Bristol, North Somerset and South Gloucestershire
Integrated Care Board

BNSSG ICB Primary Care Committee Meeting

Minutes of the meeting held on 28 March 2023 at 9.00am, held virtually via Microsoft Teams

Final Minutes

Present		
Alison Moon	Chair of Committee, Non-Executive Member – Primary Care	AM
Georgie Bigg	Healthwatch Bristol, North Somerset and South Gloucestershire	GB
Nikki Holmes	Head of Primary Care, South West, NHS England and Improvement	NH
Geeta Iyer	Primary Care Provider Development Clinical Lead, BNSSG ICB	GI
David Jarrett	Director of Primary and Integrated Care, BNSSG ICB	DJ
Philip Kirby	Chief Executive, Avon Local Medical Committee	PK
Matt Lenny	Director of Public Health, North Somerset Council	ML
David Moss	Delivery Director – Woodspring Locality Partnership, BNSSG ICB	DM
Sarah Purdy	Partner Non-Executive Member, North Bristol NHS Trust	SP
Michael Richardson	Deputy Director of Nursing and Quality	MR
George Schofield	Avon Local Dental Committee Secretary	GS
Sarah Truelove	Chief Financial Officer and Deputy Chief Executive, BNSSG ICB	ST
Jo Hicks	Chief People Officer, BNSSG ICB	JH
Apologies		
Amanda Cheesley	Partner Non-Executive Member, Sirona care & health	AC
Debbie Campbell	Deputy Director (Medicines Optimisation), BNSSG ICB	DC
Sukeina Kassam	Interim Head of Primary Care Contracts, BNSSG ICB	SK
Rosi Shepherd	Chief Nursing Officer, BNSSG ICB	RS
Joanne Medhurst	Chief Medical Officer, BNSSG ICB	JM
In attendance		
Jenny Bowker	Head of Primary Care Development, BNSSG ICB	JB
Louisa Darlison	Senior Contract Manager Primary Care, BNSSG ICB	LD
Jamie Denton	Head of Finance, Primary, Community & Non-Acute Services, BNSSG ICB	JD
Jeff Farrar	Chair of BNSSG Integrated Care Board	JF
Katie Handford	Models of Care Development Lead, BNSSG ICB	KH
Bev Haworth	Senior Programme Lead PCN & Workforce Development, BNSSG ICB	BH

Susie McMullen	Senior Programme Lead Access, Quality and Resilience (ARQ)	SMc
Katrina Boutin	GP Collaborative Board Representative	KB
Anil Patil	Non-Executive Director, Sirona	AP
Michelle Jones	Principal Medicines Optimisation Pharmacist, BNSSG	MJ
Richard Brown	Chief Officer, Avon Local Pharmaceutical Committee	RB
Connor Evans	Executive PA, BNSSG ICB	CE

	Item	Action
	Primary Care Committee – Part A	
1	**Welcome and Apologies** Alison Moon (AM) welcomed everyone to the meeting and the above apologies were noted. AM welcomed Jo Hicks (JH) to the committee.	
2	**Declarations of Interest** Alison Moon (AM) noted that Katrina Boutin (KB) declared a conflict in advance of the committee. KB would leave the meeting for item 13 of the closed session.	
3	**Minutes of the previous meeting held on 21 February 2023** The minutes had been previously approved and were received for information.	
4	**Review of Action Log** The Committee reviewed the action log: AM reminded members to update the action log with comments in advance of each meeting. **Action 19**. Joanne Medhurst (JM) sent apologies. No update regarding Pharmacy, Optometry and Dental (POD) representation at the Health Professional Council (HCPE). Geeta Iyer (GI) to contact JM for an update. Closed. **Action 35:** Susanna McMullen (SM) confirmed that visual representation of targeted support on issues in our patch had been considered by the Primary Care Oversight Group (PCOG). Awaiting consideration from GPCB. Agreed to close action with the expectance that data would be shared in Q1. Closed **Action 36:** SM explained the plan to progress once approval had granted for the business case for ARQ.	

