commissioning Committee approved the merger of Mendip Vale and Sunnyside Surgery.</p>	<p>LM</p> <p>JB</p> <p>LM</p>



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07	<p>Primary Care Quality Report</p> <p>Cecily Cook (CC) presented the quality report and drew attention to section six. She highlighted that the CCG are working with NHSE to transition the serious incident reporting data and processes to the CCG and expect that this will be completed by the end of quarter two. There is an opportunity with the new serious incident process to work with practices to help them improve their culture in terms of reporting. The CCG are in the process of launching Datix internally, however due to IT issues there has been a delay in commencing this.</p> <p>RK commented that when Datix comes across BNSSG there will be system wide engagement because it is going to be a system available across services, which the CCG will have sight of and can spread across boundaries to secondary, primary and community care.</p> <p>Andrew Burnett (AB) referred to influenza vaccines and asked if it refers to all vaccines or only over 65s. CC was not sure and will check. AB commented that there are other preventative activities that could be looked at further and offered to discuss in more detail.</p> <p>Action: Jenny Bowker and Cecily Cook to follow up with Andrew Burnett to discuss further.</p> <p>The Primary Care Commissioning Committee noted the proposed plans for monitoring and gaining assurance regarding primary care quality following delegation of the commissioning responsibility of the CCG.</p>	JB/CC
08	<p>Medical Contract Overview Report</p> <p>LM highlighted some of the key changes in the last month.</p> <ul style="list-style-type: none"> • Portishead Medical Group Care Quality Commission (CQC) rating was “good”. • Process of current procurements is underway in terms of Northville Family Practice. • Contract extension option for Northville Family Practice until 31st March 2019. • Bridge View Medical is relocating the branch; the new site will be fully functional on 9th July 2018. <p>JR queried the reasons for each of the temporary practice hour changes, as this is not currently noted in the reports. LM suggested the detail can be provided in reports going forward.</p> <p>Action: More details as to why practices have requested</p>	LM



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	<p>temporary changes to practice hours to be included in future reports. Lisa Manson to feedback to David Moss for the July report.</p> <p>The Primary Care Commissioning Committee noted the medical contract overview report.</p>	
09	<p>Report from Local Enhanced Services (LES) Review</p> <p>MJ presented the key findings from the LES review. MJ referred to the summary of desktop recommendations (appendix A) and provided a brief explanation of findings for each service. There are a small number of services that can be aligned and continued as they have a similar specification across the three areas (anticoagulation, near patient testing, supplementary services). There are a number of services where an at scale approach would be better suited. These included developing an at scale diabetes model, care homes model and using the funds currently invested in the Bristol Primary Care Agreement and South Gloucestershire Compact to support the next phase of the Locality Transformation Scheme from next April 2019 across BNSSG. It was recognised that the Minor Injuries Local Enhanced Service needs further work before a final decision can be made – the initial findings suggest that this is costing us more than it is saving in attendances at A&E and a significant proportion of people are advised to self-care (35%). The scheme is currently available in South Gloucestershire and in 5 practices in North Somerset. In other practices it is anticipated that people would be seen either as part of the core contract or they would be advised to attend their pharmacy or Minor Injuries service.</p> <p>The committee discussed the need to understand and mitigate risks to practices with employed staff supporting the delivery of services and how we need to support practices to consider how staff can be deployed across practices to support the future locality model. The key next steps are to communicate and engage with practices about these changes, complete the financial appraisal at CCG and practice level to evaluate the impact of the recommendations and develop service specifications to be consistent across BNSSG ready for next April.,</p> <p>FF suggested when communications go out to the membership that it would be helpful to have some information in terms of the finances, and the impact the possible changes will have on individual practices.</p> <p>AMoo commented that it is helpful to have updates of the review regularly, and noted an update will come back in July.</p> <p>The Primary Care Commissioning Committee supported the summary</p>	



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	<p>of recommendations and noted the content of the desktop reviews.</p> <p>Action: JB to bring an update on progress of the review to the July PCCC meeting</p>	JB
10	<p>Minor Improvement Grants 2018/19</p> <p>Joe Poole (JP) sought approval for the prioritised list which fell into the category of high or medium priorities and that, at 66%, fell within budget. There were 21 applications with a total value of £600k; therefore the CCG went through a process to identify priorities out of those bids using the criteria noted on page two of the paper.</p> <p>JR queried why two of the bids were regarded as low priorities. JP explained the reasons for both bids.</p> <ul style="list-style-type: none"> • Family Practice – a CQC report noted that wood panelling at the practice was an infection control issue; however, the proposed changes from the practice would not address this. • Birchwood/Nightingale – it is the obligation of the landlord to manage fire safety rather than the CCG. <p>STW highlighted that the impact on patients does not come in to the paper, and therefore how do the CCG know what the implications to patients are. Justine Rawlings (JRa) commented that some of the work in the localities would address the impact on patients. An estates strategy does need to be developed and patient engagement will come with that.</p> <p>The Primary Care Commissioning Committee supported the identified priorities.</p>	
11	<p>Primary Care Finance Report</p> <p>Mike Vaughton (MV) presented the month two primary care finance report. The delegated allocation received from NHSE totalled £122,813k. Budgets have been set based on contract values using the latest practice populations.</p> <p>DS asked what “other” includes/refers to under delegated commissioning within the finance report. MV agreed to review this and would feedback.</p> <p>Action: Mike Vaughton to check the details and circulate to members of the committee.</p> <p>John Rushforth (JRu) asked when the committee will start to see the year to date figures with variances. MV commented that with the</p>	MV

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	<p>limited information at Month 2 no variances have been identified however he would expect to start to see a movement in actual spend against the budget at month three.</p> <p>The Primary Care Commissioning Committee noted the month two financial position of the primary care budgets.</p>	
12	<p>Any Other Business</p> <p>No other business was discussed.</p>	
13	<p>Questions from the Public</p> <p>There were no questions asked.</p> <p>AMoo closed the meeting.</p>	

Robyn Smith
Executive Personal Assistant
26th June 2018

