

DRAFT

Primary Care Commissioning Committee

Open Session

Minutes of the meeting held on 24th September 2019 at 9am, at The Vassall Centre, Gill Avenue, Bristol, BS16 2QQ

Minutes

Present		
Alison Moon	Independent Clinical Member – Registered Nurse	AM
Colin Bradbury	Area Director for North Somerset	CB
Martin Jones	Medical Director for Primary Care and Commissioning	MJ
Mathew Lenny	Director of Public Health	ML
Lisa Manson	Director of Commissioning	LM
Justine Rawlings	Area Director for Bristol	JRa
Julia Ross	Chief Executive	JR
John Rushforth	Independent Lay Member – Audit, Governance and Risk	JRu
Sarah Talbot-Williams	Independent Lay Member – Patient and Public Engagement	STW
Apologies		
David Jarrett	Area Director for South Gloucestershire	DJ
Sarah Truelove	Chief Finance Officer	ST
Rob Ayerst	Head of Finance (Primary & Community Care)	RA
Kevin Haggerty	Clinical Commissioning Locality Lead, North Somerset	KH
Nikki Holmes	NHSE	NH
Philip Kirby	Chief Executive, Avon Local Medical Committee	PK
David Moss	Head of Primary Care Contracts	DM
In attendance		
Jenny Bowker	Head of Primary Care Development	JB
Georgie Bigg	Healthwatch North Somerset	GB
Sarah Carr	Corporate Secretary	SC
Debbie Campbell	Deputy Director (Medicines Optimisation)	DC



Felicity Fay	Clinical Commissioning Locality Lead, South Gloucestershire	FF
Dr John Heather	Lead GP for Pier Health Group	JH
Bridget James	Associate Director of Quality	BJ
Tim James	Estates Manager	TJ
Rachael Kenyon	Clinical Commissioning Locality Lead, North Somerset	RK
Jon Lund	Deputy Chief Finance Officer	JL
Clare McInerney	Head of Locality Development, North Somerset	CM
Lucy Powell	Corporate Support Officer	LP
Denys Rayner	ISS Programme Manager	DR
Lisa Rees	Principal Medicines Optimisation Pharmacist	LR
David Soodeen	Clinical Commissioning Locality Lead, Bristol	DS
Ruth Thomas	Head of Locality Development, South Gloucestershire	RT

	Item	Action
01	Welcome and Introductions AM welcomed everyone to the meeting and apologies were noted as above.	
02	Declarations of Interest There were no declarations relating to the agenda. Sarah Talbot –Williams (STW) declared a new interest as Non-Executive Director at United Communities.	
03	Minutes of the Previous Meeting The minutes of the previous meeting were agreed as a correct record.	
04	Action Log Action 85 – It was agreed to keep this item open. Jon Lund (JL) to update as part of the finance report. Action 99 – Paper has been prepared for Strategic Finance Committee to discuss the issues raised. This action was closed. Action 105 – Bridget James (BJ) explained that guidance had been developed and shared with Area Directors for comment. An update on distribution to practices would be provided in October. Action 110 – Matt Lenny (ML) was reminded to complete a CCG declarations of interest form.	BJ



	Item	Action
	<p>Action 112 – The Long Term Plan and primary care were discussed at the August seminar session. This action was closed.</p> <p>Action 113 – Tim James (TJ) explained discussions regarding developing business plans which included consideration of pooled resources were being had the STP Estates Group. This action was closed.</p> <p>Action 114 and 115 – Delegated commissioning was discussed at the August seminar session. This action was closed.</p> <p>Action 116 – Nikki Holmes attended the August seminar. This action was closed.</p> <p>Action 117 – The requested level of detail on the actions and next steps has been included in the quality report. This action was closed.</p> <p>Action 119 – BJ confirmed the quarter 4 complaints data had been received from NHS England and would be incorporated into the next report. The quarter 1 data had not yet been received. BJ noted the quality team had requested the quarter 1 data again. This action was closed.</p>	
05	<p>Primary Care Commissioning Committee Assurance Framework and Corporate Risk Register Primary Care</p> <p>Sarah Carr (SC) explained the Primary Care Commissioning Committee Assurance Framework and Risk Register which related to primary care. SC asked the Committee for their view on the risks included and whether there were other priorities the Committee members would expect to be included.</p> <p>Lisa Manson (LM) recognised the need for the directorate risk registers to be shared with the corporate team so appropriate risks can be included within the risk register. Julia Ross (JR) suggested the risks needed to be described in more detail particularly around practice resilience and finance. JR also suggested the risk related to Primary Care Networks was scored too highly.</p>	



