

# BaNES Primary Care Commissioning Committee

## Held in Public

Thursday 11 October 2018

2.00pm – 4.00pm

Boardroom, St Martin's Hospital, Bath, BA2 5RP

### Minutes

#### Members of the Committee

Katie Hall (KH) Chair	Lay Member, Quality, BaNES CCG
Corinne Edwards (CE)	Interim Chief Operating Officer, BaNES CCG
Dr Ruth Grabham (RG)	Medical Director, BaNES CCG
John Moon (JM)	Practice Manager – Board Member, BaNES CCG
John Ridler (JR)	Deputy Chief Financial Officer

#### In Attendance

Dr Ian Orpen (IO)	Clinical Chair, BaNES CCG and GP for Heart of Bath Medical Partnership
Cllr Vic Pritchard (VP)	Cabinet Member for Adult Social Care & Health, BaNES Council
Gigi El-Shourbagy (GE-S)	Finance Manager, BaNES CCG
James Childs-Evans (JCE)	Senior Commissioning Manager for Primary Care, BaNES CCG
Tamsin May (TM)	Head of Communications, BaNES CCG
Carole Cusack (CC)	Director of Primary Care, Wessex LMC
Tracey Jemson (TJ)	Primary Care Project Support Officer (Note Taker), BaNES CCG

#### Apologies

Suzannah Power (SP)	Lay Member, PPI, BaNES CCG
Rebecca Reynolds (RR)	Public Health Consultant, BaNES Council
Alex Francis (AF)	Team Manager, Healthwatch
John Holden (JH)	Lay Member, Audit, BaNES CCG
Dr Gareth Bryant (GB)	Deputy Chief Executive, Wessex LMC
Sarah James (SJ)	Chief Financial Officer, BaNES CCG

No.	Agenda Item	Action
<b>1.</b>	<b>Opening Business</b>	
1.1	<p><b>Chair Welcome and Apologies</b></p> <p>KH explained Suzannah Power Chair of the Committee was unable to attend the meeting today and sends her apologies. KH would Chair today's Committee on behalf of SP.</p> <p>The Chair welcomed everyone to the Primary Care Commissioning Committee. Apologies were received as outlined above. The meeting was declared quorate.</p> <p>The Chair thanked Carole Cusack for attending on behalf of the LMC and representing Dr Gareth Bryant and also to Gigi El-Shourbagy for presenting the Finance Report.</p> <p>The Meeting Etiquette Policy was circulated prior to the meeting to all members and the Chair reminded all present to read through the policy as a reminder of the guidance; the Committee would be adopting the policy for now on.</p>	

