Bristol, North Somerset and South Gloucestershire
Integrated Care Board

BNSSG ICB Primary Care Committee Meeting

Minutes of the Meeting were held on Tuesday 25th April 2023, via MS Teams.

Minutes

Present		
Alison Moon	Chair of Committee, Non-Executive Member – Primary Care	AM
Georgie Bigg	Healthwatch Bristol, North Somerset and South Gloucestershire	GB
Amanda Cheesley	Partner Non-Executive Member, Sirona Care & Health	AC
Debbie Campbell	Deputy Director (Medicines Optimisation), BNSSG ICB	DC
Nikki Holmes	Head of Primary Care, Southwest, 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
Matt Lenny	Director of Public Health, North Somerset Council	ML
Sarah Purdy	Partner Non-Executive Member, North Bristol NHS Trust	SP
Michael Richardson	Deputy Director of Nursing and Quality	MR
Apologies		
Jo Hicks	Chief People Officer, BNSSG ICB	JH
Philip Kirby	Chief Executive, Avon Local Medical Committee	PK
Joanne Medhurst	Chief Medical Officer, BNSSG ICB	JM
David Moss	Delivery Director – Woodspring Locality Partnership, BNSSG ICB	DM
George Schofield	Avon Local Dental Committee Secretary	GS
Rosi Shepherd	Chief Nursing Officer, BNSSG ICB	RS
Sarah Truelove	Chief Financial Officer and Deputy Chief Executive, BNSSG ICB	ST
In Attendance		
Katrina Boutin	GP Collaborative Board Representative	KB
Jenny Bowker	Head of Primary Care Development, BNSSG ICB	JB
Richard Brown	Chief Officer, Avon Local Pharmaceutical Committee	RB
Sarah Carr	Corporation Secretary, BNNSSG ICB	SC
Sandie Cross *(Minutes)*	Executive PA To David Jarrett, BNSSG ICB	SLC
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 the BNSSG ICB & Independent Non-Executive Members	JF
Bev Haworth	Senior Programme Lead PCN & Workforce Development, BNSSG ICB	BH
John Hopcroft	Vice Chair, Avon Local Optometry Committee	JH
Susie McMullen	Senior Programme Lead Access, Quality and Resilience (ARQ)	SMc

	Item	Action
1	**Welcome & Apologies** Alison Moon (AM) welcomed everyone to the Primary Care Committee (PCC) for April's meeting. Apologies were noted as above. It was confirmed the meeting was quorate. AM welcomed John Hopcroft (JHp) to the Committee, who was a representative from the Local Optometry Committee.	
2	**Declarations of Interest** There were no declarations of interest to declare at the Committee today.	
3	**Minutes From the Previous Meeting on 28th March 2023** The minutes from the previous PCC held in March were reviewed for accuracy, with no amendments. These were accepted as a true record of the meeting and would be sent onto the Integrated Care Board.	
4	**Review of Action Log** The PCC reviewed the action log, and AM thanked those who had updated their respective actions. All the actions were recommended closure, except for: ***Action 35***: It was discussed and recommended to close this action, and Jenny Bowker (JB) clarified that Susie McMullen (SMc) had been working on the heatmaps regarding visualisation of data, to be finalised at the end of Q1. AM offered a "work in process" could be shared with her outside of the Committee, she would be happy to provide comments. Agreed this action to now be **closed**. ***Action 44:*** Michael Richardson (MR) provided an update; this is being followed up by the LMNS and region. There was going to be a local comms package, but it had been recognised that there is an issue regionally, as well as within our system. It was recognised there is an important piece of work to be done with the actions sitting with the LMNS. MR has recommended to close this action. The Committee agreed to close the action, with a caveat that MR could bring back to the Committee if required, as MR following up monthly with the LMNS. Agreed this action to now be **closed**. ***Action 48:*** JB advised the Committee that she had updated the time scale to June on the action log and would like to keep this action open for now, as a check that the team are where they said they should be. Agreed for the action to **remain open.** ***Action 52:*** - Nikki Homes (NH) advised there were several dental queries she had shared with the team; one of which refers to the BS36 procurement. This was confirmed it was based on commissioned activity and intelligence gained from the oral health needs assessment, this query relates to the rationale. NH advised she is waiting on further details of the provider. Agreed for the action to **remain open**. ***Action 53: -*** NH advised this is still in progress and would provide a further update at the PCC in June. Agreed for the action to **remain open.**	

