Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group

Primary Care Commissioning Committee Open Session

Minutes of the meeting held on 27th October 2020 at 9am, held via Microsoft Teams

Minutes

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

David Moss	Head of Primary Care Contracts	DM
Lucy Powell	Corporate Support Officer	LP
Michael Richardson	Deputy Director of Nursing and Quality	MR
Julia Rowley	Senior Communications Officer (Internal)	JRo
Jacci Yuill	Lead Quality Manager – Primary Care	JY

	Item	Action
01	**Welcome and Introductions** Sarah Talbot-Williams (STW) welcomed members to the meeting and the above apologies were noted. STW thanked Alison Moon for previously chairing the Committee. STW welcomed Sukeina Kassam to the meeting who was the Interim Head of Primary Care Contracts, currently shadowing David Moss.	
02	**Declarations of Interest** There were no new declarations of interest. David Clark (DC), Rachael Kenyon (RK) and Martin Jones (MJ) held an interest in item 6 as this item discussed a practice within the North Somerset locality.	
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) confirmed that due to conversations surrounding the current financial framework and covid-19, the opportunity to discuss the longer term finances for primary care was not available. It was agreed to provide an update in January 2021. • **Action 176 –** The Committee agreed to close this action as there was the opportunity to discuss this during item 5. • **Action 192 –** Debbie Campbell (DCa) agreed to review the action and provide an update at the next meeting. • **Action 199 –** Alison Bolam (AB) confirmed she had been invited to the next meeting and Jenny Bowker (JB) agreed to invite RK. The action was closed. • **Action 201 and 202 –** JL confirmed the concerns had been shared with the regional team and benchmarking work was taking place. It was agreed that the concerns did not require further escalation and both actions were closed.	**DCa**

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	• **Action 203 –** DCa confirmed that the accredited pharmacies had been circulated to primary care through Team Net and Remedy. The action was closed. All other due actions were closed	
05	**Terms of Reference Review** STW introduced the paper noting that the Terms of Reference had been amended in response to the internal audit of risk management and to reflect the Chair arrangements. STW noted the amendments had been highlighted and asked the committee to review the amendments and nominate a Vice Chair. AB noted the requirements for two out of area GPs and JR believed that this had been discussed at a previous Committee meeting and this needed to be removed and that a Local Medical Committee representative be added as a member who would provide the external clinical input. JL noted that he had been nominated to attend as the Finance Director's deputy and suggested that the Terms of Reference be reflected to amend this. It was agreed to further review the membership of the Committee and bring back recommendations to the next meeting. Julia Ross (JR) raised that the Audit Chair or Independent Clinical Members were not able to be appointed as Vice Chair and suggested that the Director of Public Health could be asked. This was discussed and it was agreed to clarify and bring back a recommendation at the next meeting. **The Primary Care Commissioning Committee agreed to review the Terms of Reference further including the membership and the nomination of a Vice Chair.**	**SC** **SC**
06	**Stafford Place Branch Closure** David Moss (DM) provided the background to the paper noting that Stafford Medical Group served their population across two sites. The branch surgery, Stafford Place, was a converted end terrace and discussions regarding closing this branch surgery have been ongoing since October 2019. DM noted that as per contractual guidance an 8 week public consultation had been undertaken. DM noted that the Stafford Place branch surgery was owned by two retired partners who wished to sell the site. DM noted that if approval was not granted for closure then the partners would need	

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	to identify a new site to run services. A Care Quality Commission (CQC) inspection of the site had noted that investment would be needed for continued use, and that there was a lack of facilities including lack of parking and DM noted that the surgery only offered morning appointments. Surrounding practices have supported the closure and care homes supported by the branch surgery have been assured that visits would continue. DM noted that where concerns had been raised during the consultation these had been answered. The main concern had been around transport to the main Locking Castle site. DM noted that previously patients have been accessing both sites and local transport links to the main site have been published. DM noted that the availability of disabled parking at the Locking Castle site was a significant benefit to patients. Alison Moon (AM) noted that due to the response to covid-19 the closure had been tested on a temporary basis which was helpful. AM noted that in both the Equality Impact Assessment (EIA) and Quality Impact Assessment (QIA) there were some sections which could have been answered more fully. AM highlighted that the health inequalities section in the EIA suggested that the practice would wait for feedback before implementing improvements. AM suggested that the practice should be actively seeking to improve health inequalities. JR agreed that there were a number of areas in both documents where more needed to be included on how identified impacts were being mitigated. JR welcomed the 'you said, we did' section noting that this was an incredibly useful piece of work. Georgie Bigg (GB) offered Healthwatch communications support if the closure was approved. **The Primary Care Commissioning Committee noted the contents of the report and approved the branch closure application.**	**SK/GB**
07	**Influenza Update** DCa provided the update noting that the report has been developed as a weekly report which could be presented throughout the system. DCa confirmed that flu cases remained low and that biggest risk to the programme was the impact of covid-19 on the staff undertaking the vaccinations having to isolate or	

