Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group

DRAFT

Primary Care Commissioning Committee Open Session

Minutes of the meeting held on 31st March 2020 at 9am, held via Microsoft Teams

---

Minutes

Present		
Alison Moon	Independent Clinical Member – Registered Nurse	AM
Martin Jones	Medical Director for Primary Care and Commissioning	MJ
Julia Ross	Chief Executive	JR
John Rushforth	Independent Lay Member – Audit, Governance and Risk	JRu
Rosi Shepherd	Director of Nursing and Quality	RS
Sarah Talbot-Williams	Independent Lay Member – Patient and Public Engagement	STW
Apologies		
Alison Bolam	Clinical Commissioning Locality Lead, Bristol	AB
Georgie Bigg	Healthwatch North Somerset	GB
Colin Bradbury	Area Director for North Somerset	CB
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
Rachael Kenyon	Clinical Commissioning Locality Lead, North Somerset	RK
Philip Kirby	Chief Executive, Avon Local Medical Committee	PK
Lisa Manson	Director of Commissioning	LM
Sarah Truelove	Chief Finance Officer	ST
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
Tim James	Estates Manager	TJ
David Moss	Head of Primary Care Contracts	DM
Lucy Powell	Corporate Support Officer	LP

	Item	Action
01	**Welcome and Introductions** Alison Moon (AM) welcomed members to the meeting noting that due to the challenge faced by Covid-19, only those members who make up quoracy had been asked to attend the meeting. AM thanked the CCG teams, One Care and primary care staff for their hard work during this period.	
02	**Declarations of Interest** There were no new declarations of interest and no interests pertinent to the agenda.	
03	**Minutes of the Previous Meeting** The minutes were agreed as a correct record.	
04	**Action Log** The action log was reviewed: **Action 148 –** Primary care taking a larger role in diagnosing dementia had been discussed at the event held on the 3rd February 20 and David Moss (DM) explained that there were wider conversations to be had and training to take place. The action was closed. **Action 149 –** it was agreed to change the timescale for the action to July. DM confirmed that a letter of intent been sent to practices. **Action 150 –** Martin Jones (MJ) explained that there was no further update regarding the use of Alexa in care homes, however there was work ongoing to determine the immediate actions the CCG needed to take in relation to care homes during the pandemic. The action was deferred to July. **Action 155 –** Outcomes from site visits have been included in the quality report. This action was closed. **Action 156 –** Risks regarding Pier Health Group have been reviewed and actions are in place for Covid-19 which will be taken forward in the future which will mitigate some of the risks. This action was closed. **Action 157, 158 and 159** – MJ to discuss these risks with Sarah Carr (SC) and provide updates for the action log. All other actions were deferred to July due to the Covid-19 pandemic.	**MJ/SC**
05	**PCCC Assurance Framework and Risk Register Primary Care** SC presented the paper noting the addition of new risks including a risk relating to Covid-19. SC explained that there were processes in place to-capture and manage any new risks relating	

	Item	Action
	to Covid-19 through the ongoing risk and assessment processes as part of the Incident Control Centre (ICC). MJ noted that to manage Covid-19 the teams were accelerating the rollout of certain existing schemes in response to the crisis such as online consultations. MJ noted that locality working was changing rapidly and outcomes of schemes were enhanced by the need to quickly capture how and why the work contributed to Covid-19 outcomes. MJ noted that much of the work being accelerated included schemes and work programmes the CCG was always intending to implement. These accelerated work programmes were part of the mitigations for the risks and noted that the governance processes within the ICC were robust. AM highlighted that the risks discussed related to Primary Care but noted that discussions across the whole of the CCG would play into wider discussions at Governing Body. **The Primary Care Commissioning Committee:** • **reviewed and discussed the Corporate Risk Register and Governing Body Assurance Framework** • **considered whether the Corporate Risk Register and Governing Body Assurance Framework were an accurate reflection of the risks**	
06	**Budget Setting 2020/21 and Primary Care Finance Report** Rob Ayerst (RA) noted that the budget presented within the paper represented the pre Covid-19 budget for delegated commissioning. Budgets associated with Covid-19 were outside of the scope of the paper and were assumed fully funded at this point in time. RA highlighted that before mitigations there would be a planned deficit of 1.9m against the delegated budget for next year. With an assumed release of 0.5% contingency the savings target would be £1.2m. RA noted that the budget was an update to the 5 year plan recently presented and took into account the new GP contract. RA explained that the CCG allocation pressure was due to the distance from target funding and population growth. The CCG had not been funded at target allocation as the population growth for BNSSG was increasing at a faster rate than the numbers used to base the population growth. RA noted that this was the reason for	