	Item	Action
	Action 54: - Georgie Biggs (GB) updated the Healthwatch report for revisit to Graham Road is not available yet. GB agreed to chase this again. Agreed for the action to **remain open**.	
5	**Good News Stories** AM, on behalf of the PCC, welcomed Lesley Le-Pine (LLP), who works in the Nursing & Quality Directorate in the ICB, on learning disability and autism projects. LLP shared a set of slides, which had been shared with the members of the PCC. LLP explained the Annual Health Check review, which had a fantastic result for 2021, noting 70% were completed. The target was exceeded by 31st March 2023 to 82% of completed health action plans. It was recognised this is the highest achievement in the Southwest. LLP explained she had worked with a lot of service users It was noted that the ICB had paid a group of disabled people to work with a designer, to develop an easy design health action plan. The group had produced an Annual Health Check video which had been very well received. There was a "*Healthy Me*" cookery school, which had been set up to address some of the LeDeR issues around obesity and constipation, this was a 12- week course and was attended by some non-verbal individuals. This proved to be a sociable course, with a certificate awarded on completion. LLP mentioned the continuing work with Autism Independence, with lived experience of people with learning disabilities or autism, from minority ethnic groups using health services. The projects had been commissioned by BNSSG, to work with Black and Asian communities. They are currently working with 42 families from Somalia, Asia, and Poland, to help them understand the experiences of people moving from child to adult services. Their findings: some of which included, the impact of learning disability/autism on everyday life, lack of cultural intelligence in services, lack of engagement from men in this group; particularly noting Muslim men often disengage where there is an autistic child in the family. Funding had been sought for Autism Independence to develop training for fathers, working with Imams and community leaders to look at what the issues are. LLP explained another success story, which was for the project "Poo Matters." This pilot project had been rolled out across BNSSG a few years ago; and this was worked in partnership with North Somerset People First. The pilot was successful in addressing a lot of the issues about why people are embarrassed to talk about poo. There was an array of activities which included zoom cooking sessions with groups, people were able to try and taste healthy recipes, which included fibre. Participants were also educated to overcome the embarrassment of talking about the correct language to use regarding pooing, stools, constipation, that people with learning disabilities did not know what that meant. Geeta Iyer (GI) expressed her thanks to LLP for the brilliant work she and the team are doing; especially for the passion and leadership for putting in the infrastructure of the learning disability champions, and the regular fora for people to come together and talk	

	Item	Action
	through various issues and concerns, and making it more accessible for people to go to their GP practices. AM thanked LLP and her team, for the hard work and dedication to the health action plans, recognising the journey this had undertaken with very positive outcomes. AM asked now we have a delegated responsibility for dentistry, as well as optometry and pharmacy, to now think how we can link these in, recognising the issues regarding access to all health and dental care. Katrina Boutin (KB) extended her thanks and echoed what other members had said, noting it had been helpful the PCN contract has allowed the recruitment of care co-ordinators to help support and engage in our population and helping individuals to come to their GP appointments. Sarah Purdy (SP) thanked LLP for everyone's great work, and mentioned she sits on the Acute Trust Board at Southmead (NBT), who are doing a lot of work on how to support people with learning disabilities as they come into hospital. SP asked if LLP and the team were linked into this group at NBT; to which LLP responded she was, and highlighted UHBW were also engaging, which is positive. GB asked if LLP would talk to the team at Healthwatch to share success stories, LLP agreed to do this. **Action – LLP to link in with Healthwatch to share success stories.** Sarah Carr (SC) suggested bringing this piece of work to discuss at the next ICB Board, as a good example around system working, which could link into dentistry and ophthalmology. Jeff Farrar (JF) agreed with this suggestion and mentioned he was looking to bring in patient and public experience. It would be a good opportunity to discuss with the executive team in the first instance. John Hopcroft (JHp) wanted to build on the point of all professions coming together, to discuss those with learning difficulties, who may suffer with normally unmet need for eye care, typically they have prescriptions that are not being corrected and therefore vision is affected. JHp would be happy to pick this up further with LLP and link in. In conclusion, AM thanked LLP. LLP left the PCC meeting.	**LLP**
6	**PCOG Report – A** AM invited Dave Jarrett (DJ) to update on the Primary Care Operational Group (PCOG) report. DJ mentioned there had been a range of issues on the report this month, but recognised this was the first PCOG meeting since we have been delegated, so it was beneficial	

