Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group

Primary Care Commissioning Committee Open Session

Minutes of the meeting held on 31st May 2022 at 9.30am, held via Microsoft Teams

Draft Minutes

Present:		
Alison Moon	Independent Clinical Member, Registered Nurse (Chair)	AM
Georgie Bigg	Healthwatch Bristol, North Somerset and South Gloucestershire	GB
Colin Bradbury	Area Director for North Somerset	CB
James Case	Clinical Commissioning Locality Lead, South Gloucestershire	JC
Shane Devlin	CCG Accountable Officer and ICB CEO Designate	SD
Geeta Iyer	Primary Care Provider Development Clinical Lead	GI
David Jarrett	Area Director for Bristol and South Gloucestershire	DJ
Philip Kirby	Chief Executive, Avon Local Medical Committee	PK
Jon Lund	Deputy Director of Finance	JL
Lisa Manson	Director of Commissioning	LM
Denise Moorhouse	Associate Director of Nursing and Quality	DM
John Rushforth	Independent Lay Member, Audit, Governance and Risk	JR
Apologies		
Katrina Boutin	Clinical Commissioning Locality Lead, Bristol	KB
Ben Burrows	CCG Clinical Lead Clinical for Governance and Quality	BB
Sarah Carr	Corporate Secretary	SC
David Clark	Practice Manager, North Somerset	DC
Jamie Denton	Head of Finance – Primary, Community & Non Acute Services	JD
Matt Lenny	Director of Public Health, North Somerset	ML
Sukeina Kassam	Interim Head of Primary Care Contracts	SK
Michael Richardson	Deputy Director of Nursing and Quality	MR
Rosi Shepherd	Director of Nursing and Quality	RS
Sarah Talbot-Williams	Chair of Committee, Independent Lay Member, Patient and Public Engagement	STW
In attendance		

Jenny Bowker	Head of Primary Care Development	JB
Debbie Campbell	Deputy Director (Medicines Optimisation)	DCa
Louisa Darlison	Senior Contract Manager Primary Care	LD
Loran Davison	Team Administrator	LDa
Katie Handford	Models of Care Development Lead	KH
Bev Haworth	Senior Programme Lead PCN & Workforce Development	BH
Lucy Powell	Corporate Support Officer	LP
Kat Showler	Senior Contract Manager Primary Care	KS

	Item	**Action**
01	**Welcome and Introductions** Alison Moon (AM) welcomed members to the meeting noting that Sarah Talbot-Williams had sent her apologies and therefore AM would Chair the meeting. The above apologies were noted.	
02	**Declarations of Interest** There were no new declarations of interest and no declarations related 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 164** – Jon Lund (JL) noted that although discussions continued with NHS England regarding the allocation related to population, this had become part of business as usual. It was agreed to close the action. **Action 285** – It was confirmed that an update on incident reporting would be provided at the next meeting. **Action 289** – Debbie Campbell (DCa) confirmed that incidents related to amber and red drug increases and associated risks had been reported across the system to raise awareness. Any further action would be taken through the Phlebotomy Group. The action was closed. **Action 290** – Jenny Bowker (JB) confirmed that that an item regarding workforce would be presented at the July meeting. JB noted that the workforce allocations had been received but not the associated guidance. All other due actions were closed	
05	**Any Other Business** There were no matters for any other business.	
06	**Budget Paper for Non Delegated and Medicine Management Budget**	

