

BNSSG ICB Primary Care Committee Meeting

Minutes of the meeting held on 27th June 2023 at 9.00am, held virtually via Microsoft Teams

Minutes

Present		
Alison Moon	Chair of Committee, Non-Executive Member – Primary Care	AM
Amanda Cheesley	Partner Non-Executive Member, Sirona care & health	AC
David Jarrett	Director of Primary and Integrated Care, BNSSG ICB	DJ
Joanne Medhurst	Chief Medical Officer, BNSSG ICB	JM
Sarah Purdy	Partner Non-Executive Member, North Bristol NHS Trust	SP
Apologies		
Debbie Campbell	Chief Pharmacist, BNSSG ICB	DC
Sam Creavin	Local Medical Committee Director and GP Representative	SC
Katie Handford	Models of Care Development Lead, BNSSG ICB	KH
Jon Lund	Deputy Chief Finance Officer, BNSSG ICB	JL
David Moss	Head of Locality Weston and Worle, BNSSG ICB	DM
Michael Richardson	Deputy Director of Nursing and Quality, BNSSG ICB	MR
Rosi Shepherd	Chief Nursing Officer, BNSSG ICB	RS
Sarah Truelove	Chief Financial Officer and Deputy Chief Executive, BNSSG ICB	ST
In attendance		
Georgie Bigg	Healthwatch Bristol, North Somerset and South Gloucestershire	GB
Katrina Boutin	GP Collaborative Board Representative	KB
Jenny Bowker	Deputy Director of Primary Care, BNSSG ICB	JB
Richard Brown	Chief Officer, Avon Local Pharmaceutical Committee	RB
Louisa Darlison	Senior Contract Manager Primary Care, BNSSG ICB	LD
Jamie Denton	Head of Finance, Primary Care, Community and Children, BNSSG ICB	JD
Jeff Farrar	Chair of BNSSG Integrated Care Board	JF
John Hopcroft	Vice Chair, Avon Local Optometry Committee	JH
Bev Haworth	Deputy Head of Primary Care Development, BNSSG ICB	BH
Nikki Holmes	Head of Primary Care, South West, NHS England and Improvement	NH
Matt Lenny	Director of Public Health, North Somerset Council	ML
Susie McMullen	Head of Primary Care Contracts, BNSSG ICB	SMc
Sandra Muffett	Head of Patient Safety and Quality, BNSSG ICB	SMu



Lisa Pottenger	Deputy Chief Pharmacist, BNSSG ICB	LP
Lucy Powell	Corporate Support Officer, BNSSG ICB (minute taker)	LPo
George Schofield	Avon Local Dental Committee Secretary	GS
Kat Showler	Senior Contract Manager Primary Care, BNSSG ICB	KS

	Item	Action
	Primary Care Committee – Part A	
1	<p>Welcome and Apologies</p> <p>Alison Moon (AM) welcomed everyone to the meeting and the above apologies were noted.</p> <p>AM explained that Philip Kirby had left as the Chief Executive of the Local Medical Committee (LMC). The Committee thanked Philip for his contribution to both the CCG and ICB Primary Care Committees. It was confirmed that Mike Jenkins and Sam Creavin, both LMC Directors and GP Representatives would be attending the Primary Care Committee as representatives of the LMC in the future. It was noted that both Mike and Sam attended the last Primary Care Operational Group (PCOG) and had contributed to the decisions made.</p> <p>AM reminded the Committee of the four aims of the ICB: to improve outcomes in population health and healthcare, tackle inequalities in outcomes, experience and access, enhance productivity and value for money and support broader social and economic development and asked members to consider these aims during the discussions.</p> <p>David Jarrett (DJ) noted that duplication and frequency of Committees had been reviewed and the PCC would be meeting bi-monthly from September.</p> <p>DJ asked Katrina Boutin (KB) to consider GP Collaborative Board (GPCB) representation at the Primary Care Committee (PCC) for July and September as KB was on leave.</p>	KB/DJ
2	<p>Declarations of Interest</p> <p>There were no new declarations and no existing declared interests that conflicted with agenda items.</p>	
3	<p>Minutes of the previous meeting held on 25th April 2023</p> <p>The minutes were reviewed and Louisa Darlison (LD) confirmed that on page 9 the provider of the SAS contract had been incorrectly named as Bridge Valley. LD confirmed that it was Bridge View. With this amendment the minutes were agreed as correct.</p>	
4	<p>Review of Action Log</p> <p>The Committee reviewed the action log:</p> <p>Action 52: Nikki Holmes (NH) confirmed that this remained open and agreed to follow up and provide an update at the next meeting.</p> <p>Action 53: NH confirmed that this remained open and agreed to follow up and provide an update at the next meeting.</p>	