1.2	<p><b>Declarations of Interest</b></p> <p>The Chair requested an update to any Conflicts of Interest from the membership. IO noted his interest as a GP at the Heart of Bath Medical Partnership.</p> <p>No other conflicts of interest were declared.</p>	
1.3	<p><b>Minutes of 12 July 2018</b></p> <p>The minutes of 12 July 2018 were <b>approved</b> as an accurate record of the meeting.</p>	
1.4	<p><b>Action List/Decision Log &amp; Summary of Business (Primary Care Operational Group Meeting)</b></p> <p>The action list and decision log was <b>noted</b> with the following comments: -</p> <p><b>12/7/2018 Item 2.2</b>  <b>Finance Report – Changes of Delegated Financial Limits</b>          JH commented the committee need to be clear on who decides what and where. CE confirmed PCOG recommend for approval to Committee, PCCC is a Sub-Committee of the CCG Board and reports direct via a Chair’s report every quarter. JH suggested a process chart to see the decision making process would be a useful reference. Finance to produce a process chart for reference and ease of understanding. Currently going through the approval process with the Executive. A flow chart will be available and circulated before the January meeting. <b>Remain Open</b></p> <p><b>12/7/2018 Item 3.7</b>  <b>LMC Update</b>          GB had been asked by the Chair to research and report to the Committee the question of whether increasing Primary Care Access reduces secondary care demand thereby improving four-hour performance (esp. A&amp;E attendances). GB presented his findings to the group and agreed to circulate his notes following the meeting. Notes circulated to the Committee on 16 July 2018. <b>Closed.</b></p> <p>No comments raised on the summary of business for the Primary Care Operational Group since the last Committee meeting. The report was <b>noted</b>.</p>	
2.	<p><b>Finance &amp; Performance</b></p>	
2.1	<p><b>Finance Report</b></p> <p>GE-S presented the Finance Report with the following highlighted:-</p> <p>The CCG’s primary care budgets within PCCC’s remit were underspent year to date by £430k as at 31 August and the forecast to underspend by £100k</p> <p>The main underspend at month 5 were for the following areas:</p> <ol style="list-style-type: none"> <li>1. Delegated Commissioning budget was underspent by £186k, mainly due to the underspend in dispensing and locum cover budgets.</li> <li>2. Locally Commissioned Services budget was underspent by £135k mainly due to the winter pressure budget for schemes starting in the next quarter.</li> <li>3. £3 per head transformation fund was underspent by £120k due to schemes scheduled to start later in the year.</li> </ol> <p>There is £28k uncommitted reserve that is likely to be used for the refurbishment of No 45 Upper Oldfield Surgery. We haven’t received all the claims yet but an accruals has been posted for the year to date expected costs.</p> <p>The key risks for the financial position for primary care at present are:</p> <ol style="list-style-type: none"> <li>1. The funding of the agreed additional 1% uplift to the GP contract for £190k. The CCG is not expecting to be met with this cost pressure as it regards the additional increase as part of the AFC and expect to be funded by NHS</li> </ol>	

	<p>England.</p> <ol style="list-style-type: none"> <li>2. The agreed new sickness locum cover policy to pay for 4 weeks of locum cover for phased return of GP from sick leave.</li> <li>3. £30k VAT liability for the merger of St James Surgery and Oldfield Surgery.</li> <li>4. £23k Resilience fund requested by No 18 due to early termination of lease of several equipment.</li> </ol> <p>CE explained a letter had been issued by the BMA suggesting a further 1% uplift for GPs following the agreed 2% from April 2018. CE confirmed this 1% has not been factored into the primary care budget.</p> <p>JR explained the 2% uplift has been accounted for albeit with the £190K as a mitigated risk but a further 1% in addition to this would be a risk to the CCG.</p> <p>JCE asked CC of the LMC if there have been any other views regarding the BMA's request for a further 1%. CC believed this request was to bring England in line with better deals than have been agreed in Scotland and Wales. CC was doubtful if an additional 1% would occur.</p> <p>IO joined the meeting.</p> <p>JM noted the £23K resilience fund for No.18 appeared to be a large figure and asked if a breakdown of expenditure had been provided; Gigi explained there had been and this included early termination of office equipment, phone contracts and staff costs. KH enquired if these costs could be met from any proceeds following the sale of the property. JCE reiterated the £23K was a request and the CCG have asked them to look at the final outcome of the sale and if a surplus is available for this to cover the costs. JCE noted the CCG have provided support already to No.18 and need to also review other practices requests with regards to resilience.</p> <p>GE-S asked the Committee if Table 2 on page 3 adds value and is required going forwards. CE noted it was useful for the Committee to see the totality of primary care spend. CE added the Table could go as an appendix to the report.</p> <p>CC asked if the CCG has made provision for Flu Outbreaks in Care Homes this winter. CC explained CCGs need to make provision in their budgets to fund. JCE confirmed this was being actioned internally within the CCG through Elizabeth Beech, Prescribing Advisor. JCE to obtain an update following the meeting.</p> <p>Committee <b>noted</b> the report.</p>	JCE
2.2	<p><b>Primary Care Risk Register</b></p> <p>JCE presented the Primary Care Risk Register. No.18 risk would now be removed from the register following the successful merger of the practice with the Heart of Bath Medical Partnership. JCE confirmed there were no changes to the other two risks.</p> <p>CE asked the Committee to feedback if there were aware of any other risks that needed to be included on the register. CC commented that other CCGs are showing PCSE as a risk on their register; particularly with regards to record management and cash flow.</p> <p>JR asked what actions other CCGs were taking with regards to the PCSE risk. CC commented that the CCGs were monitoring performance so tolerating. CC also asked the CCG to note there have been issues with PCSE and incorrect list sizes which affects QoF. JCE to consider adding as a low risk on the risk register.</p> <p>Committee <b>noted</b> the register.</p>	JCE
3. 3.1	<p><b>Operational</b></p> <p><b>Operational Report</b></p> <p>JCE presented the Operational Report to the Committee.</p>	