	Item	Action
	JL provided the background to the paper noting that the budget presented was a balanced plan for primary care as part of the overall financial plan for 2022/23. JL noted that GP Forward View funding had been updated following notification of additional allocations. JL confirmed the budget had been set in line with the expected notified allocations from NHS England with budgets rolled over from the previous year. Work has been completed on reviewing the Local Enhanced Services (LES) and the budgets have been set based on the realistic best estimate of expenditure. Budgets associated with clinical leads and locality leadership roles have been reset in line with approved principles and policies. JL noted that there was an underlying shortfall in the budget of £1.5m and this would be offset by subsidisation from the core CCG budget of around £720,000. JL noted that this was not the full amount and therefore the contingency budget was assumed to be uncommitted. John Rushforth (JR) asked about the medicines optimisation projects and asked whether there was a list of projects which had been reviewed for risk. JL confirmed that schemes had been identified. DCa noted that the identified saving plans amounted to £4.403m and highlighted that the projects were reliant on GP practices to support the projects and therefore there was a risk relating to practice capacity. DCa noted that the projects which involved engagement with patients would require more work for the practices. It was confirmed that the prescribing incentive scheme had been rolled over to incentivise best practice prescribing. AM noted that previously risks emerged due to in year pressures and asked whether there were any such pressures the CCG was expecting. JL highlighted the inherent volatility with LES schemes and noted that a robust piece of work had been completed to review these to ensure good contract control and monitoring. JL noted that there had been high expenditure due to locum spend however this had settled down in the past year. JL noted possible risks related to nationally negotiated Category M drug prices which may be exacerbated by the increase in the cost of living and inflationary pressures. DCa confirmed that drug prices would	

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	represent a national issue and therefore there may be a national response. JL noted that planning and budgets were set on an annualised basis and therefore the approved CCG budgets would be rolled over into the Integrated Care Board (ICB). **The Primary Care Commissioning Committee agreed submission of a balanced plan for Primary care as part of the CCGs overall financial pan for 2022/23, recognising that delivery of this plan is dependent on uncommitted contingency and reserves of equal value to the Delegated deficit.**	
07	**BNSSG Local Enhanced Service (LES) Review 2022/23 Update** Geeta Iyer (GI) presented the outcome of the LES review and explained that the LES Steering Group met every two weeks and included representation from the Local Medical Committee (LMC), clinical leads and colleagues from other areas of the CCG including quality, primary care development, contracting and finance. GI noted that this review did not include the supplementary services and South Gloucestershire basket. GI noted that the desktop reviews had been included within the paper and the templates allowed the reviewers to review each service in terms of local activity data, financial impact and the footprint of the service to determine whether the service meets the need of the local population. Many other factors were also considered as part of each review. Each review was completed by the appropriate management lead and clinical lead and included consideration of other workstreams within the system such as mental health programmes and the Ageing Well work. GI confirmed that the Primary Care Operational Group (PCOG) recommended that the following LES services continued without change; anticoagulation, DVT diagnosis/investigation, dementia diagnosis and review, ADHD review, and insulin initiation. GI noted that the insulin initiation LES was supported to include further links to the diabetes programme. GI noted that the community phlebotomy LES was a new arrangement and monitoring of activity data would continue to ensure that change was system wide.	

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	GI noted that the current funding for the care home LES had been recommended to continue for quarter 1 and 2 2022/23 as work was carried out to review how the LES supported the Ageing Well work programme and the Enhanced Health in Care Homes Directed Enhanced Service (DES). It was confirmed that if the LES had been superseded by the DES, then the associated LES funding would be ringfenced for primary care. GI noted that it has been recommended that sodium aurothiomalate was removed and testosterone gel was included in the specialist medicines monitoring LES. The criteria for testosterone gel was specific to a particular cohort of patients. GI highlighted that there was a cost pressure of £5,000 a year associated with the blood test monitoring requirements for the gel. Finance have confirmed that this can be accommodated within the budget. DCa noted that there may be further additions to the LES included in year as required. James Case (JC) asked for more information regarding the recommendation to continue funding the care home LES for quarters 1 and 2. GI noted the importance that the system understood the outcomes wanted for the population from the Ageing Well programme work and therefore work needed to be undertaken to identify who was delivering what to care homes. It was believed that the care home LES has been superseded by the DES and much of the work included within the LES had been embedded as good medical practice. AM suggested that there needed to be in year flexibility and asked whether there might be a different population needs and options for quarter 3 and 4 in terms of the care home LES. GI highlighted the importance that the various workstreams made sense for the population and this included the supplementary services and South Gloucestershire basket. AM also highlighted the importance that the LES services considered and linked with the priorities for the ICB. GI noted that the priorities had been considered and aligned and this included understanding locality partnerships to ensure that the system was working together.	