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	Action 37: AM proposed to combine action 36 and 37 to create a new action. Ensure engagement with public health and Healthwatch, in addition to others, once the business case is approved. Update due in Q1. **Action 38:** Nikki Holmes (NH) informed the committee that Joe Lawton from the regional dental team had confirmed that claw back letters were issued as part of a nationally agreed process. George Schofield noted that the projected clawback would be around £400m for England. DJ provided an update from national planning guidance which stated that locally, the dentistry budget would be ringfenced within local allocation. AM concluded the discussion, noted the national issue regarding clawback and highlighted the key local issue, that money coming in to ICB would be ringfenced locally for dentistry. **Action 40:** Embedded within PCOG report. Closed. **Action 41:** Bev Haworth (BH) provided an update as to why there were not more than 8 or 9 spaces available for the retainer scheme. HEE are leading and specific criteria around applications and a finite number of funded sessions meant there were limited spaces. Closed. **Action 42:** NH confirmed the cost per session of the dental urgent care pilot was £650. Closed. **Action 43:** NK provided feedback to the team about detail in the Looked After Children section. The report would evolve over time. Closed. **Action 44:** Michael Richardson (MR) to liaise with the Local Maternity and Neonatal System and then touch base with GI to understand if messaging needs to go out to general practice. Open. **Action 45:** MR confirmed that feedback from the previous meeting had been shared with Julie Worth, Lead Quality Manager Primary Care/Flu Lead. A report would be expected in the April quarterly quality report. Closed. **Action 46:** Closed. **Action 47:** Closed.	
5	**Good News Stories** Richard Brown (RB) explained the Community Pharmacists Consultation Scheme. In summary, this process manages the referral of a patient from one healthcare setting into a community pharmacy for consultation, freeing up appointment space for more complex patients.	

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	RB highlighted that in the main, appointments were freed up from general practice, however the national pilots collect data on other healthcare settings which could be utilised further down the line. RB noted that across BNSSG, the ICB had contributed to 47% of the South West achievement. In November over 3000 referrals were made followed by over 5000 in December. RB explained the next steps and expansion of the service. The urgent treatment centre in Hengrove had been online for 18 months, with minor injury units in Yate and Clevedon going online more recently. RB noted that in February across the MIU and UTC, almost 50 patients were referred to a community pharmacist. A small percentage of patients were referred back but the majority were resolved with advice alone or advice and the sale of medication. RB shared an example of a patient with an injured ankle which had thought to be broken. Rather than waiting for an x-ray, the patient was assessed by a pharmacist and a decision made that best course of action was rest, ice, elevation and compression. This not only solved the patients issue but also provided a legacy experience which could influence future decision making regarding the best healthcare setting to receive treatment. RB explained that pilots were underway with the University Hospitals Bristol and Weston (UHBW) accident and emergency departments. This involved moving patients from the BRI and Weston into the local community pharmacies. RB noted the smaller number of referrals at trust level but reiterated the difference it could make to waiting times. RB informed that this would be rolled out as part of the national contract in pharmacy later this year. RB highlighted PGD (Patient Group Directives) performance with BNSSG leading the way on commissioning additional services into local community pharmacies. By layering PGDs into the nationally commissioned consultation, specifically around urinary tract infections and sore throats. Approximately 1600 patients were shifted into a pharmacy for consultation over December 22 and January 23. AM commended the programme and asked about the potential possibilities to scale up in future. RB noted that providing assurance and confidence with how the community pharmacists manage and treat patients would lead to more referrals. MR also acknowledged the pilot work and queried if additional PGDs would go online and secondly, if there were many pharmacists who were independent prescribers and therefore did not require a PGD. RB noted that the process had begun to go live with the next PGD for, ear infections. Regarding the independent prescribers, RB stated that a bid had been submitted for the	