	Item	Action
	that colleagues from LDC, LPC, LOC and NHSE were present, to immediately engage in the discussion on POD services. DJ updated on principles around refining the terms of reference (ToR), which were reviewed at PCOG, and these were now being finessed into a formal review to reference the POD services. DJ advised the ToR would be brought back to the PCC at a future meeting. DJ mentioned PCOG had worked through a range of issues; 2 of which were shared on the report; both relating to access to dental services:- ➢ A decision had been made nationally by BUPA Dental Care, to close a number of practices across the country; one of which is in the BNSSG Area. St Paul's dental practice, , which is in one of our most deprived and challenged communities. St Paul's dental practice has a current list size of 31,772 patients, so there will be a significant impact. A question arose if anything could be done to prevent the closure, to which the response received was no. DJ noted the decision around closure is not one that we can impact, but options can be explored, to include: 1. Seek expressions of interest from nearby practices to determine how many additional patients they would be willing to accept. 2. Undertake an open procurement for the lost activity. 3. Look at an alternative model for dental provision, according to ICB preference. Consideration was given to the fact that this practice is situated within an area of deprivation and there was recognition that a two-pronged approach might be needed, as patients need access to dental services in the short term, but that a longer-term, more creative model may also need to be developed. DJ advised the option that was agreed given the urgency, was that the ICB would ask NHS England to launch an expression of interest for other local practices to gauge interest. This action could then inform a procurement, which could be done very quickly. Moving forward, DJ advised we want to establish our own ICB strategy for the development of dental services and would be working through how we build on the NHSE road map locally and supporting dental access. DJ mentioned the primary care team would continue working through the model of care, together with the options that we have for contract leverage in our system over the coming weeks. ➢ A further issue discussed was a number of much smaller contract changes through NHSE dentists across North and East Bristol, with much smaller list size changes. PCOG had asked NHSE to do a review back for BNSSG, to look at units of dental activity changes across BNSSG over the past two years, to further understand how provision had changed, and for any further changes to provision, so this would then inform our planning and model of provision. It was noted we are unable to stop practices changing their contract requirements, however we can build and learn on how we develop our approach and strategy to that. AM thanked DJ for the update, and asked in terms of if we cannot affect the decision of why a practice closes, do we understand the reasons why they are closing, and if there was any way of supporting them. AM recognised we have spoken about the	

	Item	Action
	ARQ programme that could potentially be extended to POD practices? DJ mentioned it was a national BUPA decision to close, based on their overall business model, but acknowledged the interest in how an ARQ model could look at supporting practices. JB noted this needs to play into the dental reform program initiatives, and being more upstream, in terms of obtaining intelligence, where it is about practices much more upstream, as at the point at which they are issuing contracts notice variation. NH reflected the point at which there is an agreement with the provider that they are going to change their UDA provision, NHSE are engaging with the provider leading up to that point, but ultimately it is their decision, and they are entitled to do this. The practice would have to give the necessary notice, so there are safeguards to help with planning, and reiterated NHSE would be talking to them before they got to the point. NH agreed to take learning from this. Amanda Cheesley (AC) raised a concern regarding the significant amount of people in the practice at St Pauls and the impact that would cause, and asked if there was a sense across BNSSG dentistry, who are accessing dental services, noting we have a health inequalities issue in children and young people not accessing dentistry; mentioning there was an opportunity if we are looking for EOI, how this would address the health inequalities, as it is becoming a problem from a health perspective, ensuring this lens must be applied. DJ agreed, mentioning it was critical that we develop that understanding, and updated he had tied in local public health (DPH) teams; and there was a regional oral health lead now coalescing the local intelligence with local Directors of Public Health (DPH). Matt Lenny (ML) noted the interest in talking about upstream in terms of population needs. DPHs are looking at all the factors to try and bring together, through local authority commission programmes; noting some of this funding came through NHSE. DPHs are currently working through the dental strategy to emphasise this and are working with schools, children and families, to try to prevent some of the harm, and updated that some of the stories of children and young people not accessing dental care is not good at present, so this would be addressed. SMc agreed on the ARQ Programme's intervention into POD services and felt there was a lot we could learn from what we have done with general practice with the POD providers, to support them, and would be keen to start those conversations to link in to discuss stability of provision. SMc suggested the ARQ programme could start to look at the data we already have, what the areas are for the POD services, and review these. AM thanked SMc for her input in this regard. AM had previously had conversations with DJ around this report, noting that the committee is inheriting a regional approach on the data by the Committee, with the expectation that the report will change over the coming months. DJ updated that PCOG were asked to approve 2 items. 1. Funding (£49K) to support the development of a primary care programme through Estates & IM&T subgroup. Members were assured that the provider represents best value for money following standard competitive quotation processes, as set out in the ICB SFI and can meet the requirements of the service specification. This involves providing energy surveys to 25 practices	