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	<p>The Committee discussed the risk register and assurance framework and agreed that increased detail and focus on the primary care elements of the risks needed to be included. Several new risks were suggested including primary care involvement in the delivery of Same Day Urgent Care (SDUC) and other related system programmes.</p> <p>Rachel Kenyon (RK) and Justine Rawlings (JRa) both highlighted the need for the key drivers behind the risks to be identified so mitigations can be focussed and more detailed.</p> <p>Alison Moon (AM) thanked SC for her work and reflected the documents were a work in progress. It was agreed to present the Primary Care Commissioning Committee Assurance Framework and Corporate Risk Register Primary Care to the Primary Care Operating Group every month and to the Primary Care Commissioning Committee quarterly. It was agreed to update the forward planners to reflect this.</p> <p>It was agreed the individual risk leads would update their risks with more detail. A risk relating specifically to primary care finance to be added to the register.</p> <p>The Primary Care Commissioning Committee received and discussed the Corporate Risk Register and Primary Care Commissioning Committee Assurance Framework and agreed to receive these papers quarterly</p>	<p>JB</p> <p>MJ/CC /LM/ST</p>
06	<p>Weston and Worle Intensive Support Site Local Evaluation</p> <p>Denys Reyner (DR) and Dr John Heather (JH) were welcomed to the meeting to outline the learning from the project and the impact on local health services. Jenny Bowker (JB) introduced the paper and explained that a local evaluation had taken place as well as a national evaluation by the national research and evaluation team.</p> <p>DR reminded the Committee this had been a 6 month project with the aim to support recruitment and retention of GPs in the Weston and Worle area through coaching as well as changes to the front door system for practices. There was a significant project to implement a new patient appointment system 'askmyGP' to practices. DR confirmed that despite some significant challenges for some practices and the change in working style for GPs, the</p>	



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	<p>patient feedback from the new system had been positive. Following the project, there have been clear benefits identified including the repeat prescription hub implementation and plans for collaborative back office functions.</p> <p>JH described the benefits of the project which included decreased waiting times for patients. JH also noted the issues some practices have encountered with the new system.</p> <p>Felicity Fay (FF) highlighted the learning within the report for BNSSG and asked JH whether the new system had increased morale for GPs. JH suggested askmyGP was not the solution for all GP practices, but the project had illustrated that capacity was a major factor for low GP morale. The introduction of other staff members such as pharmacists was found to reduce the capacity pressure within practices.</p> <p>JR asked for an elaboration on the future vision of Pier Health for GPs and localities and asked how services would evolve to engage with the wider system. JH confirmed the vision for primary care to integrate fully with other local acute and community services. JR queried what would be required to ensure this integration. JH suggested that resilient practices with consistent processes, including centralised back office functions would be a good start. JR praised the success of the project and noted next steps would need to be developed for a tangible plan for the future. It was agreed that the future development of Pier Health and the learning from the ISS work would be discussed at a future seminar. JR requested the locality provider leads were asked to attend the seminar.</p> <p>RK agreed with the coaching approach. JH noted coaching had proven a significant culture change for some GPs some of which did not recognise the value.</p> <p>Martin Jones (MJ) thanked the team for their hard work on the project and JH for his support.</p> <p>The Primary Care Commissioning Committee received the report.</p>	<p>MJ</p>



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07	<p>Graham Road and Clarence Park Merger Application</p> <p>LM informed the Committee a merger application had been submitted for Graham Road and Clarence Park. The proposal included consolidating services and staff to one site with the plan to introduce new roles to the multi-disciplinary team. It was noted that patients were currently offered appointments at both sites and the Patient Participation Group has been kept updated on the situation.</p> <p>An Equality Impact Assessment has been undertaken and it is understood the closure of Clarence Park will have a neutral impact. However, there would be an impact for the elderly and those with mobility problems. Alternative transport options and home visitation options have been reviewed, as well as consideration given to parking options and the suggestion of a nearby administration hub with parking.</p> <p>The Committee discussed the listing of the Clarence Park site on Right Move and it was confirmed that this had been a mistake following a recent valuation of the building.</p> <p>The Primary Care Commissioning Committee noted the approved application to merge Clarence Park and Graham Road as of 30th September 2019</p>	
08	<p>Central Weston Estate Update</p> <p>Colin Bradbury (CB) outlined the high profile work taking place in North Somerset to improve healthcare services and explained the presented paper outlined the options for sites for a new central Weston primary care facility.</p> <p>Clare McInerney (CM) and Tim James (TJ) outlined the options and explained 16 site options had been evaluated and shortlisted to 6 sites. TJ highlighted the potential to enter a section 2 agreement with North Somerset Council to facilitate the transfer of capital funds for development. CM highlighted the requirement for the site to be suitable as a multi-use site to allow for primary, secondary and community care usage. A clinical options sub group has been set up to scope additional services that could be located at the site. It was confirmed that Sirona have been engaged and this would continue throughout the process.</p>	



