

## BaNES Primary Care Commissioning Committee

### Held in Public

Thursday 17 January 2019

2.30pm – 4.00pm

Cadbury Room, Somerdale Pavilion, Tiberius Road, Keynsham, BS31 2FF

#### Minutes

##### Members of the Committee

Suzannah Power (SP) Chair	Lay Member, PPI, BaNES CCG
Katie Hall (KH)	Lay Member, Quality, BaNES CCG
Corinne Edwards (CE)	Interim Chief Operating Officer, BaNES CCG
Dr Ruth Grabham (RG)	Medical Director, BaNES CCG
Lisa Harvey (LH)	Director Nursing & Quality, BaNES CCG
John Moon (JM)	Practice Manager – Board Member, BaNES CCG
John Ridler (JR)	Deputy Chief Financial Officer, BaNES CCG
John Holden (JH)	Lay Member, Audit, BaNES CCG

##### In Attendance

Dr Gareth Bryant (GB)	Deputy Chief Executive, Wessex LMC
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
Tereza Cleverley (TC)	Commissioning Support Manager, BaNES CCG
Tracey Jemson (TJ)	Primary Care Support Officer (Note Taker), BaNES CCG

##### Apologies

Tamsin May (TM)	Head of Communications, BaNES CCG
Rebecca Reynolds (RR)	Public Health Consultant, BaNES Council
Alex Francis (AF)	Team Manager, Healthwatch
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>The Chair welcomed everyone to the Primary Care Commissioning Committee. Apologies were received as outlined above. The meeting was declared quorate.</p> <p>No further items were raised for discussion under any other business.</p> <p>SP thanked KH for stepping in at the last minute to chair the last committee meeting in October 2018 due to illness.</p>	
1.2	<p><b>Declarations of Interest</b></p> <p>The Chair requested an update to any Conflicts of Interest from the membership.</p> <p>There were no other declarations of interests received on any issues arising at the meeting which might conflict with the business of BaNES CCG in addition to those already declared on the Interest of Declaration meetings register.</p>	

1.3	<p><b>Minutes of 11 October 2018</b></p> <p>The minutes of 11 October 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. Agreed by all a separate flow chart was no longer required as sufficiently covered in the CCG’s Delegated Financial Limits which was signed off by the CCG Board in September 2018. <b>Closed.</b></p> <p><b>11/10/2018 Item 3.5</b>  <b>Primary Care Communications Update - Improving Access</b>          JM was asked to obtain any feedback at the next Practice Managers Meeting on how the service is working. Not fully actioned - there is a problem with EMIS web practices not being able to access appointments for technical reasons. However that only applies to 5 practices and of those 2 are already scheduled to move to TPP in the spring and 2 of the remaining 3 are resigned to having to change to TPP soon which only leaves 1 practice and they are the most geographically isolated and therefore less likely to use the service.</p> <p>JM has recently talked to Roger Stead who is the BEMS project Manager and he now has all TPP practices linked up to share patient records and has engaged with them all to various degrees – those practices hosting the service will have the highest uptake but overall a positive response. EMIS problem now resolved. Amendment to action noted from IO - only 2 practices have agreed to change system to date. <b>Closed.</b></p> <p><b>11/10/2018 Item 2.1</b>  <b>Finance Report</b>          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. Discussions have now been held with LMC. Care Homes LCS is under review and the specification service going forwards will change to cover the issue. Practices are aware of their responsibilities and are being funded by the LCS and additional GP hours; if any practice has any concerns with delivery then the CCG will deal with on a case by case basis. <b>Closed.</b></p> <p><b>11/10/2018 Item 3.5</b>  <b>Primary Care Risk Register</b>          CC commented that other CCGs are showing PCSE as a risk on their register; particularly with regards to record management and cash flow. JCE to consider adding as a low risk on the risk register. Risk now added to the Register. <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.	<b>Finance &amp; Performance</b>	
2.1	<p><b>Finance Report</b></p> <p>GES presented the Finance Report with the following highlighted:-</p> <p>The primary care budgets within the committee's remit were underspent year to date at month 9 by £633k and the forecast is to overspend by £72k</p> <p>This is due to:</p> <ul style="list-style-type: none"> <li>• YTD underspend of £133k on the delegated commissioning budget due to the YTD underspend on various budgets as detailed in the report and that some budgets are phased to match the period for the expenditure such as QOF, it is forecasted to overspend by £164k due to the cost pressure of the payment of further 1% uplift to the contract value backdated to April 2018 which is now mitigated from reserves.</li> <li>• Dispensing Quality Scheme budget £60,670 was transferred back to NHS England in December 2018; the service will be managed by NHS England from now on.</li> <li>• £3 per head transformation fund budget was underspent by £120k due to schemes starting from January 2019.</li> <li>• GPFV was underspent YTD by £215k due to the funding received from NHS England for £28k GP Resilience fund, £25k Local GP Retention fund, and £208k for Primary Care Networks (PCN) Development where plans are due to start in quarter 4.</li> <li>• LCS budget was underspent by £171k due to the underspent of £45k for INR and £147k for Winter Pressure scheme that started in October, the forecast is to underspend by £100k</li> <li>• The CCG received in November 2018 a claim for maternity locum cover dated December 2017 which highlights the risk of receiving similar claims that the CCG were not aware of and could not accrue for.</li> </ul> <p>JH noted the report showed a tendency to backload the budgets e.g. transformation funding and asked why spending is not happening consistently throughout the year instead of all at the end of the financial year. GES explained that some plans for the funding do not come into fruition until later in the year e.g. POD schemes under the £3 per head monies.</p> <p>JCE further added the CCG were receiving additional non-current funding later in the year with small timeframes to spend. CE commented this was being fed back to NHS England if the funding is to support effective commissioning it needs to be planned over a longer period.</p> <p>Committee <b>noted</b> the report.</p>	
2.2	<p><b>Primary Care Risk Register</b></p> <p>JCE briefed the committee on the changes to the primary care risk register since the October 2018 meeting. Prior to the changes a review of other primary care risk registers had been done nationally.</p> <p>There were now 5 risks on the register. 4 new risks were added in December which include:-</p> <ol style="list-style-type: none"> <li>1. Delegated Commissioning PCSE contract</li> </ol>	



