Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group

# Primary Care Commissioning Committee Open Session

**Minutes of the meeting held on 26th October 2021 at 9.30am, held via Microsoft Teams**

## Draft Minutes

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| **Present :** | | |
| John Rushforth | Independent Lay Member, Audit, Governance and Risk (Chair) | JRu |
| Georgie Bigg | Healthwatch Bristol, North Somerset and South Gloucestershire | GB |
| Colin Bradbury | Area Director for North Somerset | CB |
| Ben Burrows | CCG Clinical Lead Clinical for Governance and Quality | BB |
| James Case | Clinical Commissioning Locality Lead, South Gloucestershire | JC |
| David Clark | Practice Manager | DC |
| Geeta Iyer | Primary Care Provider Development Clinical Lead | GI |
| Philip Kirby | Chief Executive, Avon Local Medical Committee | PK |
| Matt Lenny | Director of Public Health, North Somerset | ML |
| Lisa Manson | Director of Commissioning | LM |
| Julia Ross | Chief Executive | JR |
| **Apologies** | | |
| Sarah Talbot-Williams | Chair of Committee, Independent Lay Member, Patient and Public Engagement | STW |
| Katrina Boutin | Clinical Commissioning Locality Lead, Bristol | KB |
| David Jarrett | Area Director for Bristol and South Gloucestershire | DJ |
| Jon Lund | Deputy Director of Finance | JL |
| Alison Moon | Independent Clinical Member, Registered Nurse | AM |
| Michael Richardson | Deputy Director of Nursing and Quality | MR |
| Rosi Shepherd | Director of Nursing and Quality | RS |
| Sarah Carr | Corporate Secretary | SC |
| **In attendance** | | |
| Jenny Bowker | Head of Primary Care Development | JB |
| Nina Buckley | External Communications Manager | NB |
| Debbie Campbell | Deputy Director (Medicines Optimisation) | DCa |
| Louisa Darlison | Senior Contract Manager Primary Care | LD |

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| Loran Davison | Team Administrator, Corporate Services | LDa |
| Jamie Denton | Head of Finance – Primary, Community & Non Acute Services | JD |
| Bev Haworth | Models of Care Development Lead | BH |
| Sukeina Kassam | Interim Head of Primary Care Contracts | SK |
| Sandra Muffett | Head of Clinical Governance & Patient Safety | SM |
| Lucy Powell | Corporate Support Officer | LP |
| Kat Showler | Senior Contract Manager Primary Care | KS |

| | Item | Action |
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| 01 | **Welcome and Introductions**<br>John Rushforth (JRu) Chaired the meeting as Sarah Talbot-Williams had given her apologies. JRu welcomed members and the public to the meeting. It was confirmed the meeting was quorate. The above apologies were noted. | |
| 02 | **Declarations of Interest**<br>There were no other new declarations and no declared interests related to agenda items. | |
| 03 | **Minutes of the Previous Meeting**<br>The minutes were agreed as a correct record. | |
| 04 | **Action Log**<br>The action log was reviewed and due actions were closed.<br>**Action 164 –** Jamie Denton (JD) confirmed that conversations continued with NHS England/Improvement regarding distance from target. | |
| 05 | **Any Other Business**<br>JRu asked if there was any other business to be picked up at the end of the meeting. There were no matters for any other business. | |
| 06 | **6 Monthly Report for Governing Body**<br>Jenny Bowker (JB) explained that the report outlined the activities of the Primary Care Commissioning Committee for the last six months. The report included input from all primary care teams across the CCG. JRu requested that a one page summary be included for Governing Body and JB agreed to include this.<br><br>**The Primary Care Commissioning Committee:**<br>• **Recognised the work that the Committee had overseen through quarters 1 and 2 of 2021/22**<br>• **Approved the Report for Governing Body with the inclusion of a summary page** | **JB** |
| 07 | **Covid-19 and Recovery Update**<br>Geeta Iyer (GI) provided an update on the vaccination programme noting that 14,000 people had been vaccinated as part of the | |