	Item	Action
	the planned deficit and gap in funding and explained that the population calculations were based on population rates from 2017. RA provided the statistics on how far from actual the funded population rates would be for future years noting that for 2023/24 the budget would be 2.1% under target. RA noted that this was in line with the total allocation but that the delegated budget was much further away from target. The CCG was reporting a break even position for Month 9 for delegated budgets. RA noted that there were a number of non-recurrent benefits received in year which wouldn't be available next year such as the additional roles reimbursement and list dispersal funding. RA outlined the implications of the revised allocation noting that these capture the requirements of the new GP contract but not the additional roles reimbursements. RA explained that the money for the reimbursed roles would be retained centrally and the CCG would need to draw down funds as required. It was noted that this reduced the flexibility of the funds. RA highlighted the additional schemes the CCG would need to fund through the delegated budget including the revised care homes offer and noted that some of these funds would be given directly to practices to manage, which would affect the CCG position. RA confirmed again that the position worsening was due to the increase in population growth that had not been taken into account within the delegated budget. RA outlined the planning assumptions including building money into the budget for procurements. RA noted that the CCG was anticipating some APMS contract financial support. Julia Ross (JR) asked how much of the underlying deficit was within the CCGs gift to save. RA confirmed that in reality only the APMS premiums but much of this funding would be wrapped up in contracts. It was confirmed that the CCG would minimise the use of discretionary spend. JR asked whether there needed to be further discussions with NHS England and NHS Improvement (NHSEI) regarding the level of budget the CCG received for delegated commissioning. RA noted that the initial delegated budget received in year one had been incorrect and NHSEI had	

	Item	Action
	rectified this through additional non-recurrent funding and since then the allocation has been calculated as it would be for other CCGs and so was essentially correct. RA reiterated that the allocation pressures related to distance to target funding and the calculations of BNSSG population growth against actual and this was what the CCG was discussing with NHSEI. AM noted that the gap between the local population growth against the local population allocated for was significant and asked whether there would be plans for NHSEI to reassess population numbers. RA confirmed that there would be no revised allocations as these were set until 2023/24 but the distance to target would add weight to discussions regarding the genuine planning gap of £1.9m. JR noted that it would be useful to raise with NHSEI how this only disadvantages Primary Care and the ability for the CCG to transform primary care services. John Rushforth (JRu) asked where savings could be identified and RA noted that much of the budget was contractual so the CCG had few options when addressing the gap. JRu noted that with the challenges facing the NHS at this time, there might not be time to develop savings schemes. RA explained that the solution may not be through saving on the delegated budget itself but responding to Primary Care challenges through wider commissioning, for example, responding to the challenge of complex populations through community services. RA highlighted the £2.5m transformational funding which would continue to fund GP Forward View schemes and a paper would be presented to PCCC outlining the intention on the use of the funding and how the funding can be used flexibly for primary care services. It was noted that some schemes have been accelerated due to the current crisis which would release savings in some budgets as programmes had been implemented at pace such as the online consultations work. AM noted that it was important that these innovations were captured and linked to other programmes of work. JR highlighted that it was important that staff weren't given additional work during this time. It was hoped that some of the innovations developed to deal with the pandemic would continue past the crisis.	RA

	Item	Action
	The Primary Care Commissioning Committee agreed the submission of a balanced plan for Primary Care medical as part of the CCGs overall financial plan for 2020/21, and recognised that delivery of the plan was dependent on uncommitted contingency funding of 0.5%, and identifying £1.25m of in-year savings (currently unidentified).	
07	**Covid-19 Update** MJ outlined the system response to Covid-19 including the arrangements for the ICC and provided an update on key points: • Silver command calls were taking place 6 days a week where the action log was discussed and feedback provided. • The biggest primary care challenge faced by the CCG currently was providing communications to practices in a clear and consistent way. It was noted that the CCG was acting as the central point of contact for all communication to primary care. OneCare have been ensuring the action log and FAQs were updated each day. • Communications were agreed collaboratively and OneCare were using Team Net to push messages. • Work continued with the locality teams noting that the challenge was wider than primary care and work included other providers such as community and mental health services. • The most significant progress has been made in digital innovations including staff working from home and ensuring online consultations can take place. • Pier Health Group have rolled out Ask My GP across their practices as this was the software the practices were comfortable using. National roll out of other software for online consultations has also taken place. • The CCG, OneCare, SevernSide and the training hub, as part of the workforce cell, were currently contacting returning staff, recruiting volunteers, and determining areas of greatest need to deploy staff to. • 50% of practices have shared their business continuity plans with the CCG although it was important to note that work on solutions was beginning to supersede the plans. • OneCare were reporting daily on the levels of Personal Protective Equipment (PPE) in primary care, staff absences and staff availability. This information was reported to the silver command members. OneCare were operating a light	