	Item	Action
	that have requested these with co-ordination from North Bristol Trust Energy Officer. A contract will be drawn up to support that delivery. Members approved the decision to award £49,990 to Kovia Consulting and that a maximum of £50,000 should be committed. 2. Members were advised that the Meds Optimisations team have worked with key partners to design a fair shares budget-setting methodology to fairly allocate prescribing budget for each General practice across BNSSG. A full consultation took place, and the budget-setting methodology was agreed with PCCC in 2019. A recent evaluation of this methodology has now demonstrated that it does not adversely affect prescribing spend and it has been noted that practices are now spending more consistently. Members were therefore asked to approve the recommendation to continue with the current budget-setting methodology and to support plans for further work to look at the link between prescribing spend and patient outcomes. Members were assured that the planned budget already aligns with planned spending for the financial year. Members supported the proposal. Debbie Campbell (DC) summarised for the PCC for assurance on the approach. DJ concluded those were the key decision that took place at PCOG in March and confirmed no risks to escalate to the PCC in this part of the meeting. The highlight report on supplementary services is supplied for information. **The Primary Care Committee noted the contents of the report.**	
7	**Delegation of POD services & Update on Delegation** JB shared the slides with the PCC and explained the work undertaken, in terms of the key governance transition phase, with work across NHSE and ICB teams to support the 1st of April transition of Delegation of POD services. JB advised we have transitioned smoothly and effectively, and assuming responsibilities that had taken place over the last month, with further work to complete on due diligence on complaints. MR and the quality team are helping in support of this piece of work regarding NHSE complaints. JB wanted to emphasise that the first discussion at PCOG was about how we might develop an integrated PCOG with General Medical, Pharmacy, Optometry and Dental services; The iteration of the ToR would take a couple of months, whilst engagement takes place with the full Committees of the representative bodies. JB advised she had already been invited to some of those Committees . In relation to the hub transition, this would be hosted by Somerset ICB, with a formal letter confirming that they will be supporting the temporary employment of the hub staff, with further work by NHSE to be undertaken for a more long-term solution At that point, the hub will include a broader range of services, which would include specialised services, health and justice screening and immunisation. JB mentioned there was a Transition Steering Group meeting set for 3rd May, she would be attending, where it would be where key decisions would be made, together with discussions about how we make effective decisions and how we do that in a way that supports local decision making. This meeting would also be an opportunity to bring everyone together regionally, to support consistent decision-making. In terms of next steps, the overall priority is the decision-making framework, and making that clear in Q1, and how we then have taken those steps to how we integrate POD services	

	Item	Action
	into the operational decision-making, which links into our strategy and transformation development. MR provided a further update on complaints and advised that the complaints meetings were going well and have agreed most of the transactional processes as a group of ICBs. MR mentioned there were a few processes still to be sorted, but this will be finalised, and work completed on transition by 1st June 2023, which the team are on track at present. AM asked about the issue of local flexibility and asked what this meant; was it around the transaction of delegation, as it appears technical, or focussed on the improvement work? AM would also support an integrated report in time. JB responded that we need to set out our local strategy but work out where there are common themes across the SW, because that is where there would be benefit in working together, e.g., workforce challenges. In terms of timescale for bringing together an integrated report and proposed priorities, JB envisaged this would be looking at 6 months, as there is still a lot of work required in terms of understanding the "as is" position and engaging professional bodies. **It was noted the Primary Care Committee would want to see those early priorities and setting out of our strategic ambition by Q2**. (September) **The Primary Care Committee noted the contents of the report.**	
8	**Monthly Primary Care Activity Report** NH provided the update on the Primary Care Activity report to the PCC and ran though some key items. UDA, UOA, presented is consistent with previous months' reporting around the year end projection for achievement of UDA & UOA. Community pharmacy and the unplanned closures have stabilised, though it is still an area of concern, and this had been discussed at SW PCOG. It was noted that the number is being driven by a large volume from a single provider. NHSE have been working closely with that provider and discussing the reviewing of the unplanned closure policy. NH advised she would be discussing this at the Pharmaceutical Services Regulations Committee (PSRC) and with the SW LPC's this week. In terms of activity around the control of entry, part of the work managed by the CCHub, NH advised we are expecting to see more change of ownership activity. We have not got any significant changes in the number of providers currently. On pharmacy, optometry and dental, we are doing the usual work around Bank Holiday planning, for both May Bank holidays, and this included the usual communication out to system partners. Both in terms of the pharmacy rota provision, but also the baseline position for dental and optometry. . Richard Brown (RB) advised on the challenge that is being experienced on reporting, which is on the fallacy system, where all the data is recorded, but does not digitally transfer into the NHS at the end of every month, it therefore has to be free typed at the end of every month for every single patient. Some of the pharmacies abstain because they are used to the automated system transferring the data, so this would indicate a failure rate, which is unfairly representative. It is impacting the acute providers because that system is not in place because their CQUIN is based on that data. NHSE are sorting that out at a national level on data flow, hopefully by the	