	<p>The following items were raised:-</p> <ul style="list-style-type: none"> <li>• <b>No.18 merger</b> with Heart of Bath Medical Partnership has now been successfully completed. There were several clinical waste issues which are now being resolved. IO commented the staff of No.18 are being made to feel welcome to the new medical partnership and although it was still early days of the merger and there have been only a few minor issues but crucially patients' medical records and IT have all merged successfully.</li> <li>• <b>Networking</b> – JCE commented the CCG are seeing more collaboration taking place and further discussions on possible mergers which is encouraging from a resilience perspective. The existing networks of 3 Valleys Health Care and Minerva are also continuing to develop.</li> <li>• <b>ETTF</b> – The next deadline is 31 October for submission of the business case. JR and JCE are working with GVA to submit Hope House and Heart of Bath Medical Partnership cases.</li> <li>• <b>Improving Access</b> – Now live as of 1 October 2018. The CCG have delivered a soft approach with the patient and public engagement campaign followed by a review in January as to whether more comms are needed. Data from the first week of the service is indicating the Bath locations having higher number of GP appointments. There are currently no issues will filling the staff rotas and the system currently in place is working well. There has been a low take up at Elm Hayes Surgery and Sunday access is not proving to be popular at the moment. Feedback from staff working are saying the service is currently complementary to the Urgent Care Centre and not working against it.</li> </ul> <p>VP enquired on progress to date with the Whitchurch development. JCE confirmed a productive meeting had taken place with Paul Scott and Stephen George of B&amp;NES Council together with colleagues from Bristol, North Somerset and South Gloucestershire CCG. The meeting discussed the new vacant premises that would have the capacity to accommodate the potential growth and they reviewed the status and suitability for all sides. The next stage of discussions will be with GP Practices from both CCGs in November.</p> <p>VP commented on the Norton Radstock and Chew/Harptree practices working closely together as Three Valleys Healthcare and questioned the benefits of working across such a large area. JCE reported the practices have shown a shared commitment to work together with the same interests. CC noted the practices have chosen to work together to help with any resilience issues. JM also added Chew and Harptree patients didn't really link well with the Keynsham geography and working more closely with Norton Radstock area works well.</p> <p>Committee <b>noted</b> the report.</p>	
<p><b>3.2</b></p>	<p><b>Delegated Commissioning Position Statement</b></p> <p>JCE presented the Position Statement to the Committee. Following completion of Delegated Commissioning on the 1 October 2018 the areas of risk remain the same at the end of the transition period and will need to be managed going forwards. A letter is due to NHS England jointly from the 3 CCGs on the position as of 1 October 2018.</p> <p>IO commented that Delegating Commissioning was working well with positive feedback from practices.</p> <p>Committee <b>noted</b> the report.</p>	
<p><b>3.3</b></p>	<p><b>LMC Update</b></p> <p>CC gave an LMC update noting the following:-</p> <ul style="list-style-type: none"> <li>• Nigel Watson of the LMC has recently undertaken a review of the Partnership Model and the main messages from the review are that trainee</li> </ul>	

