NHS
Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group

Primary Care Commissioning Committee Open Session

Minutes of the meeting held on 24th November 2020 at 9am, held via Microsoft Teams

Draft Minutes

Present		
Sarah Talbot-Williams	Chair of Committee, Independent Lay Member, Patient and Public Engagement	STW
Georgie Bigg	Healthwatch Bristol, North Somerset and South Gloucestershire	GB
Colin Bradbury	Area Director for North Somerset	CB
Alison Bolam	Clinical Commissioning Locality Lead, Bristol	AB
David Clark	Practice Manager	DC
Felicity Fay	Clinical Commissioning Locality Lead, South Gloucestershire	FF
David Jarrett	Area Director for South Gloucestershire	DJ
Martin Jones	Medical Director for Primary Care and Commissioning	MJ
Philip Kirby	Chief Executive, Avon Local Medical Committee	PK
Jon Lund	Deputy Director of Finance	JL
Lisa Manson	Director of Commissioning	LM
Alison Moon	Independent Clinical Member, Registered Nurse	AM
John Rushforth	Independent Lay Member, Audit, Governance and Risk	JRu
Rosi Shepherd	Director of Nursing and Quality	RS
Apologies		
Rachael Kenyon	Clinical Commissioning Locality Lead, North Somerset	RK
Mathew Lenny	Director of Public Health, North Somerset	ML
Julia Ross	Chief Executive	JR
Sarah Truelove	Chief Finance Officer	ST
In attendance		
Sarah Carr	Corporate Secretary	SC
Jenny Bowker	Head of Primary Care Development	JB
Debbie Campbell	Deputy Director (Medicines Optimisation)	DCa
Bev Haworth	Models of Care Development Lead	BH
Geeta Iyer	Primary Care Provider Development Clinical Lead	GI
Tim James	Estates Manager	TJ
Sukeina Kassam	Interim Head of Primary Care Contracts	SK

Clare McInerney	Head of Locality – Weston, Worle & Villages	CM
Lucy Powell	Corporate Support Officer	LP
Michael Richardson	Deputy Director of Nursing and Quality	MR
Jacci Yuill	Lead Quality Manager – Primary Care	JY

	Item	Action
01	**Welcome and Introductions** Sarah Talbot-Williams (STW) welcomed members to the meeting and the above apologies were noted. It was noted this was Martin Jones' last meeting and he was thanked for his contribution to the committee.	
02	**Declarations of Interest** There were no new declarations of interest and no declared interests relevant to the agenda items.	
03	**Minutes of the Previous Meeting** The minutes were agreed as a correct record. Alison Bolam (AB) noted she had a comment arising from the minutes regarding the terms of reference. This would be raised during the discussion of this agenda item.	
04	**Action Log** The action log was reviewed: • **Action 192 –** access to tests would be clarified in the Flu update item. • **Action 207 –** It was confirmed information about CAMHS, LeDeR and Annual Health Checks would be included in future reports. There was no further update on CAMHS; the position at Weston had stabilised. The action was closed. • **Action 211 and 214 –** the actions would be discussed as part of the finance report. • **Action 216 –** this action remained open. All other due actions were closed	
05	**Terms of Reference Review** The terms of reference had been revised following the previous discussion and amended to reflect the comments made. AB commented the discussion at the previous meeting had included consideration of including the LMC as part of the membership of the committee. The terms of reference presented did not include the LMC as a voting member. It was explained that the LMC represented local practices and as such would have a potential conflict of interest, in line with the GP members in attendance. This would prevent them for participating as voting member in key items. PK agreed that it would be inappropriate to attend as a	

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	voting member. The current terms of reference included the LMC as 'in- attendance'. There was discussion of the Vice-Chair position. It was agreed that reference to this would be removed and the vice-chair would be agreed as and when required. Alison Moon (AM) observed the terms of reference included MJ as voting. It was confirmed this would be reviewed and a further revision to the terms of reference would come to a future meeting. **The Primary Care Commissioning Committee agreed the terms of reference subject to the amendments agreed above**	**SC**
06	**Covid-19 Current Position** MJ thanked the Primary Care Team for their support and for the production of this monthly report. The key areas of focus were highlighted. • Care homes: work continued to implement the PCN Enhanced Health in Care Homes DES. • Primary Care Capacity Planning: a primary care escalation plan supported by OPEL status reporting for practices was in development. This would support both primary care and a system wide approach to escalation reporting and action planning. • Flu Planning: this was a standing item at the primary care cell and updates were included in the Quality Report and stand-alone Flu Updates to the committee. • 111 First: This was a standing agenda item at primary care cell meetings. • Communications: twice-weekly bulletins for primary care continued with ad hoc bulletins used to highlight key issues. Feedback from practices on communications had been positive. • Cell Terms of Reference: a review of key objectives was planned to reduce duplications and clarify governance arrangements. • The Digital Sub-Group continued to support the system including 111 First direct booking, supporting remote consultations. Work was underway to support practices regarding digital inclusion. Other areas of digital support were included in the paper. • Community Phlebotomy project continued and was nearing completion. Concerns regarding adding tests raised by a local trust were being resolved.	