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	<p>The next steps would include stakeholder evaluation workshops of the final sites with the full business case expected to be submitted to NHS England in January 2020.</p> <p>The Committee discussed the potential revenue impact of the project and noted that the impact costs to the CCG needed to be included within the Business Cases. TJ highlighted the potential section 2 agreement which would reduce costs.</p> <p>CB confirmed that the business case was expected to be presented to the Primary Care Commissioning Committee for approval before submission.</p> <p>AM asked that the risks and mitigations within the report were provided in further detail at the next stage, as although the risks were managed by the project group the Committee needed to review and understand the risks and associated mitigations before making decisions.</p> <p>JRu asked who approved the option criteria to be evaluated against and CB confirmed the team would ensure the Primary Care Commissioning Committee approves the criteria. It was agreed CB would review the timeline and ensure criteria approval was added to a future committee agenda. FF highlighted the need for the criteria to include environmental considerations.</p> <p>The Primary Care Commissioning Committee noted the progress of the project to date and agreed the next steps to define a preferred site for the development of an Outline Business Case.</p>	<p>CB</p> <p>CB</p>
09	<p>New Community Pharmacy Contract for 2019/20 to 2023/24 Debbie Campbell (DC) and Lisa Rees (LR) were welcomed to the meeting. DC outlined the key changes to the community pharmacy contract as well as the changes to the funding. The most significant change was highlighted as the community pharmacist consultation service which was a national service developed to support the urgent care system. Additional training has been provided for pharmacists and the service was reported to commence in October 2019.</p>	



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	<p>DC informed the Committee there were plans to roll out further pilot schemes related to prevention schemes and the CCG was waiting for further details from the national team such as the criteria for involvement. The teams were preparing to bid for involvement in the pilots.</p> <p>AM noted the quality scheme was opt in for the pharmacies and asked whether there was interest from the pharmacies to opt in and whether the Key Performance Indicators for the scheme were measurable. DC confirmed that most of the pharmacies signed up to the scheme due to the financial incentive to do so and noted that the data received from the scheme was collated nationally rather than locally. DC explained this was the reason for the recommendation to work with the Local Pharmaceutical Committee in order to collect local data.</p> <p>JR highlighted the need to educate pharmacists to support them to provide the contracted services. The Committee discussed support for training potentially through sponsorship.</p> <p>DC noted that the consultation service pilot had been reported as successful with monthly reports presented to the urgent care groups and the Primary Care Operating Group. Both national and local evaluation processes have been set up.</p> <p>The Committee discussed the schemes and noted the importance of community pharmacists in offering lifestyle advice.</p> <p>JRu asked about the contract changes and how the controls would be assessed for payment. DC noted information on quality is provided to the CCG and the payments would be made based on this. LR noted the required IT systems have been set up and outlined the systems the pharmacists need to sign up to in order to receive payments.</p> <p>The Primary Care Commissioning Committee noted the changes to the new community pharmacy contractual framework and agreed to:</p> <ul style="list-style-type: none"> • Encourage good links with community pharmacy to help promote a local integrated healthcare system 	