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| | outreach programme. Vaccinations continued for immunocompromised people as well as booster doses. GI explained that the 3rd dose for immunocompromised people was different from the booster doses and noted that communications continued to explain the difference to the public. Vaccinations continued to be provided to care homes, the house bound and the offer continued in schools for 12 to 15 year olds. The offer also continued for 16 and 17 year olds. The CCG was supporting the school immunisation programme and maximising the co-administration of both COVID-19 and flu vaccinations. The System Flu Group continued to review where both vaccinations could be offered and worked to further understand the booster and third dose programmes. GI confirmed that both primary and secondary care had identified patients for these programmes.<br><br>GI confirmed that the national booking system was open for 12 to 15 year olds and all 1800 appointments available had been booked which was encouraging. Flu vaccinations were also being offered and work was ongoing to understand who was accessing these clinics. GI noted that there had been good uptake in the Afghan refugee populations and family clinics were due to start. Funding has been provided to communities to develop vaccination programmes. GI confirmed that communications continued to encourage vaccination during pregnancy.<br><br>Bev Haworth (BH) highlighted the letter received from NHS England/Improvement on the 14th October which outlined the plan for improving access for patients and supporting general practice. Primary care, locally and nationally, had been upset by the letter which outlined the approach to increase access.<br><br>BH noted that the system was expecting a challenging winter and current pressures were significant. BH noted that primary care was managing patients frustrations with a decreasing workforce. Current arrangements which included digital appointments, multi-disciplinary working and the vaccination programme were making identifying access solutions challenging. BH outlined the £250m national fund to support the plans of which around £4m would be for the local area. BH noted that there were significant asks in order to receive the funding and the CCG needed to be clear on what the funding would be used for and agree the list of practices to receive additional resilience support. The aim was for practices | |

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| | to increase face to face appointments with GPs and minimise A&E attendances. The CCG was working collaboratively with One Care, the Local Medical Committee (LMC), primary care and wider primary care regarding the plans. Daily meetings had been arranged, and the plans had been discussed at two extraordinary GP Collaborative Board meetings. The CCG met with the NHS England regional team daily to provide feedback for the national team.<br><br>BH noted that a list of ideas had been developed with Business Intelligence team input to ensure that data was accurate and to develop how the actions would be measured. The CCG was working with Healthwatch to support the actions. The template was due for submission on Thursday and therefore delegated approval would be requested for sign off.<br><br>James Case (JC) highlighted that primary care was under immense pressure and asked that any approach from the CCG was focused and supportive. JC confirmed that the approach so far had been very supportive.<br><br>Debbie Campbell (DC) provided an update on the flu programme noting that the rates of flu in the region remained low but some cases had been reported. The national stockpile could now be accessed by practices and pharmacies. DC noted that the uptake rates for over 65 year olds was 58% and the vaccination rates for the at risk groups was starting to increase. The data was indicating groups where additional work to increase uptake was required and this had begun.<br><br>DC noted that the primary school programme had been delayed and would start later in the year. The flu programme would work closely with the COVID-19 vaccination programme to maximise uptake. DC noted that workforce was a focus across the programme and noted that staff uptake was positive at University Hospitals Bristol and Weston Foundation Trust and North Bristol Trust. Staff uptake was slower at Sirona but plans were in place to increase this. Matt Lenny (ML) offered the support of the Public Health team for any community outreach.<br><br>**The Primary Care Commissioning Committee noted the report** | |
| 08 | **Primary Care Strategy Update** | |