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	• The approach to shielded and vulnerable patients was to be rolled out • Covid Virtual Ward: work was underway to develop a standard operating procedure • Mass Vaccination: Work was underway to develop the Mass Vaccination programme and this would take in to account national guidance. It was noted, dependant on the vaccine deployed, there would be logistical matters to address. A system wide approach was important to support the programme. Delivery would be through a variety options to provide choice. There would be further updates to the committee as the programme advanced. • Finance Update – there would be support from NHSEI for additional capacity ring fenced for general practice to support the continued provision of services for patients and delivery of the priority goals set out in the paper. STW asked if the work focused on the vulnerable and shielded population would take into account learning about at risk groups and specifically BAME communities from the first wave of the pandemic. MJ agreed it was important the learning be taken into account. Learning from the delivery of flu vaccinations would also be important. Geeta Iyer (GI) explained clinical prioritisation guides would be shared with practices, which would take into account the increased risk for patients from BAME groups. MJ noted it was important to look at how practices could be supported. Practices in the Bristol Inner City and East Locality had done innovative work during the first wave. FF asked a number of questions: • Regarding 111 First what the plan was to support capacity in primary care if there was a significant increase in demand. • Would Sirona be able to support mass vaccination plans for housebound patients. FF noted that the choice element with national booking, central hubs and practice options would make planning challenging for primary care. FF sought clarity regarding the definition of 'secondary care blood' coding which was part of the community phlebotomy scheme. MJ commented it would be important for practices and PCNs to ensure they engaged in mass vaccination planning. This would help manage the complexities of the programme. MJ noted there	

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	would be a role for practices regarding vaccination for some house bound patients as well as a system wide approach for BNSSG. MJ observed the activity routed through 111 First was primary care activity; it was important to understand the activity and plan for capacity. Bev Haworth (BH) explained an escalation process was in place should demand exceed capacity scenario. This information would feed into an Opel reporting mechanism with triggers and associated actions that would flag demand issues to the wider system. JRu noted the system was at capacity and asked how additional staff resources for the mass vaccination programme would be identified. Lisa Manson (LM) explained work was ongoing across the system to identify staff resources and there would be a national drive aimed at returning staff. The mass vaccination programme would have a phased approach and both additional and existing workforce would be used GI responded to the question related to the definition of a 'secondary care blood'. The Standard Operating Procedure had been shared through the Bulletin with primary care colleagues. This included a definition of a secondary care blood and coding requirements. MJ noted the service provided an extra resource for primary care; the service would support getting the right information back to the patient. AB asked if the Care Home DES would cover Care Home residents temporarily registered with practices. Jenny Bowker (JB) explained the Discharge to Assess commissioned beds mapped to the DES. Work was underway to understand where these beds were located in relation to practices and the resources required to support them. **The Primary Care Commissioning Committee noted the report**	
07	**Supplementary Services and Local Enhanced Service Review** GI explained the review had commenced. All CCG commissioned Local Enhanced Services (LES) were in the review scope. The Community Pharmacy and Discharge to Assess (D2A) LES were also in scope although not necessarily subject to the desktop review stage. The highlight report included an update on the first project group meeting. The next steps included the completion of the desktop review by clinical leads and senior managers. The	

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	review would take into account the impact of covid on activity and service delivery. The review would include specific, detailed questions regarding enhanced services and the data reporting for each LES. The review of supplementary services was highlighted. Funding implications of the service needed to be considered. These were linked to the PMS review and due to end March 2021. Engagement was needed to understand activity and delivery for the population. Changes would be implemented from April 2022. Further detail would be presented to the January Committee meeting and shared with the GP membership. FF asked if the supplementary service review would look at pre-covid activity and if the national DES for Care Homes replaced the CCGs Care Home LES. JB explained the review of the Care Home LES would look at the tariff arrangement, which had not been completed. DJ sought clarification that the outcome of the review of supplementary services would be implemented from April 2022. This was confirmed. JB noted there would be a rapid review into obvious areas that could be changed for April 2021; a broader review across the full basket was a longer-term piece of work requiring planning and engagement. **The Primary Care Commissioning Committee received the update**	
08	**Weston Parklands Village – Full Business Case** Colin Bradbury (CB) explained this was the final stage of the CCG process, which sought approval from the Committee to submit the Full Business Case to NHS EI. CB thanked the team for their work. The scheme was an innovative estate ownership model with the local authority. The Healthy Weston programme had identified Weston had a growing population of new families. Over 90% of NHS contacts were in community and primary care and it was important to have resilient services to meet the needs of the growing population. Existing facilities struggled to meet this demand. Tim James (TJ) explained the background to the scheme and the aim to provide a new GP practice for the major new housing development known as Weston Villages. The scheme had been delivered in partnership with the local authority using NHS Estates and Technology Transformation Funding (ETTF) and Section 106 funding. The background to the scheme was described in the papers and attention was drawn to key project milestones. The	