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	AM noted that nationally dementia diagnosis had decreased and asked whether there were any concerns that increasing this would result in issues for the wider system including secondary care in terms of testing. GI noted that work had taken place previously on supporting radiology with CT scans and work would continue to understand the system pressures. GI noted that the reviewers had worked with the mental health team to understand the support services available. Work continued across the programme to ensure that services would not disrupt other pieces of work and GI agreed to discuss this further with the steering group. AM asked about 2023/24 considerations and GI noted that it was important that the capacity was available to review the LES schemes in January 2023. GI confirmed that the LES steering group would continue. JC noted that due to the pandemic the LES programme had rolled over from the previous year and due to competing priorities there was an element of recovery particularly regarding educational events to ensure that the schemes were running effectively. GI confirmed that the Clinical Lead for Integrated Care was supporting restarting education and training events as well as supporting practices to identify leads for the LES work programmes. Colin Bradbury (CB) noted that the Ageing Well programme was working with teams around post diagnostic support availability in the community which was historically different between Bristol, North Somerset and South Gloucestershire. CB noted that using population health management technology the impacts on the outcomes of the different models would be assessed to ensure services were optimised. The impact of this work would be reviewed through the outcome post diagnosis. AM noted that evaluation based decision making was important to ensure the right outcomes for the population. JB noted the arrangements in place for flu antiviral support to care homes, which had been commissioned on a fixed term, annual basis. JB noted that expressions of interest would be issued, and the proposal was that this would be commissioned for a longer period of time. JB noted the support would cost £30k.	**GI**

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	The Primary Care Commissioning Committee: • **Supported reissue of the following LESs with no change for the remainder of 2022/23; anticoagulation, DVT diagnosis and investigation, insulin initiation, dementia diagnosis and review, and ADHD review** • **Supported reissue of the following LESs for quarter 2 of 2022/23; care home, and community phlebotomy** • **Supported the commissioning of the flu antiviral arrangements to care homes which had been extended to Q2 with the current provider, and supported the plan to send EOIs out to stakeholders imminently to provide the service across BNSSG from Q3 22/23 for at least an 18 month period.**	
08	**Primary Care Network (PCN) Leadership and Organisational Development Funding 2021/22** David Jarrett (DJ) noted that the paper provided a summary of progress of PCN development throughout the pandemic. DJ noted that a more detailed stocktake had been taken and would be presented at the next meeting. Bev Haworth (BH) noted that organisational development funding of £720k had been allocated for 2020/21, this had been halved for 2021/22 and it was agreed that the CCG would top up to the 2020/21 amount from GP Transformation funding. BH confirmed that PCNs had submitted expressions of interest for the funding which would be reviewed by panels. Approval was based on progress against the PCN maturity matrix and 5 domains: leadership planning and partnerships, use of data and population health management, integrating care, managing resources, and working with people and communities. Checks were taken to ensure the requests for funding had not been funded elsewhere and were non-recurrent. PCNs were asked not to resubmit organisational development plans and were instead asked to review against the maturity matrix and confirm what development had worked well and what they wanted to continue. BH highlighted that meetings would be held with each PCN to discuss the expressions of interest. 15 had been completed. BH noted that the funding had been requested for backfilling supervision for the roles funded through the Additional Roles Reimbursement Scheme (ARRS), support for the leadership team, away days and workshops to support collaboration between	**DJ/BH**