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| | GI outlined the background to the strategy highlighting that the Primary Care Strategy Board, which included Public Health and voluntary sector colleagues as well as the LMC, One Care, Sirona and Severnside, continued to meet monthly. Current work has been around reducing health inequalities, preventative and personal care and developing Integrated Care partnerships (ICPs) and the Integrated Care System (ICS).<br><br>GI outlined the workstreams included within the strategy and highlighted the models of care work which included digital tools for self-care. GI also highlighted the work with Primary Care Networks (PCNs) regarding maturity as well workforce planning. The work with community pharmacies to embed consultation services was also highlighted.<br><br>GI noted the quality and resilience improvement work including the situation reporting which was reflected within the system and aided staff sharing between primary care organisations as well as the wider primary care system. Work continued with the training hub regarding the additional roles.<br><br>GI highlighted the work continuing around digital and business intelligence and noted that work on understanding the data continued and Healthwatch colleagues were involved to ensure understanding of what the data means to the population. GI noted that work continued with the public through the Citizen's Panel and with practices. Next steps included working with colleagues across the ICPs and aligning with the ICS outcomes framework.<br><br>Julia Ross (JR) asked that the next steps were made more strategic to include a clear quality framework for primary care and peer review. JR also asked what was the balance needed for the local population in terms of access between face to face and digital appointments. JR highlighted the ambition for primary care to have digital front end but noted that the speed at which this was achieved due to the pandemic had meant that the public had not had time to adjust. JR asked how the baselining work would be built upon to ensure consistency of service across Bristol, North Somerset and South Gloucestershire. JR also asked about the role of primary care within ICPs and how this would be delivered through the strategy. | |

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| | GI confirmed that a workshop had been planned which would discuss the issues raised as well as the resources required. GI noted that the balance between face to face and digital access depended on population need which would be identified through the engagement work and wider understanding for the public. JR noted that understanding the right offer needed to be led locally rather than nationally. JRu noted that a proactive communications strategy was needed. JB highlighted that engagement with patient groups to identify commonality and differences was important and the intention was to discuss this with patient representation groups.<br><br>**The Primary Care Commissioning Committee noted the update on the delivery of the Primary Care Strategy** | |
| 09 | **Primary Care Finance Report**<br>JD noted that there was an overspend in primary care prescribing costs driven by Category M drug price increases. JD highlighted the current savings of £1.3m against the plan of £2.3m. Planning for the second half of the year continued and JD highlighted that the difficulty to accurately predict the prescribing costs and pressures associated with the pandemic had led to the proposal of a risk pool to fund the forecast cost pressures. JD confirmed that work was ongoing to review the recurrent costs for the next financial year.<br><br>JD highlighted the additional revenues announced including the PCN leadership and management funding. The funding would start this month and clarity had been received that the Clinical Director top up was in addition to the funding and extended to the end of the year. Funding had also been provided for a Cardiovascular Disease (CVD) Clinical Champion.<br><br>JD noted that NHS England had released the plan for how PCNs could access the Impact and Investment Fund. JD noted that the system would receive £2.5m and this was an increase in funding. JD also noted that there had been an increase in transformational funding.<br><br>JRu asked whether any additional funding was expected to reimburse the Category M drug costs. JD noted that the prices were nationally set so there was little opportunity for the CCG to mitigate. JD noted that the costs were higher that the five year | |

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| | plan growth assumptions and noted that if the price increases continued at the current rate then the CCG needed to ensure that these were included in future financial planning.<br><br>JR asked for more information on the underlying position. DC noted that more work was needed to understand the price increases as these have occurred incrementally month on month. DC highlighted the No Cheaper Stock Obtainable (NCSO) drugs as well as Category M drugs as a cost pressure, noting that this was a national problem. JR noted the importance of understanding the reasoning behind the cost pressures during financial planning.<br><br>JRu asked whether the higher levels of inflation were a risk. JD noted that this would be reviewed as part of the additional work to understand the reasons behind the cost pressures.<br><br>**The Primary Care Commissioning Committee:**<br>• **Noted the summary financial plan**<br>• **Noted the key risks and mitigations to deliver the financial plan**<br>• **Noted that month 6 (September), combined Primary Care budgets were reporting a £961k overspend, as a result of unachieved savings of 940k against the H1 target of £2,600k within Primary Care Prescribing** | |
| 10 | **Primary Care Quality Report**<br>Sandra Muffett (SM) noted that the quality team continued to support practices where there were quality concerns working alongside the contracts team to ensure that services were safe. The quality team were championing a learning culture and had recruited additional resource to support the Primary Care Quality Lead to take forward the quality agenda work.<br><br>SM confirmed that no practices had inadequate CQC ratings and confirmation had been received that CQC were not expecting to visit any local practices unless issues were raised. The quality team continued to support amber rated practices to make improvements.<br><br>Work continued with practice nurses although COVID-19 pressures had impacted on planned activities and the numbers of staff leaving and retiring had increased. The extra resource has meant that there should be resource to support this work via | |