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	intention to minimise revenue implications by agreeing a "rent-free period" with the building owner in exchange for providing capital grants supporting the building development was noted. The building's environmental performance rating was highlighted. The service would be provided by Pier Health Group Partnership, who, as head tenants, would hold the lease with the building owner. Attention was drawn to the construction programme, which would begin in January 2021. TJ highlighted the impact of covid which had slowed the project, this risk was now reduced. The Locking Village consultation was highlighted. The cost of the scheme was fixed and risks had been reduced. The full risk register was embedded in the Business Case. Georgie Biggs (GB) commented it was pleasing to see the scheme come to fruition and welcomed the alterations made in response to the Committee's feedback. GB noted the potential closure of the Locking Village branch surgery and commented there would be patients in Locking village who would find it difficult to travel to the new site. GB noted this issue would be considered further. AM commented not all the documents embedded in the paper had been available due to its format. AM asked if there were outstanding non-covid related risks. TJ explained that the non-covid risks related to issues such as design. These had been reduced through mitigations. Risks now related to construction and were mitigated. MJ observed it was important to focus on the primary care services needed for the community. LM welcomed the lead taken by Pier Health Group, which signalled how PCNs could work. FF welcomed the environmental rating achieved. STW commented the scheme had the Committee's full support. STW noted the Locking village consultation and emphasised the importance of meaningful engagement. **The Primary Care Commissioning Committee approved the Full Business Case to enable it to progress to final approval by the NHSEI Chief Financial Officer approval on 16/12/2020 and North Somerset Council officer approval the following day. This will enable construction of the building to begin in January 2021**	
09	**Primary Care Contracts – Estates Report** TJ drew attention to the capital projects supported by NHS grant funding set out in the paper and the progress made in the last	

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	quarter. It was noted the Tyntesfield PNC new build project would not go forward. FF noted the report did not include the current and project need for space for PCNs arising from the additional roles. SK said that the strategic element was included in the Primary Care Strategy. LM explained the report focused on the current position. A strategic primary care estates strategy was being develop that would take into account additional roles and their impact. LM understood this was a key issue for primary care. MJ commented elements of this would be developed within localities working with PCNs. Jon Lund (JL) commented there were digital issues to be considered and that there were capital funding issues for PCNs that would continue to be monitored. JB noted these issues had been raised by PCN Clinical Directors and there would be a further discussion regarding infrastructure. It was important that plans supported priority areas. It was also important to understand the potential role for non-primary care estate. AM commented on the cover paper section referring to Health Inequalities. The wording was repeated in other papers and appeared to be a standard. AM asked that for future papers to include more information addressing the specific impact of the issues covered in the paper. LM noted this was an issue in some papers. It was, correct for this paper, that practice demographics were considered when reviewing estates issues such as minor improvement grants. AM agreed and asked that the results of these results were highlighted in the paper. LM agreed to ensure the links were made clearer. DJ commented that the other Section 106 schemes being taken forward were not referenced in the paper. TJ would work with localities to develop reporting to the committee. **The Primary Care Commissioning Committee**	**LM**
10	**Influenza Planning Update** DC highlighted the number of flu cases in the community remained low. Uptake of the vaccine had been good and stock availability had been affected. New stock would be coming to practices and community pharmacies and it was anticipated uptake would continue to increase. It had been announced that the 50-64 age group would be eligible for the vaccine from the 1st of December. It had been confirmed that there was an alternative vaccine for	