	<p><b>STP and Cross CCG Working in Primary Care</b> – The 3 CCGs are currently looking at future ways of working together. The next meeting of the CCG Primary Care Leads will be in the next few weeks to move plans forward. 3 areas have been identified to focus on 1) Strategy &amp; Meetings 2) GPFV and 3) Delegated Commissioning &amp; Locally Commissioned Services. Task and finish groups are being established with each CCG Lead taking responsibility of an area working with a team of representatives from the other two CCGs.</p> <p><b>2018/19 NHS England Mid Term Review Letter</b> – Improving Access and ETTF have been graded amber until the projects have been formally approved. Workforce is likely to remain amber given many of the key actions are longer term and taken across a national and larger footprint.</p> <p><b>Estates and Technology Transformation Fund (ETTF)</b> – Hope House Community Centre’s Business Case is being considered in January. The CCG are now completing an options appraisal; NHS England will not further consider the case until this is submitted. The CCG are to draft a response to NHS England outlining the last 5 years with a summary list of all the options. JCE also added there has still been no clarity on Direction 6 of the Premises Costs Directions.</p> <p>CE recommended a letter of concern to NHS England from Tracey Cox, Senior Responsible Officer for Bath, Swindon and Wiltshire Sustainability &amp; Transformation Partnership (STP). RG added the letter must also stress the consequences of the project not happening.</p> <p>GB noted that the Hope House project was part of the Estates Strategy for the STP and it should be part of their remit to assist in bringing this to completion.</p> <p>RG asked if Ian Briggs, Director of Primary Care Workforce &amp; Infrastructure, NHS England could also be contacted to move the project forward. CE to arrange for a draft a letter from the STP.</p> <p>Committee <b>noted</b> the report.</p>	CE
3.2	<p><b>Improving Access Update</b></p> <p>JCE presented the Improving Access (IA) update. A summary included:-</p> <ul style="list-style-type: none"> <li>• EMIS Practice problem is now resolved</li> <li>• Bookings are reaching the target of 75%</li> <li>• Practices are referring people into the service</li> <li>• Changeover of the sites at new year went well between Oldfield and Widcombe</li> <li>• After the first 6 months of running the service an update will go to either GP Cluster or Primary Care Forum.</li> </ul> <p>IO asked for the data on ‘presenting problems’ be quantified from BEMS. JCE would feed this back to BEMS and commented that reporting will improve with time.</p> <p>IO asked if there was any measure around the impact IA is having on reducing attendance at A&amp;E. Some of this data can be gathered from the GP Patient Survey but JCE will forward this to BEMS for the question to be considered.</p> <p>SP also added it would be interesting to see the numbers of those who say no to the service and more importantly why they don’t want to be referred.</p> <p>SP asked what date the procurement process will start for the service. IO noted the Partnership Review does imply there will be no pressure to procure for IA. CE further added it does state that local areas should be able to decide what they wish to do locally.</p> <p>JH stated when visiting his local practices Patient Participation Group the concern is not about improving access or extended hours it is simply about getting an appointment at all.</p>	JCE