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	<p>Action 54: Georgie Bigg (GB) confirmed that the Healthwatch reports for Graham Road and Horizon Health Centre had been sent to the ICB. DJ agreed to circulate these to the Committee members.</p> <p>Action 57: Sandra Muffet (SMu) agreed to take the action and share the learning disability and autism good news stories with Healthwatch.</p> <p>Action 58: Susie McMullen (SMc) confirmed that the Special Allocation Scheme (SAS) was not available for pharmacy, optometry, and dental services. The action was closed.</p> <p>Action 59: LD noted that SAS provision was not available for pharmacy services and Richard Brown (RB) confirmed this had been communicated. The action was closed.</p> <p>The Committee discussed actions 58 and 59. LD confirmed that the ICB lead for Community Contracts was leading a system view on violence across all partners and a national review of SAS was expected to be published which would contain guidance for the service. The Committee agreed this was an important action which needed a system view. It was asked that SMc and NH link with the system work to support Primary Care in those conversations.</p>	<p>DJ</p> <p>SMu</p> <p>SMc/ NH</p>
	<p>Items for Discussion/Recommendation to ICB Board</p>	
5	<p>PCOG Report</p> <p>The report summarised the core decisions made through PCOG. DJ confirmed that the June meeting had full attendance which included the LMC, Local Pharmaceutical Committee (LPC), Local Optometry Committee (LOC) and the Local Dental Committee (LDC).</p> <p>DJ reported that PCOG reviewed the two year contract award proposals for the Supervised Toothbrushing contract. NHS England prior to delegation had reviewed the service specification for this regional programme. DJ confirmed that prior to approval PCOG had asked for additional information including how the contract would be reviewed and monitored and the exit arrangements. PCOG also requested that the funding source was confirmed. DJ confirmed that once NHS England had responded to the queries, the answers would be shared with PCOG members and virtual approval of the contract award sought. DJ noted that the contract value was above his limit to approve and therefore Sarah Truelove, Chief Finance Officer would support sign off. The outcome of the contract approval would be reported to the July Primary Care Committee meeting through the PCOG report.</p> <p>AM asked whether the service would support children who didn't have access to dental care. DJ confirmed that the programme would be provided through nurseries and preschool.</p> <p>George Schofield (GS) asked whether the provider held any other NHS Contracts. It was agreed that NH would ask NHS England colleagues and the</p>	

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	<p>response would be fed back as part of the virtual contract award decision. DJ noted that the proposed bidder had been scored significantly higher than all the other bidders.</p> <p>AM asked for assurances that all members of PCOG were given the opportunity to raise concerns and queries at the meeting as it was important that these discussions were not duplicated at PCC. DJ confirmed this was the case but noted that there had been subsequent questions from GS which had been sent to NHS England for a response.</p> <p>Amanda Cheesley (AC) asked whether the KPIs would be reviewed by the Outcomes, Performance and Quality (OPQ) Committee or PCOG. DJ explained that the monitoring of the contract had not been clear within the arrangements and this has been one of the questions to NHS England. The response would provide clarity on how the ICB would monitor the contract. Jo Medhurst (JM) noted that the OPQ Committee had been set up to monitor the 36 measures identified in the annual operating plan and would not drill down into specific contract performance. DJ and JM agreed to discuss contract monitoring and provide an update at the next meeting.</p> <p>GB noted the good discussion at PCOG and asked whether the service met the needs of those most in need of the support. DJ agreed to ask NHS England this additional question.</p> <p>PCOG had discussed the stabilisation pilot which provided financial support to dental practices and agreed to extend the current pilot to March 2024. This would support the collation of more learning which would support tailoring the approach to local dental practices. DJ noted that there had been increased interest from the local dental practices.</p> <p>DJ confirmed that similar to the Supervised Toothbrushing contract, PCOG had deferred making a decision on Tier 2 Dental Commissioning until more information was received. PCOG had been asked to approve the overarching commissioning approach which would reduce the number of Individual Funding Requests for these services.</p> <p>PCOG had agreed the changes to the policy for unplanned pharmacy closures. DJ confirmed that the proposed changes included a sliding scale of withholding funding. DJ noted that the proposals were regional, and RB had supported the approach at PCOG.</p> <p>The supplementary services had been discussed and PCOG members had approved option 2 which provided an uplift of 1.8% using the recognised weighted list size formula. DJ confirmed that work was ongoing to develop a</p>	<p>NH</p> <p>DJ/JM</p> <p>DJ</p>