	Item	Action
	touch approach to reporting so as not to add pressure to practices. • The CCG continued working on the list of vulnerable groups which would be shared with GPs and MJ noted that it would be raised with the Clinical Cabinet how this work could be coordinated with the Acute Trusts. • The CCG were working with the Homeless Health Service and BrisDoc to ensure services continued for these patients. The council were working to house people in hotels and those who have refused were being contacted by the Homeless Health Service to provide support. • The Local Authorities were concerned about PPE being available in care homes and this concern has been escalated. • Care home modelling continued as planned with roles being considered in response to Covid-19. It was noted that the voluntary sector were mobilising people to help if possible. MJ provided an update on the Primary Care Networks (PCN) contract update noting that the GP support to Care Home specification would continue as planned with other specifications delayed until later in the year. The work to allocate care homes to PCNs would continue for the 31st July 2020 deadline. 13 PCN Organisation Development proposals have been received and these are still being received despite the current pressures. The CCG would hold funds where plans have not been received. Temporary site closures have been put in place to consolidate staffing at main sites where practices have multiple sites. All practices are offering telephone triage as first point of contact with patients and online booking has been temporarily suspended. MJ noted that a letter of comfort has been sent to practices to assure that income will be protected throughout the covid-19 pandemic and money should not be a barrier to take immediate steps as reasonable actions will be reimbursed. AM noted the significant amount of work that has taken place and thanked the teams.	

	Item	Action
	Sarah Talbot-Williams (STW) asked whether the visually and hearing impaired were recognised as a vulnerable group. MJ agreed to raise this with the team developing the list. STW also raised the issue of men and women who were currently at home living in fear and noted that this was a much harder cohort of people to recognise. MJ noted that the Local Authorities were also working on identifying vulnerable groups. AM asked whether the national guidance was being released at the pace required to protect primary care. MJ noted that regardless of the guidance, the CCG teams continued to work on the operational plan and accelerated programmes where required particularly around locality working and the heads of localities were working with OneCare to implement the necessary work. It was noted that the system was working together to ensure that only the patients that needed to go into hospital were. Work to keep patients at home and work within care homes has accelerated including co-morbidity data being rolled out to EMIS to ensure that clinicians have as much information about patients as possible. Rosi Shepherd (RS) noted that as part of ReSPECT, work has taken place with the community providers to support those conversations regarding choice of place and level of care. AM highlighted the significant amount of work that has taken place regarding risk and asked about current concerns. MJ explained that this was morale for clinicians during the changes. MJ noted that the other concern for primary care was testing for staff and how this happened noting that there were limited numbers of tests for the South West. AM asked whether the wellbeing of staff was being discussed within the individual workstreams. MJ noted that teams were identifying ways to support themselves and other teams. STW asked about diagnostics that wouldn't happen due to the pandemic and the implications of this. MJ noted that David Peel and the Healthier Together were leading on the work continuing referrals to hospitals and how this can be managed and supported. MJ assured that testing and diagnosis for certain conditions would not stop and noted that the Clinical Cabinet had	**MJ**

	Item	Action
	agreed that there needed to be increased guidance around virtual clinics for orthopaedics and cancer. The performance targets relating to 2 week waits would continue to be monitored and practices continue to report on diagnosis measures. However, there has been additional consideration on what tests need to take place. JR asked whether the letters to vulnerable patients had been sent and from what source had the data been collated. David Moss (DM) confirmed that the national letter had been delivered on Saturday but the local lists were still in train. JR noted that South Gloucestershire council had reported that 100 people within their population had received a letter and raised a concern that this number seemed small. JR noted that there could be people who are not self-isolating that should be and noted the importance that the national data was shared with the CCGs who hold the local knowledge. The Committee recognised the need for the local letter from the CCG to be sent as soon as possible acknowledging that collating a system data set would be a large ask given the current circumstances. JR suggested that an appropriate timescale be determined for sending out the letters and confirmation received that these had been sent. **The Primary Care Commissioning Committee noted the update on Covid-19 for primary care.**	**MJ**
8	**Primary Care Quality Report** RS asked whether the Committee had any comments on the report and asked for these to be emailed. **GP Significant Incident Reporting Guidance** RS asked whether the Committee had any comments on the guidance and asked for these to be emailed. **The Primary Care Commissioning Committee noted the content of the report and the guidance and agreed to provide any comments to Rosi Shepherd.**	**ALL** **ALL**
9	**Medicines Optimisation Quarterly Update** **The Primary Care Commissioning Committee noted the contents of the report and supported the work programme outlined.**	

	Item	Action
10	**Questions from the Public – previously notified to the Chair** There were no questions from the public.	
11	**Any Other Business** AM thanked the teams for their hard work at this challenging time.	
12	**Date of next PCCC:** Tuesday 28th April 2020 9am-1pm	
13	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 JRu and seconded by STW	

Lucy Powell, Corporate Support Officer, April 2020