	<p>SP asked who is responsible for ensuring the 30% gap in appointments is filled, or whether in fact IA is providing more capacity than the market demands.</p> <p>RG commented one practice is running a competition with their reception staff to see who gets the most IA appointments booked.</p> <p>Committee <b>noted</b> the report.</p>	
<b>3.3</b>	<p><b>LMC Update</b></p> <p>GB gave an LMC update noting the following:-</p> <ul style="list-style-type: none"> <li>Partnership Review now published and well received. There are 7 recommendations from the outcome of the review and it is now up to 'powers that be' to implement.</li> <li>There is a GPC meeting being held today to discuss the contract changes so an agreement may be available soon.</li> </ul> <p>A number of committee members asked for a copy of the Partnership Review. TJ to circulate to all committee members.</p>	<b>TJ</b>
<b>3.4</b>	<p><b>NHS Long Term Plan</b></p> <p>JCE presented to the group the NHS Longer Term Plan recently published. JCE noted an emphasis on primary care networks throughout the plan; including closer collaboration with community services. Also reference to local commissioned services being rolled up together within networks.</p> <p>SP asked if the CCG needed to bring forward some of its work now the plan is out. JCE commented the CCG have been working on these areas for several years now as part of the primary care contract. SP asked if we needed to communicate at Primary Care Forum the requirements for primary care set out in the Long Term Plan. RG noted Professor Nick Harding, Senior Medical Advisor to NHS England was attending GP Cluster meeting on the 21 February to talk to GPs.</p> <p>JCE explained in brief the recently released operational planning guidance. The guidance impacts on primary care as follows:-</p> <ul style="list-style-type: none"> <li>CCG required to undertake a series of internal audits to provide assurance that this statutory function is being discharged effectively</li> <li>Bath, Swindon and Wiltshire STP will be required to have a Primary Care Strategy in place by April 2019; the CCG already has a strategy and will be working with the STP to develop a joint strategy. JCE will give an update on the STP Primary Care Strategy at the April committee meeting.</li> <li>A local workforce plan needs to be delivered.</li> </ul> <p>Committee <b>noted</b> the plan.</p>	
<b>3.5</b>	<p><b>Preparing for 2019/20 Operational Planning &amp; Contracting</b></p> <ul style="list-style-type: none"> <li><b>18/19 Primary Care Networks Non-recurrent Funding</b></li> </ul> <p>This item was cover jointly with the NHS Long Term Plan discussion above.</p> <p>Committee <b>noted</b> the guidance.</p>	
<b>3.6</b>	<p><b>Sustainability &amp; Transformation Partnership (STP) Primary Care Update</b></p> <p>The STP update was covered as part of an item raised in the Operational Report agenda item 3.1.</p>	
<b>4.</b>	<p><b>Quality &amp; Governance</b></p>	
<b>4.2</b>	<p><b>Committees in Common (Primary Care Commissioning Committee)</b></p> <p>SP gave an update on Committees in Common. Due to greater working across the STP there will be an increasing need to see Committees in Common going</p>	

	<p>forwards to give best value, save time and reduce duplication. Julie Ann-Wales, Head of Corporate Governance and Planning at the CCG will be advising on the next steps shortly and SP will feedback to the committee once this happens.</p> <p>SP noted there are Committees in Common happening across the country and she will be attending one of these meetings on the 12 March in Maidenhead. SP will report back her findings to the April committee meeting.</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> <p>No other items of business were raised.</p> <p>SP noted this was JH's last meeting for the committee and wished to thank him on behalf of the committee for his dedication and persistence over the years and that he will be missed. SP welcomed JH to attend as a member of the public at any time.</p> <p>Meeting Closed.</p>	

**The next public meeting of the  
Primary Care Commissioning Committee is on  
Thursday 11 April 2019 at 2pm  
Boardroom, Kempthorne House, St Martins Hospital, Bath, BA2 5RP**