	Item	Action
	pathfinder project. This would support community pharmacists, who were independent prescribers, to take accountability for a clinical area. David Moss (DM) welcomed the pilot and referred to the integrated network team at Sirona and Woodspring with a caseload of 400-500 people and the social care services providing care in and out of 600 people's homes across North Somerset. DM queried if there was an opportunity to link in and escalate in advance, rather than respond to demand. RB stated that patients would still need to present to a community pharmacist. DM agreed to contact RB to discuss further. Georgie Bigg (GB) highlighted the importance of improving public education around community pharmacies. GB proposed that some of the good news stories and positive messages could be shared with patients to provide assurance and confidence in the service. RB supported the idea and agreed to arrange contact between Healthwatch and the implementation manager for the programme. KB noted the new contract for general practices would be implemented from 1st April. More diversion expected into pharmacies.	RB
	Items for Decision	
6	**PCC Terms of Reference** DJ informed members that Shane Devlin, on behalf of the ICB, had signed the delegation agreement for BNSSG ICB to take delegated responsibility for Pharmacy, Optometry and Dental (POD) services. This progresses the ICB's ambition to work with colleagues from these services and enable enhanced integrated working in our system. Changes had been made to the terms of reference for PCC in preparation for taking on delegated responsibility from April and further amendments had been made to capture the ongoing assurance function provided by the committee. AM congratulated the team on the achievement of delegation and asked whether the Memorandum of Understanding shared in the papers had any impact on the terms of reference. JB had reviewed and suggested not. MR queried changes to the membership as the Chief Nurse Officer was listed as a member on the terms of reference. Jeff Farrar (JF) stated that a conversation would be needed around membership and executive attendance. DJ suggested a review of committee attendance amongst all directors. JF to discuss with Shane Devlin.	**JF**

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	JF noted that the terms of reference were correct. Any changes to delegation would require a discussion. **Committee members supported the amended terms of reference.**	
7	**PCOG Report – A** DJ noted that the report had been shared with members for assurance. There was representation at the previous PCOG meeting from the ICB, GPCB and LMC. Members would seek to move PCOG into the same format as PCC, with POD services, with regards to considering operational decisions. The terms of reference would be updated from April to note those changes. DJ highlighted the key decisions. • ARQ Business case – Allocated funding through strategic development funds to enable programme to continue into next year with ongoing reporting into PCC. • Jamie Denton (JD) noted that the national guidance for uplifting contracts this financial year would be a 2.9% uplift to contracts and a 1.1% efficiency requirement, equalling a net 1.8% inflation to contract prices. This would be applied to local enhanced services (LES). JD added that nationally, this wouldn't be a mandated requirement. BNSSG decided to uplift during the last financial year and would continue to apply that into this financial year. • Approved further strategic development funding for the ongoing commitment to online consultations. • Exciting opportunity to develop primary care estate in Weston Business case. ST confirmed that the Finance, Estate and Digital Committee had made a recommendation to the ICB Board to approve the case. • Approved the prescribing quality scheme for 23/24 under the assurance that there was significant input from the prescribing committee, GPCB and locality forums. • Approved the extension of the homeless health contract to enact the final 3 years of tenure. DJ highlighted the opportunity to develop the service during the next phase to ensure they encompass a range of services to meet population needs. • Approved branch closure of Locking Village. Assured that no concerns were raised during consultation and patient engagement phase. • A PCN change panel met to review an application for changes to the Concord and Mendip PCN. Members approved the recommendation from the panel meeting for Southmead and Henbury Family Practice to move from their existing PCN to Concorde and Mendip PCN. Sea Mills would also join Concord Mendip PCN. This was approved with mitigating	