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	<ul style="list-style-type: none"> • Encourage greater utilisation of community pharmacy services • Actively plan for and encourage the use of these funded services in patient pathways • Work with the Local Pharmaceutical Committee to collect data and record outcomes from the community pharmacy services locally • Receive a further update to the Committee once more detail on the contract is known 	
10	<p>Primary Care Finance Report</p> <p>Jon Lund (JL) presented the report informing the Committee that prescribing budget information had been included this month.</p> <p>Primary care budgets were showing a small underspend despite cost pressures. The cost pressures were shown as mitigated by additional funding being released by NHS England. JL reported the overspend in locum costs was mitigated by a £1m funding release from NHSE as well as additional costs for premises of £700k. Following discussions with NHS England £300k has been identified and the CCG would be developing a case to receive a share of the funding to include the additional impact on services if this funding was not received.</p> <p>JR remained concerned about the lack of recurrent funding to mitigate annual cost pressures and noted that the baseline allocation for primary care should be raised if incorrect. JR asked JL to discuss this further with NHS England. The Committee discussed locum spend noting that the majority of spend was due to sickness cover. AM noted other providers were monitored on the sickness levels of staff and queried whether this could be monitored for primary care. It was agreed the Primary Care Operational Group would undertake some investigative work on locum costs and provide a plan for improvement.</p> <p>JL reported the prescribing budget was showing a significant overspend. It was anticipated the commencement of savings schemes would return the budget to break even. Category M drugs provided the CCG with a cost pressure of £2m and JL confirmed this was a national issue and the CCG was assuming additional NHS England funding to mitigate the pressure. JR asked why the CCG was assuming full offset of risks through additional NHS</p>	<p>JL</p> <p>MJ</p>



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	<p>England funding when there was no evidence to support the CCG receiving the additional funds and asked for a review into the confidence levels in the mitigations reported. JRu assured the Committee the Strategic Finance Committee reviewed the financial risks and mitigations monthly.</p> <p>The Primary Care Commissioning Committee received the primary care finance report and noted:</p> <ul style="list-style-type: none"> • The confirmed additional non-recurrent resource allocations received for additional GPFV funding • At month 5, primary care budgets are reporting breakeven year to date position and forecast outturn against budget • The emerging risks to delivery of this plan as outlined in section 7 and the associated mitigations 	<p>JL</p>
<p>11</p>	<p>Primary Care Quality Report</p> <p>BJ presented the quality report noting the focus on patient experience and feedback.</p> <p>BJ reported Montpelier Health Centre had received their CQC report which showed requires improvement in 2 domains. The CCG has met with the practice and are supporting with the action plan. The Business Intelligence team were reviewing the QOF data for exception reporting. It was requested that the initial report and action plan was presented to the Committee at the next meeting.</p> <p>The July data for the Friends and Family Test showed the CCG had higher than the national average for response rates, the recommendation rate remained the same for the majority of practices with a slight drop for Weston and Worle practices.</p> <p>The GP patient survey data undertaken between January and March 2019 has been released. The CCG response rate was noted as above national average with overall experience better across BNSSG that nationally. The CCG benchmarked well in questions regarding management of mental health needs and long term health conditions. The CCG benchmarked lower for GP access via the phone. It was highlighted that the Ask My GP pilot in Weston had not been in operation at the time of the survey. The survey data has been reviewed and work has already begun in the areas</p>	<p>BJ</p>



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	<p>which require improvement. The data has been shared with the locality teams.</p> <p>BJ noted key points from published Healthwatch reports had been included within the report.</p> <p>The Committee discussed the complaints data for quarter 4 received regarding GP Practices in BNSSG. The Committee commented on the number of complaints which were raised and not investigated due to the complainant not providing consent to investigate. AM queried whether there was an issue here that people didn't feel confident enough to consent for their complaint to be investigated. It was requested the team discuss this issue further with NHS England as well as request the quarter 1 data for complaints.</p> <p>To support ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) a GP working group has been established supported by the local Academic Health Science Network. An EMIS template for the required form was reported as awaiting approval. This electronic form would be available to other providers through Connecting Care.</p> <p>Preparations for influenza vaccinations are continuing and local planning was being developed and reviewed. The Committee expected improvement on the 2018/19 uptake rate and asked that an action plan was developed to ensure practices were supported to improve coverage. It was requested the action plan was presented to the Committee at the next meeting. DS requested that issues from 2018/19 were addressed and learnt from in 2019/20. JRa suggested the focus should be the practices where the uptake rate was lowest and suggested this could be incorporated into the work around health inequalities and the work of the Insights team.</p> <p>JR asked whether the CCG had expected the CQC rating for Montpelier Health Centre and asked that a report be presented to the Committee with an action plan. It was confirmed the teams were not expecting the report rating and a report would be presented to the October meeting. JR asked whether the CCG can anticipate "requires improvement" ratings and JB highlighted the exception data from the QOF could provide a good indicator.</p>	<p>BJ</p> <p>BJ</p> <p>BJ</p>