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	<p>funding approach which would better address health inequalities. DJ confirmed that PCOG had agreed to retire the South Gloucestershire basket of services. It was noted that the funding would be combined with the current funding for supplementary services across BNSSG.</p> <p>PCOG recommended the renewal of the ScriptSwitch contract from September 2023 and agreed to extend the Covid Medicines Delivery Unit Service until March 2024. It was confirmed that after March, this service would become business as usual.</p> <p>GS highlighted concerns with the Tier 2 dental commissioning proposals noting that this was an area where it was difficult to recruit and find providers. GS also noted concerns with the dental stabilisation programme and the costs of providing these services as well as standard dental services. DJ confirmed that the points raised at PCOG had been fed back to NHS England and asked GS to send any additional queries to DJ or NH so that these can be included in the assurance discussions with NHS England. DJ noted that for the stabilisation programme the ICB wanted to learn from this pilot and maximise access without a detrimental effect on the pathways. DJ confirmed that the pilot would be reviewed in March and compensation would be included in the review.</p> <p>AM reminded Committee members that fundamental issues needed to be raised in the first instance at PCOG rather than PCC.</p> <p>JM noted the supplementary services decision and asked for more information relating to fair shares allocation and distance to target allocation. AM asked as part of this question why option 3 hadn't be chosen and both JM and AM noted the importance that health inequalities were addressed as part of all programmes of work. Jamie Denton (JD) clarified that distance from target was a problem for the ICB and noted that funding was based on fair shares allocation but this resulted in a cost pressure for the ICB. JM asked whether it was possible to balance the allocation at practice level and noted that this had been included in recent guidance. It was agreed to review this further outside the meeting and provide an update. SMC confirmed that option 2 had been considered as an interim option whilst the supplementary services review was taking place. AM asked when the review would be finished. DJ noted that option 2 would be in place until April 1st 2024 and plans for after this date would be presented to PCOG in the Autumn and the focus would be improving health inequalities.</p> <p>The Primary Care Committee received the update on the decisions made by PCOG</p>	<p>JM/JD</p>
6	<p>General Practice Recovery Plan Approach</p>	

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	<p>Bev Haworth (BH) explained that the updated GP contract had been received which included a capacity and access specification. The ICB had worked with One Care, the GPCB and community pharmacy colleagues to develop a template to capture the baseline access position which included patient experience, ease of access and demand management. BH confirmed that the ICB had provided GP Practices with reminders of the current support available and developed data packs for Primary Care Networks (PCNs) to support plan development.</p> <p>BH noted that the recovery plan had been shared following the local elections and highlighted the importance that the local plans were developed collaboratively. The themes in the recovery plan included empowering patients to self-refer to pharmacy first and the utilisation of technology models. BH noted that the recovery plan included building capacity through the Additional Roles Reimbursement Scheme (ARRS) and the System Development Funding (SDF). The recovery plan also included staff retention and streamlining the investment and impact fund with the indicators being reduced to 5 key ones. BH noted that the funding responded to the plans, with 70% of funding paid monthly and the additional 30% on the delivery of the capacity and access improvement plans by March 2024. BH noted that alongside the recovery plan, the Academy of Medical Royal Colleges report included a plan to improve the interface between primary and secondary care.</p> <p>The paper provided an overview of the current baseline against the themed areas. The templates have been received from the PCNs and the ICB has established a local recovery working group with the initial meeting developing the local communications which included response statements for patients and signposting to the national toolkit. One Care and Healthwatch have reviewed the messaging for practices. BH confirmed that a detailed project plan had been developed and a process had been agreed for review of the plans, the high level principles and what was expected from practices within these. The working group provided the opportunity for PCNs to feedback on the plans and processes.</p> <p>BH confirmed that the system plan would be presented to the ICB Board in October and explained that there were some key actions in place including the sharing of good practice. Initial scoping had been undertaken for the primary and secondary care interface work which included referral pathways and self-referral options.</p> <p>AM thanked BH for the update and noted that the interface work was important but needed a culture shift and asked how much time Secondary Care would be able to dedicate to that aspect of the GP Recovery Plan. AM also noted that patients could access records in 21 GP practices and noted that the other 56</p>	

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	<p>GP practices needed to have this in place by 31st October 2023. BH confirmed that communications had been sent to the remaining practices and discussions had taken place to provide assurance and to understand what could be completed by that date. BH noted that there were concerns about risk and information had been shared from practices which were managing this well. KB noted that her practice had provided access to patients and the concerns the practice had, had not materialised.</p> <p>KB highlighted that the primary and secondary care interface work was significant as each secondary care input into the practice required action. KB believed that an interface service would free up frontline GP time which would support access to clinical care as the work related to secondary care was often a blocker within the GP primary care system.</p> <p>AM asked whether there had been any consideration on what the big impactful pieces of work were. BH explained that updates would be provided in July and September on the individual plans and how these would aggregate into the system plan. The team would also provide assurance on the plans with an assessment in March 2024. This assessment would be undertaken in a supportive way. BH noted that NHS England would provide some KPIs which would be cross checked against the ICB plans.</p> <p>The Committee received the update and discussed the General Practice Recovery Plan approach</p>	
	<p>Items for Assurance</p>	
7	<p>Delegation of POD Services The Primary Care Committee discussed delegation as part of item 8 below</p>	
8	<p>Monthly Primary Care Activity Report</p> <p>NH confirmed there had been no dental contract changes but there were two exits at the end of June. NH noted that the report also included information on the access arrangements for Children Looked After and care leavers in pain and access to urgent care pharmacy.</p> <p>Work continued to support neighbouring pharmacies of the Lloyds Sainsbury's closures. The impact of the closures were being reviewed and the NHS England Team had met with the Health and Wellbeing Boards across the South West to investigate whether any changes to the pharmaceutical needs assessment were planned. Regulatory changes were also expected and a review would be undertaken once all the information had been received.</p> <p>NH confirmed that the regional teams were working with regional pharmacy leads and system clinical leads to coordinate the GP Recovery Plan work with pharmacies.</p>	