	Item	Action
	Summer. So, this is more of a data reporting issue, rather than a compliance issue because, which a labour-intensive method of reporting. The LPC piloted this many years ago and it is supporting a patient on discharge from hospital, with the pharmacy following up within a few days of discharge. AM concluded that if there was more uptake on the discharge medicine service, it would be a better outcome for our patients. RB confirmed this to be the case. **The Primary Care Committee noted the contents of the report.**	
9	**Primary Care Contracts, Performance, Quality and Resilience Report** **The Primary Care Committee noted the contents of the report.**	
10	**Primary Care Finance Report** Jamie Denton (JD) presented the Finance Report and advised the reported financial position for the year end for this portfolio of services, is an overspend of £750,000. This represents a sizable swing from previously reported forecasts. This is compared to previously reports of £1.1 million underspend, the key drivers for the shift of £1.9 million is primarily prescribing. This has continued to escalate as a cost pressure, so we are now reporting a £1.1 million overspend. In totality, the primary care medicines management portfolio is presenting an overspend of £849,000. The primary care core and delegated net position is now an underspend of £97,000. JD advised of other smaller adjustments, one of which is minor surgery and claims that have come though, ICB pay protection that had been agreed for primary care. Another area to cover was additional roles (ARRs) and previously reported payment of £100,000 for the month of April; again, noting this as a cost pressure. To note, whilst the financial report to this Committee is reporting an overspend, the ICB had reported a balanced financial position across its financial position, and to note any risks and mitigations will continue to be reported to this Committee. DJ commented on conversations he had with JD around understanding how we can better plan for such a volatile budgetary swing. This will enable us to have a better understanding the potential impact for next year's budget. A question arose how do we compare regionally in terms of that drawn down for the PCNs in our area? Beverley Haworth (BH) advised we have to date done the best in the Southwest, which is really good news, and we are consistently receiving positive feedback from NHSE around the accuracy of our workforce plans. Our ARRS plans for 23/24 suggest a slight overspend, however, this builds in a contingency to maximise drawn down and will be monitored closely on a monthly basis. It is anticipated we are going to spend around £19 million next year, just on recruitment of staff, with the allocation increased to a maximum of just under £23million for the next financial year, so therefore a positive trajectory into the next financial year. **The Primary Care Committee are receiving the financial report.**	
11	**Key Messages for the ICB Board** The Committee agreed the key messages for the ICB Board, which included:- ➢ Learning disability improvement work ➢ Delegation working around priorities (POD) ➢ Challenges around Health Inequalities in terms of different population groups	

	Item	Action
	The Open session of the Primary Care Committee closed	
	Discussion on Conflicts of Interest KB would like it noted the concerns raised by GPCB, on decision-making in the closed session of the Committee; one of which was around the Charlotte Keel Practice and would like to reflect whether the Committee should continue to keep GPCB in the closed session. The GPCB would value a further conversation on this. The Committee agreed to consider. **Action: agreed for DJ, KB and SC to meet to further discuss and understand COI**	**DJ/KB/SC**
12	**Primary Care Contracts, Performance, Quality and Resilience Report (Closed items only)** **The Primary Care Committee noted the contents of the report.**	
14	**Primary Care Operational Group (PCOG) Minutes** The Committee noted the PCOG minutes.	
15	**AOB** AC announced the appointment of Sue Porto, as the new Chief Executive in Sirona, AC thanked those who were involved in the recruitment process, with a very positive outcome. AM thanked SC on behalf of the Committee for her input and hard work, support, and dedication she had input with the Committee and wished her the best for the future, as this was her last PCC. The meeting closed.	
	Date of Next Meeting Tuesday 27th June 2023 @ 9:00.	