	<p>GPs do not want to be Partners which is concerning. Nigel Watson is producing a Solutions paper from the recent review which will be available January/February 2019; the paper will be used for discussions with the Treasury in the New Year.</p> <ul style="list-style-type: none"> <li>• A National Premises Review is taking place although CC has only been invited to attend one meeting of the panel to date. The timescale for completion of the review is December/January 2018/19.</li> <li>• Negotiations with the Department of Health are taking place regarding the next GP deal. This aim is to agree a 3 year deal going forwards which will also take into account QoF.</li> </ul> <p>VP asked if there was any indication as to why GPs did not want to take partnership roles. CC explained one of the reasons may be practices are getting smaller and the future is for more practice mergers and working at scale, hopefully the Solutions paper from the Partnership Review will help in addressing this issue.</p>	
<p><b>3.4</b></p>	<p><b>Primary Care STP Update</b></p> <p>CE gave an update on Primary Care within the BaNES, Swindon and Wiltshire (BSW) Sustainability and Transformation Partnership (STP). CE informed the group of a recent meeting with NHS England's National Director of Primary Care, Dominic Hardy and the BSW STP around the development of primary care networks. RG reported the CCG are in a good position regarding the development of networks and had received positive feedback from Dominic Hardy.</p> <p>CE reported the STP are currently in discussions about working at scale on several areas of Primary Care, in particular delegated commissioning responsibilities, contracting and workforce; adding there is a possible workshop on workforce planned for late Autumn.</p>	
<p><b>3.5</b></p>	<p><b>Primary Care Communications Update</b></p> <p>TM presented the Communication update paper highlighting the following:-</p> <ul style="list-style-type: none"> <li>• <b>The Winter Campaign</b> has now launched. A press release has been issued on behalf of the BSW STP to confirm there is adequate flu vaccinations for the over 65's as there was some concern this was not the case.</li> <li>• <b>No.18 Surgery</b> closure and merger with Heart of Bath Medical Partnership – a second letter will be going out to all previous No.18 patients explaining the closure of No.18 Surgery and the transfer over to Heart of Bath Medical Partnership.</li> <li>• <b>Improving access</b> – Service went live on 1 October with a soft launch campaign. The priority for communications was to ensure all practice staff are briefed about the scheme and information is available for patients on practice websites. A programme of more proactive communications will begin once a period of time has been allowed to resolve any early implementation issues. The NHS England national advertising campaign is not expected to start until November or December 2018. JM was asked to obtain any feedback at the next Practice Managers Meeting on how the service was working.</li> <li>• <b>Primary Care Strategy</b> was now complete and available to view on the CCG's website. The strategy has also been designed as a summary on a page document which is available to download from the CCG. Copies of the summary on a page were available at the Committee meeting for members.</li> </ul> <p>KH asked for an update on the changes to the prescription of over-the-counter medicines. TM confirmed this was now live and operating across all practices.</p> <p>The CCG have a campaign underway that includes issuing a press release, content</p>	<p>JM</p>

	<p>on the CCG's website and distributing the NHS England patient leaflets to pharmacies and practices. The CCG are also working with Healthwatch to make sure this prescribing change does not impact adversely on more vulnerable groups and those on a low income.</p> <p>IO reiterated that the majority of GPs encourage self-care and to use pharmacies for over the counter medications as this is most cost effective for the patient.</p> <p>Committee <b>noted</b> the report.</p>	
<b>4.</b>	<b>Quality &amp; Governance</b>	
<b>4.2</b>	<p><b>Getting It Right First Time Primary Care Pilot</b></p> <p>RG updated the Committee on a recent workshop attend for the pilot of Getting It Right First Time (GIRFT) in Primary Care. The pilot is being led by Professor Tim Briggs who has recently worked on the standardised delivery of hip replacements to improve quality of care and reduce costs. Professor Briggs is now looking at Primary Care with the intention of running a pilot at the end of the year followed by a roll out next year.</p>	
<b>4.1</b>	<p><b>Quality Report</b></p> <p>No questions arose regarding the Quality Report. The Committee <b>noted</b> the report.</p> <p>JCE updated to the group QoF data would be available and presented to the meeting on the 24 January 2019.</p>	
<b>5.</b>	<b>Any Other Business</b>	
<b>5.1</b>	<p><b>GPFV Update</b></p> <p>Item for Information. No questions raised. PCCC <b>noted</b> the report.</p>	

**The next public meeting of the  
 Primary Care Commissioning Committee is on  
 Thursday 17 January 2019 at 2pm  
 Cadbury Room, Somerdale Pavilion, Tiberius Road, Keynsham, BS31 2FF**