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	<p>It was reported that the national Quality In Optometry (QIO) for 2025 has started for optometry and a paper would be presented to the South West PCOG in July.</p> <p>NH confirmed that there had been media interest around dental services and the regional team had received queries about the pharmacy integration agenda and independent prescribing pathways.</p> <p>AM noted the Children Looked After and care leavers pathway and asked whether there was a pathway for those children and young people not in pain. NH confirmed this was the case. Jenny Bowker (JB) noted that she had spoken to the ICB looked after and safeguarding nurse lead about pathways and it had been identified that there was more to do to support this group, and this support would be developed and included in the dental strategy.</p> <p>DJ noted the closure of the Bupa dental service in St Pauls on the 30th June 2023. DJ and JB were working with the NHS England to secure local provision for patients registered with the practice. DJ noted the significant local and political concern and DJ confirmed that the ICB would meet with the concerned members of the public next week.</p> <p>GS asked whether there had been any interest to take over the St Pauls practice. DJ confirmed that interest had been received from a couple of local dentists and NHS England had been in direct discussion with the local practices. Expressions of interest had also been requested from a wider area. GS asked for the UDA value of the practice. This was not known. GS noted that the UDA value would be a factor in whether the practice was attractive to service providers. GS asked whether any of the associates had been interested. JB noted that this was part of the ongoing work which included potential caretaking arrangements and mobile support arrangements. JB confirmed that the ICB and NHS England were considering all options and there was no intention to stop this work. JB confirmed that the focus of the work was on immediate support to the local population.</p> <p>The Primary Care Committee noted the contents of the report and the work ongoing to support delegated services</p>	
9	<p>Primary Care Finance Report</p> <p>Prior to the meeting, the Committee had received an in-depth review into primary care finance as part of a seminar session.</p> <p>JD reported that no variances were being reported at this point in the year. AM asked whether the ICB had the funding to pay every practice if they all signed up to the Local Enhanced Services (LEs). LD confirmed all LEs were</p>	

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	<p>available to all practices and the best-case scenario of 100% uptake was modelled through into the finances.</p> <p>AM asked how many of the Quality Outcomes Framework (QOF) payments were around outcomes for patients rather than processes and what the future looked like for these payments. JB confirmed that there were a number of indicators in QOF that related to numbers, such as number of people on disease registers but the national team had advised that consultation options to inform the GP contract negotiations for next year would be put forward which would include options in relation to the future of QOF.</p> <p>The Primary Care Committee:</p> <ul style="list-style-type: none"> • Noted the summary financial plan • Noted the key risks and mitigations to delivering the financial plan • Noted that at Month 2 (May), combined Primary Care budgets reporting a breakeven position, as per the financial plan 	
10	<p>Key Messages for the ICB Board</p> <p>The Committee agreed the key messages for the ICB Board:</p> <ul style="list-style-type: none"> • The General Practice Recovery Plan approach • The in-depth review of primary care finances at the seminar session <p>JM noted the importance of the conversation around proportional resource allocation which linked to ICB strategic priority. JM noted that although there were no changes planned for this year, this needed to be considered as part of the planning cycle for next year.</p>	
	Primary Care Committee - Part B minutes to be taken in closed ICB Board	
11	<p>Primary Care Contracts, Performance, Quality and Resilience Report (Closed items only)</p> <p>The Primary Care Committee noted the contents of the report and the verbal update</p>	
12	<p>PCOG Report B</p> <p>No update this month</p>	
	For Information	
13	<p>Primary Care Operational Group (PCOG) Minutes</p> <p>The Primary Care Committee noted the minutes</p>	
14	<p>Any Other Business</p> <p>AM noted that Sukeina Kassam had left the ICB and thanked her for all her hard work.</p>	

	Item	Action
	GS noted that he had received a communication which had said that the child friendly dental practice in BNSSG was not taking referrals. JB agreed to follow this up.	JB
	Date of Next Meeting 25 th July 2023, at 9.00am, to held via Microsoft Teams	

Lucy Powell, Corporate Support Officer, July 23