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	practices in the PCN and the locality partnerships. BH confirmed that after each meeting the PCNs were provided with a summary of the discussion. BH explained that the use of the funding had been sensible and PCNs had valued the exercise as a review into their progress. BH noted that the majority of the PCNs had underscored themselves against the maturity matrix as huge amounts of work had been undertaken in the last year despite the challenging conditions. AM asked whether there would be a position where the funding would be removed or not provided. JB noted that previously where there had been duplication of funding PCNs have been asked to think about alternative plans so check and challenge was taking place. JB noted that the PCNs have valued the support in terms of supervision and integration with localities and noted that PCNs were valuable at neighbourhood and system level and required continued support. JB noted that final guidance would be provided alongside the details of the allocation. JR welcomed the work undertaken but noted that there were no outcomes or trajectories in the paper particularly in relation to reducing health inequalities. BH confirmed that a further paper would be presented to the Committee which would include examples of the work and the outcomes. BH noted that in terms of health inequalities, the consideration of this was included in PCN contracts and all PCNs had to identify a population with poorer outcomes to work with and develop an action plan. BH confirmed this work aligned with the core 20 + 5 work. Georgie Bigg (GB) noted that the PCNs were at different stages of maturity and offered Healthwatch support to engage with communities. BH thanked GB for the offer and noted that PCNs had been asked about their engagement with Healthwatch with mixed results. BH confirmed that the community engagement work aligned to the system Working with Communities Strategy. GB noted that Healthwatch could also support with communications to patients. **The Primary Care Commissioning Committee approved the process taken to release the allocated PCN leadership and Organisational Development funds for 2021/22**	
09	**Primary Care Quality Report**	

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	Denise Moorhouse (DM) provided an update on Care Quality Commission (CQC) inspections for general practices noting that 68 practices were rated as 'good' with no practices rated inadequate. Monthly meetings between the CCG and CQC continued to discuss risks and future inspections. Work continued to increase the use and improve the accessibility of Datix. DM noted that a dashboard module had been included which made reporting incidents easier. The dashboard also allowed for oversight of themes. DM noted that during quarter 4 2021/22, 205 incidents had been submitted to Datix, this was less than quarter 4 2020/21. Work was ongoing to review incidents and practices were receiving training in incident reporting. DM highlighted that the largest incident theme was around issues with medication on discharge and there was work ongoing to review this. AM welcomed the level of data in the report and noted that incident reporting needed to be embedded into the culture of the practices and highlighted the importance that the technology to report was quick and easy to use. AM noted that many of the incidents related to actions of other providers. DM explained that work continued to join up the system regarding incident reporting. DM highlighted the importance that incident reporting was viewed as a valuable exercise for people and that emerging themes across the system were identified and actioned appropriately by the right part of the system. DCa explained that the Medicines Quality and Safety Group were developing actions to support consistent reporting of medicines related incidents across the system. DCa highlighted that both the insulin and anticoagulation groups had been set up in response to emerging incidents. It was agreed that the more incidents reported with no/low harm, the more valuable the data was to the system. DCa noted that the Prescribing Quality Schemes were developed in response to incident reporting and the impact of these schemes in terms of reductions of incidents was monitored. DM agreed and explained that condition specific actions were the outcomes of the incident reporting. There was an opportunity to further optimise reporting by reporting risk management and mitigation through Datix.	

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	GI highlighted the importance of clinician to clinician conversations about incidents and noted that it would be helpful to consider this in terms of ICB clinical and care leadership. DM agreed to provide this feedback to the appropriate groups. AM asked how the Patient Safety Steering Group engaged with patients and asked that for future reports there was assurance that the Duty of Candour was well executed with patients and families. DM acknowledged that there was more work to action on Duty of Candour in terms of policy and approach and confirmed that discussions have started about how to improve and agreed to include more information in the next report. **The Primary Care Commissioning Committee received the report**	**DM** **DM**
10	**Primary Care Contracts, Performance, Quality and Resilience Report** Kat Showler (KS) provided the key points of the report: • Helios Medical Centre closed on 29th April 2022. The Customer Service team was supporting patients with queries and patients were being supported to change the practice they were transferred to if required. • The Committee supported the recommendation of a competitive tender for the Charlotte Keel Medical Centre contract. The Invitation To Tender was being developed. • The Committee supported the recommendation for a market engagement exercise for the Special Allocation Scheme (SAS) APMS contract due to expire 30th June 2023. The Prior Information Notice (PIN) would be issued on the required procurement platforms shortly. Work continued on development of the specification. • There have been no new list closure applications and no branch closure requests. • Primary care support has been provided to the Interim Accommodation Centres. Meetings with the Local Authorities continued to coordinate support for the hotels. AM asked whether any of the receiving practices had raised concerns following the closure of Helios Medical Centre. Lisa Manson (LM) confirmed that practices had mentioned potential estates constraints due to the additional patients and there had also been concerns regarding transfer of electronic records. This	