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	recommendations around engagement and an integrated model of care in the locality. KB asked about the amount of inflationary uplift and queried its adequacy. General practice is struggling with pressures in both keeping and maintaining workforce and the implications in terms of salaries for workforce. There are also huge costs in terms of energy costs for premises. KB noted difficulty with the supplementary services and the LES review because of the issues related to that contract, in addition to only having a small increase, especially when inflation is running at 10%. ST stated that work is ongoing across the system to address the excess costs of inflation across the whole system. A meeting has been set-up with the national team on Friday. ST added that there is an expectation that there will be further funding as and when a pay award is agreed. KB queried if there will be a review following the increase. GI noted that 1.8% had been applied and the LES review will continue this year but kept under review as ST and JD receive further information. DJ assured AM that benefits realisation and outcomes were explicit in the business cases. **The Primary Care Committee noted the contents of the report**	
	Items for Assurance	
8	**Delegation of POD Services** Jenny Bowker (JB) noted the ongoing preparation for a go live from 1st April and confirmed that both the delegation agreement and MOU had been signed. JB informed members that that the data processing agreement would be signed later that week. JB noted that a combined risk log had been received for those services and that it would be integrated into the corporate risk register. Steps had been taken in relation to revising the terms of reference for PCC. Conversations had taken place with LDC, LOC and LPC colleagues about the future for PCOG. The revised scheme of reserve delegation would go to the ICB Board in April, including an update on delegation support for these areas. JB highlighted that the 7 ICBs in the South West had agreed to a transition plan, providing support and addressing amber items identified within the safe delegation checklist. Conversations would continue to identify a decision-making process both collectively as a region and locally as a system.	

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	JB explained that the ICB would take forward the work on developing the clinical leadership architecture, working with NHS England and locally to determine the best plan for our system. JB highlighted the ongoing national work to manage the process of complaints. JB noted the next steps. • April ICB Board paper to approve revised PCC terms of reference and Scheme of Reserved Delegation • Establishment of Transition Plan and governance arrangements to support this • Developing governance to include POD services within ICB • Engagement with Professional Bodies • Communications • NHSE working with ICBs on future hosting arrangements for commissioning hub AM asked for assurance around the wording in the delegation agreement. JB stated that the document had been reviewed thoroughly. MR provided further assurance that quality section had been reviewed and conversations had taken place with the national team. DJ added that a cross checking process took place with other ICBs in the system. AM noted that it would be helpful to set-up a session with both the executive and non-executive lead for the Quality Outcomes Performance Committee to discuss how we manage governance arrangements internally. NH updated on primary care activity reports. The new contract for dental starts in July 2023. In terms of the stabilisation programme, 3 practices mobilised in February totalling 6 practices offering 20 sessions between them. The expected forecast delivery of UDAs was 69% for BNSSG. NH noted a small change to community pharmacy in the report regarding core and supplementary hours. NH explained that unplanned closures were still higher than last year in January. 58 breaches had been issued including financial withholding in line with the policy. NK highlighted management of escalation around unplanned closures. - Meeting with JHOOTS on a regular basis - Lloyds Sainsburys - Impact assessment shared with all partners. Reviewing responses before bringing to the operational group. - Positive increase in relation to utilisation of 111 CPCS - Optometry – 1 reduction in additional service contract	**DJ**