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	The Primary Care Commissioning Committee received the primary care quality report.	
12	<p>Contracts and Performance Report September 2019</p> <p>LM outlined the key points within the report:</p> <ul style="list-style-type: none"> • There were currently 84 contracts with practices, with the closure of Northville Family Practice, Bishopston Medical Practice and Clarence Park Surgery this will decrease to 81 as of the 1st October 2019. • There were 2 single handed contractors holding contracts and the contracts team have received requests from both to add additional partners to the contracts. These requests are being reviewed. • Further information regarding the procurement of the Charlotte Keel Medical Centre would be presented to the Committee in November. • 43.6 minutes were provided through Improved Access in June. LM reported that uptake of the extra sessions was low particularly on a Sunday. • A range of new Locally Enhanced Services have been approved to be paid through automatic review. • 25 practices have not submitted their manual claims for Locally Enhanced Services in quarter 1 and where the CCG has not received the assurance that the care home visits are taking place this has been reflected in the finance report. <p>JRa asked whether the lower uptake of sessions on a Sunday was a national issue and whether there were any areas that had better Sunday access rates. LM explained that schemes were being implemented to improve Sunday rates and then reviewed for improvement.</p> <p>AM noted the lack of impact of the care home Locally Enhanced Service and asked whether the other 3 services had had a positive impact. LM noted that the practices have been unable to demonstrate support to the care homes and the demand on urgent care services from care homes had not reduced. It was suggested a paper be presented to the Commissioning Executive Committee on this issue.</p>	<p style="text-align: center;">LM</p> <p style="text-align: center;">LM</p>



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	The Primary Care Commissioning Committee received the contracts and performance report.	
13	<p>Primary Care Commissioning Committee Terms of Reference</p> <p>MJ noted that despite the work undertaken to attract two out of area GPs to become members of the Primary Care Commissioning Committee, the CCG had not been successful in recruiting to these posts, therefore it has been recommended to remove these posts from the Terms of Reference. The Committee agreed that despite the removal of these posts from the Terms of Reference, the aspiration for out of area GPs to sit on the Committee was still present. The amended Terms of Reference would be presented to the Governing Body in November.</p> <p>JR noted the Local Medical Council had given apologies to several Primary Care Commissioning Committee meetings and JB agreed to contact the Council to discuss this.</p> <p>The Primary Care Commissioning Committee agreed the amendments to the Terms of Reference.</p>	<p>MJ</p> <p>JB</p>
14	<p>Papers progressing to Governing Body</p> <p>None</p>	
15	<p>Questions from the Public – previously notified to the Chair</p> <p>Ms Eileen Means presented the following petition to the Committee:</p> <p>“We the undersigned are concerned about the decision to close the Bishopston Medical Practice on 30 September. The five alternative practices being suggested are Horfield, Monks Park, Fallodon Way, Gloucester Road and Montpelier. However, there may not be room at these surgeries and this could leave many residents without access to a truly local GP service. The loss of Nevil Road surgery could particularly affect elderly residents and those with limited mobility and transport. It may also put increasing pressure on the other GP surgeries in Horfield, Montpelier and Ashley Down. We call on Bristol, North Somerset and South Gloucestershire CCG and NHS England to take all necessary steps to enable existing patients to retain permanent access to a local GP surgery.”</p> <p>Ms Means praised the CCG staff who had been involved with the drop in sessions for patients. LM explained the CCG had reviewed the concerns raised by patients following engagement particularly</p>	

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	<p>regarding any potential impact on travel. The practices have assured resilience in order to accommodate the additional patients and have identified whether any additional estate or financial support would be required.</p> <p>JR thanked Ms Means for the petition and noted the CCG understood that service changes can have an emotional impact on patients. The CCG made the decision to close the practices as this was in the best interests for patients. It was noted that any financial resource allocated per patient would transfer to the practice the patient registered to.</p> <p>AM thanked Ms Means for attending and providing feedback and explained a full response to the petition would be provided on the CCG website.</p>	LM
	<p>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.</p>	
	<p>Date of next PCCC: Tuesday 29th October 2019, 9.00am – 12.00pm The Vassall Centre, Gill Avenue, Bristol, BS16 2QQ</p>	

Lucy Powell, Corporate Support Officer
September 2019