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| | PCNs. SM noted that the GP Nurse Forum has led to nurses voices and concerns being escalated within the system.<br><br>There were no questions.<br><br>**The Primary Care Commissioning Committee noted the report** | |
| 11 | **Medicines Optimisation Update Report**<br>DC presented the report and outlined the key points including the decisions made at Committee meetings and the community pharmacy Patient Group Direction (PGD) service which went live in March 2020. DC noted that the sore throat PGD had been paused but since reintroduced. The initial review showed that the service was taking activity which would normally be seen at General Practice. DC noted the ambition to expand the service to introduce a hay fever service and a review was taking place on whether the PGD service could reduce winter pressures for other services within the system.<br><br>DC noted that an NHS England supported pilot to triage people to community pharmacy was in place and highlighted that work was ongoing with practices on antibiotic prescribing which related to C.Difficile Infections.<br><br>DC highlighted that the Medicines Optimisation Strategy and Integrating NHS Pharmacy and Medicines Optimisation Plan had both been approved and would be presented to system partners.<br><br>JRu noted the repeat prescription hubs and asked whether the current system pressures were stopping these from being set up and asked if there was capacity elsewhere that could be utilised. JR suggested that the hubs could be included within the access bid as this would release some activity. DC agreed to review the capacity and also noted that electronic repeat dispensing schemes could also reduce pressure on the system.<br><br>JR noted that the initial evaluation of the PGD showed that it was predominantly white people accessing these and asked how could the CCG support pharmacies reach out to their populations. JR also asked whether other PGD services could be put in place rapidly to reduce pressure on other services. DC acknowledged the importance that the whole population utilised the services and noted that work was ongoing to understand the reasons for this. | **DC** |

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| | DC confirmed that work continued to develop new PGD services. GI confirmed that this had been escalated and the work was in train.<br><br>**The Primary Care Commissioning Committee noted the report** | |
| 12 | **Contracts and Performance Report**<br>Sukeina Kassam (SK) presented the report noting that a branch closure application had been received for Capel Road, Shirehampton which would be presented to the Committee in the future.<br><br>SK noted that as part of the phase three mass vaccination programme practices with lower capacity were refocusing their workloads and the CCG was supporting appropriate access for patients. The CCG was also supporting practices on their self-assessments to receive long covid service funding. Louisa Darlison (LD) provided an update on Improved Access noting that there was a mix of use including COVID-19 vaccinations and other primary care activity. LD noted that a paper regarding future arrangements for the merging of Improved Access and Extended Hours would be presented to the Committee in the future.<br><br>There were no questions.<br><br>**The Primary Care Commissioning Committee noted the report** | |
| 13 | **Questions from the Public**<br>There were no questions from the public. | |
| 14 | **Committee Effectiveness Review**<br>It was noted that the meeting had finished ahead of schedule. | |
| 14 | **Any Other Business**<br>There was no further business. | |
| 15 | **Date of next PCCC**<br>Tuesday 30th November 2021 | |
| 16 | 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 JR | |

**Lucy Powell, Corporate Support Officer, November 2021**