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	children unable to have the live nasal spray. Uptake remained above the regional average. Uptake for the 65+ group was had almost reached 75%. Uptake needed to improve in some of the at risk groups. Uptake was being monitored at practice level and the team was working with locality leads to identify what further support was needed. There was a regional focus on staff vaccinations. The aim was to achieve 75% - 80% for December. To date UHBW was reporting 70% and NBT was reporting uptake at 50%. DC drew attention to the health inequalities section and the table plotting vaccine uptake and social factors. DC explained this was work in progress and the data would be further reviewed. There appeared to be a correlation between the deprivation index and uptake. Further work would be completed to understand the impact of the size of the population of people aged over 65yrs in each area. FF asked about staff vaccinations in general practice. DC explained practices were no required to report this data in the same way as the trusts and community providers and was an area for improvement. This would be looked at for future years. AB noted the reference in the assurance section to the use of a single swab to test for covid, flu and other respiratory infections and asked if this was being used. DC agreed to confirm that the single swab was being routinely used. **The Primary Care Commissioning Committee noted the report**	**DC**
11	**Primary Care Finance Report** JL explained there had been a number of changes to the financial framework as the NHS responded to the covid pandemic. In the first half of the year, the CCG had been funded on a retrospective basis. A fixed budget had been set for the second half of the year and this included the covid response. The delegated primary care full allocation of growth had been honoured. With regard to the wider system, allocations were now made on a system basis and the full implications of this approach were being explored. Primary Care had been engaged in the development of the system plan. It was noted the position continued to change; additional funding for primary care had been allocated. Locally £1 million had been allocated from system wide funding to support the primary care response to covid.	

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	JL drew attention to sections 4 and 5 of the report, which related to the action log. It was important to ensure uncommitted transformation and resilience funding was appropriately allocated. It was agreed these sections closed the actions. JL highlighted key month end variances. There was a small underspend against the prescribing budget with the delegated primary care budget broadly as planned. JRu asked what the forecast outturn position was. JL explained due to the unusual financial regime during months 1 to 6 there had been a breakeven position. The new budgets had been set at month 7 and it was too early to understand if there was a material variation to plan. AM asked if there was concern about the unidentified savings target overtime noting this could be a difficult position to recover. JL noted financial arrangements for the first six months had resulted in breakeven. Mitigation would need to be identified to close the gap in the second half of the year. More detail would come to the January Committee. JB commented not all GP Forward View funds had been committed to provide a reserve to support practices with winter challenges. It was appropriate now to look at how funds could be used to provide support. MJ observed it was important to focus on the delivery priority areas and consider how funds were used to support these. **The Primary Care Commissioning Committee noted the report**	**JL**
12	**Primary Care Quality Report** Jacqui Yuill (JY) drew attention to current issues including the ongoing risks of covid-19 outbreaks, infection spread and local and national lockdowns. CQC primary care inspections had been paused. The use of a Transitional Monitoring approach by CQC from October 2020 was highlighted. JY explained she was in regular contact with practices and the CQC. She was also working with DC on the flu' management programme. FF asked that the Risks/Assurances Gaps section be clarified to identify risks, mitigations and assurances. JY agreed to review this for the next meeting. AM observed that clindamycin prescribing was a concern for the CCG and asked for the committee to receive regular data and trajectory information given concerns about c.diff cases. AM asked when information about the learning disabilities Annual Health Checks including trajectory information would be reported. RS agreed to include clindamycin data in future reports. RS explained the Annual Health Checks quarterly figures	**JY** **JY**

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	would be available in January and these would be included in the next report. AM asked if the implementation of the primary care quality strategy would be included in reports. RS confirmed quality related aspects of primary care strategy would be reported. **The Primary Care Commissioning Committee noted the report**	**JY**
13	**Contracts and Performance Report** SK drew attention to the closed list application. The Primary Care Contacting team was working with the practice to establish whether a closed list application was required. If required, the application would need to be agreed before the January committee meeting. The Committee was asked to delegate authority to process the application to the Chief Executive and Chair of the Committee, if it was received before the next meeting to comply with timelines. The team had received one formal application for Section 96 support, and the team continued to work with the practice. Attention was draw to the ADHD LES; 38 practices had expressed an interest in delivering the enhanced service. AM asked what the implications were for patients whose practices had not expressed an interest in the ADHD LES. LM explained those patients would continue to receive annual reviews and related services provided by AWP. AM asked if the LES was a better service. LM explained that it was different. The LES was designed to support the management of the waiting list in a different way. STW asked if ADHD patient groups were involved in the development of the LES. LM confirmed patient involvement was central to the LES development. **The Primary Commissioning Care Committee received the report and approved the delegation of authority to the Chair of the Committee and the Chief Executive for the processing of the Close List Application should it be required in advance of the January 2021 Committee meeting**	
14	**Agenda Forward Plan** It was agreed STW and JB would review the committee forward work plan and ensure the inclusion of PCN developments updates and the transformation programme. The plan for 2021/22 would also be reviewed.	**JB**
15	**Questions from the Public – previously notified to the Chair** There were no questions from the public.	

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16	**Committee Effectiveness Review** The Committee considered the checklist. It was noted the meeting ran to time. AB noted the papers for the meeting were received in a timely fashion. The correct people had attended the meeting and key issues had been discussed.	
17	**Any Other Business** There was none	
18	**Date of next PCCC:** Tuesday 26th January 2021	
19	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 AM and seconded by LM	

Sarah Carr, Corporate Secretary, November 2020