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	was due to how the Quality Outcomes Framework (QOF) worked, and patient records had been transferred during a lockdown period for EMIS. LM noted that a review had been planned to identify what worked well and what lessons could be learnt. **The Primary Care Commissioning Committee received the report**	**LM/SK**
11	**Delegation Update** JB reported that the decision had been made not to progress with delegation of optometry and pharmacy services from July 2022. JB explained that this decision would support the delivery of the 2022/23 operational plans and development as the ICB from July 2022. JB noted that the CCG would recognise the progress made in preparing for delegation by entering into a joint commissioning arrangement with NHS England and Improvement from July 2022. Work would continue to engage with the Local Ophthalmic Committee, Local Pharmaceutical Committee and Local Dental Committee as part of the Primary Care Commissioning Committee to ensure that there was full understanding of those services ready for delegation in July 2023. JB noted that there had been significant progress in terms of reviewing the safe delegation checklist and the Commissioning Hub model arrangements have been developed to support system joint commissioning arrangements. JB explained that the Commissioning Hub would include NHS England regional team contracting, transformation, quality and finance support and each system would have a named senior relationship manager who would support the system and attend the ICB Primary Care Committee. JB confirmed that the assessment for all three delegated services needed to be completed by 19th September 2022. Key next steps have been identified which included developing the right Memorandum of Understanding and data sharing agreements with NHS England and Improvement. AM asked how the Commissioning Hub arrangements would work across the South West and whether other regional CCGs were undertaking joint commissioning arrangements. LM confirmed that the Commissioning Hub would support all 7 ICBs in the South West region. Bristol, North Somerset and South Gloucestershire	

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	ICB would be the only ICB to pilot joint commissioning with the other 6 ICBs remaining as shadow commissioners. Work was ongoing to develop the arrangements for joint commissioning. LM highlighted the importance that the ICB work to understand the contractual arrangements of the delegated services as well as work with them to develop Locality Partnerships prior to delegation in 2023. AM asked that a future paper outline the differences between joint and shadow commissioning was presented to the Committee. LM agreed to provide this as well as the consideration around induction for the Local Ophthalmic, Pharmaceutical and Dental Committees into the ICB governance arrangements. **The Primary Care Commissioning Committee received the update**	**LM**
12	**COVID-19 Vaccination Update** GI highlighted that the Evergreen offer for vaccination remained and noted that the JCVI had issued interim guidance about the autumn booster doses which included; older adults and staff in care homes, frontline health and social care workers, all those over 65 years of age and adults aged 16 – 64 who were in a clinical risk group. Work continued with communities to promote vaccination. GI noted that there would be little change to the programme over the summer and suggested that the next paper be presented in September. It was agreed to include this on the forward planner. **The Primary Care Commissioning Committee received the update**	**GI**
13	**Primary Care Commissioning Committee 6 month report to Governing Body** DJ noted that the report would be provided to the Governing Body to provide an update on the work of the Primary Care Commissioning Committee during quarters 3 and 4 2021/22. DJ noted that this was a comprehensive report which included the work around the winter access fund, vaccinations, and much more. **The Primary Care Commissioning Committee recognised the work that the Committee had overseen through quarters 3**	

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	and 4 of 2021/22 and proposed the Governing Body received the report to support its own work plan and decision making	
14	**Questions from the Public** There were none	
15	**Committee Effectiveness Review** AM praised the quality of the papers which allowed the Committee to use their time for robust discussion.	
16	**Any Other Business** There was none.	
	Date of next PCCC Tuesday 28th June 2022	
	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 GI and seconded by JR	

Lucy Powell, Corporate Support Officer, June 2022