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	having to backfill other roles for other staff who have needed to isolate. This impact had not yet materialised. DCa reported that letters have been received regarding the access of additional stock to all providers except community pharmacists and this letter was expected soon. DCa noted that although it was early days of the programme, the number of vaccinations for at risk groups was better than last year at this point. DCa explained that the team was working with local communities to target messages to groups with low uptake. Videos have been developed in different languages and meetings with faith leaders have taken place to discuss holding clinics outside of religious buildings. DCa reported that staff vaccination programmes were progressing well. RK asked how staff vaccinations would be recorded when staff members worked for several organisations. DCa acknowledged that this was a risk and described the actions to ensure that numbers wouldn't be duplicated in the system but highlighted the difficulty in capturing the numbers of primary care staff vaccinated. DCa noted that receiving data from primary care could be a challenge and was often not up to date, the ambition was to get this data shared more efficiently. AM asked why data sharing agreements with primary care were still a challenge and DCa explained that the primary care cell were working to understand the issues to ensure that data could be shared in a supportive way. AM asked for assurances that the communications campaign was strong and noted the communications that people in the 50 – 64 age bracket could receive flu vaccination as part of the programme. DCa noted that this national message was premature as this had not been agreed and DCa noted that the local communications campaign was also reiterating that 50 – 64 year olds could not yet receive the free vaccine. AM asked whether the at risk groups and particularly whether patients with learning disabilities would be receiving the support they needed to access the vaccination. DCa noted that all learning disabilities leads were highlighting the importance of the flu vaccination for this cohort of patients and this could be provided in	

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	the form the patient needed this year. More information would be provided in the next report. John Rushforth (JRu) asked whether uptake of vaccinations could be tracked to deprivation. DCa noted that OneCare had been working on updating the data based on the deprivation index as previously there has been lower uptake across the more deprived areas. The ambition was to review the data at this level and was a work in progress. AB noted the care home prioritisation and the Committee discussed the vaccination of care home staff. DCa noted that the data was not collected to the level of detail of care home staff vaccinated and noted that this was linked to data from practices and suggested that questions on the workforce situation reports could also include questions on flu vaccinations. JR welcomed the increased vaccination numbers at this time of year and asked why people were getting vaccinated earlier. DCa highlighted the increased awareness of flu this year due to covid-19 and noted that communications had been released earlier. Work began earlier this year with practices to get plans in place and depending on availability of vaccine more clinics could be put in place. JR noted the data sharing agreements and asked whether OneCare and the Local Medical Committee (LMC) could support the CCG to get these in place. DCa confirmed the LMC were working with practices to identify the concerns and the CCG was working with OneCare to ensure that data was in a suitable format when the agreements were agreed. Philip Kirby (PK) confirmed that the data sharing agreement work was progressing and agreed to discuss this with the LMC Data Protection Officer. JR asked that for future reports the staff data be shown as graphs similar to the at risk patients. JL asked whether the prevalence data could be shown compared to last year. DCa noted that the data was available and would include this in the next report. JL also asked whether there was a trajectory available for the 75% target. DCa explained that the vaccinations were given dependent on stock and delivery and there was little control over this and	**DCa** **PK** **DCa** **DCa**

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	therefore it would be a challenge to accurately predict a trajectory. DCa agreed to consider this for the next report. MJ highlighted that practices were aware of the pressure on flu vaccinations this year and primary care was engaged and well supported by the medicines optimisation team. Community pharmacists have provided a positive experience for patients and have been an integral part of the process. MJ noted that the concerns regarding the data sharing agreements needed to be further understood and work was ongoing to progress this. **The Primary Care Commissioning Committee received the update**	**DCa**
08	**6 Monthly Report for Governing Body** JB presented the report noting that the report summarised the work of the Primary Care Commissioning Committee during quarters 1 and 2. AM praised the team for the work on the report and suggested that it was tested with Governing Body primarily on the value they receive from the report, as the report represented a significant amount of work which was received by the Governing Body for information rather than discussion. JR agreed and noted the importance that the Governing Body was given time to discuss the paper. It was agreed to consider this at Governing Body. **The Primary Care Commissioning Committee recommended that the report was presented to Governing Body.**	**LM/MJ**
09	**Item deferred**	
10	**Questions from the Public – previously notified to the Chair** There were no questions from the public.	
11	**Committee Effectiveness** STW noted that there had been good attendance at the meeting and there had been appropriate discussion on items and the meeting had run to time. STW thanked the primary care teams for preparing good quality papers and the admin teams for supporting the meeting.	
12	**Any Other Business** None	
13	**Date of next PCCC:** Tuesday 24th November 2020	

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	The “motion to resolve under the provisions of Section 1, Subsection 1 of the Public Bodies (Admission to Meetings) Act 1960 that the public be excluded from the meeting for the period that the Clinical Commissioning Group is in committee, on the grounds that publicity would be prejudicial to the public interest by reasons of the confidential nature of the business” was proposed by AM and seconded by LM	

Lucy Powell, Corporate Support Officer, October 2020