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	- Asda opticians notified of a service interruption linked to changes with the management system. - Quality in optometry. Self-declaration responses due by end of March. GS queried if data was available regarding the number of child friendly practices in BNSSG. Also, if we had access to waiting list numbers for acute trusts in our system. NK agreed to take these questions away and provide an update. AM asked for assurance and clarity on the data as it was unclear if it indicates good practice, specifically around number of exclusions. NK noted that there was a delay in reporting but would find out how we compare to other systems.	**NK** **NK**
9	**Prescribing Quality Scheme 23/24** Michelle Jones (MJ) provided a summary on the prescribing policy scheme which had been running for a few years with continued success. Funding for the scheme equates to £1 per registered patient with 50% going towards cost-effective use of medicines and ensuring best value from medicines prescribed, and the other 50% going to quality and safety projects. MJ noted that there were also indirect savings linked to reduced hospital admissions and reduced adverse events. The scheme being proposed for 23/24 had significant engagement through the medicine optimisation committee, GP locality meeting and GPCB. Feedback had been taken into consideration alongside national and local priorities. MJ highlighted that the 23/34 scheme included an option for practices to develop their own specific project to meet needs of their local population. MJ noted that this paper was brought to PCC to provide assurance. - that the scheme does not duplicate any other funded work - the content and structure of prescribing quality scheme. Continuing to be funded at £1 per registered patient with 50/50% split. - That all the right channels had been engaged with MR thanked MJ for the update and commented on the equality impact assessment, specifically around what practices are being asked to do in terms of assessing their own antimicrobial stewardship. MJ noted that there would be a 2-tiered approach. The first approach in relation to the recently updated NICE guidelines on the treatment for acne, ensure guidelines are being adhered to. Secondly, going back to basics due to increases following both covid and the Strep A pandemic.	

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	Sarah Purdy (SP) highlighted an increase in errors with insulin and other injectable diabetes treatments following discharge. MJ assured of ongoing work regarding insulin safety with secondary care colleagues. SP offered to make connections with the appropriate prescribing colleagues in secondary care. **The Primary Care Committee noted the contents of the report**	
10	**Primary Care Contracts, Performance, Quality and Resilience Report** PCOG report received in item 7. **The Primary Care Committee noted the contents of the report**	
11	**Primary Care Finance Report** JD provided an update. Starting with the year to date financial position, noting an underspend of £750k. This indicated an improvement on the £1.4m underspend reported last month. JD highlighted the primary care underspend at £0.5m year to date. In terms of key events in the month, the additional allocation was received to cover the roles that we had recruited to above the local allocation, £5.2m of the £6.3m available to us. Currently in this month's reported position, there was a small underspend due to workforce recruitment, around £100k. As reported previously, a wider review of premises took place and accounted for an additional £200k worth of costs to cover the rent arrears that were outstanding. JD highlighted other key events. An APMS payment of £200k had been made. Prescribing fees continue to be higher than seen previously at an additional £100k. JD noted confirmation of national allocation to cover the overspend on prescribing costs. Currently £2.9m at month 11 but expecting the position to be £300k underspend once allocation had been received. JD noted the forecast position at £1.1m underspend for the end of the financial year. AM queried if there were any risks where Jamie was less confident about the mitigations. JD noted that section 96 applications had been declined at this stage. The expectation is they will come back in the next financial year which could bring cost pressures. **The Primary Care Committee:** • Noted the summary financial plan. • Noted the key risks and mitigations to delivering the financial plan.	

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	• Noted that at Month 11 (February), combined Primary Care budgets reporting a £0.758m underspend, and a forecast of underspend of £1.118m (including retrospective & anticipated allocations) • Noted an anticipated allocation to fund the cost pressures that had emerged within prescribing costs up to a maximum, based on the most current understanding, of £4.9m.	
12	**Key Messages for the ICB Board** The Committee agreed the key messages for the ICB Board which included: • Update on the Delegation of Pharmacy, Optometry and Dental services • Update on the Community Pharmacists Consultation Scheme	
	Primary Care Committee - Part B minutes to be taken in closed ICB Board	
13	**Primary Care Contracts, Performance, Quality and Resilience Report (Closed items only)** **The Primary Care Committee noted the contents of the report**	
14	**PCOG Report B** **The Primary Care Committee noted the contents of the report**	
	For Information	
15	**Primary Care Operational Group (PCOG) Minutes** **The Primary Care Committee noted the minutes**	
16	**Any Other Business**	
	Date of Next Meeting 25th April 2023, at 9.00am, to held via Microsoft Teams	

Connor Evans, Executive PA, MARCH 2023