

Primary Care Commissioning Committee

Meeting: 25 June 2020, meeting was quorate in accordance with 'lean' arrangements

Overview of business – including summary of key issues for Board

The following items of business were undertaken by the Committee:

- Received an update on the key areas of work related to the restoration and recovery of primary care services in Phase 2 of the NHS response to the COVID-19 pandemic, including an update on the further development of Integrated Care Teams and Primary Care Networks, as well as support being provided to care homes
- Received an update on the West Hampshire CCG Primary Care Digital Programme, including capital funding, the provision of remote access solutions and provision of hardware, as well as utilisation of online and video consultations. A review has been undertaken on the pre-COVID digital roadmap for primary care and although there will be some changes it is still a valid programme, although we will be looking to see if it needs to be augmented for national programmes coming down as well as taking account of local COVID experience. In terms of the capital programme it has been confirmed that we will have around £2m available for 2020/21 however this is still subject to review and to date no funding has been confirmed.
- Approved the award of a General Medical Services (GMS) contract to the Hedge End Medical Centre to commence from 1 October 2020 (currently on Primary Medical Service (PMS) contract) and approved the removal of Dr Nicolas Arney (now retired) from the New Horizons Medical Partnership PMS agreement.
- Received the updated Primary Care Risk Register. The following high risks have been identified:
 - Covid-19 Primary Care Risks
 - Estates & Technology Transformation Fund (ETTF) due diligence timescales mitigated by locality working groups and Primary Care Steering Group oversight, detailed timelines with milestones and regular reviews
 - Delivery of the Primary Care Strategy mitigated by locality and Network plans.
 - Out of Hours IT issues, mitigated by contract variation and further negotiation
 - GP remote connection, mitigated by existing security solutions and investigation regarding alternative connection
- Received an update on primary care prescribing, summarising CCG and individual practice performance for total prescribing and for a number of key interventions contained within the QIPP (Quality, Innovation, Productivity and Prevention) plan and medicines optimisation incentive scheme (MOIS), including antimicrobial stewardship.
- Received an update on primary care finance:
 - There was an overspend of £748k across all primary care funding streams at 31 May 2020.
 - Forecast for months 1 – 4 is an overspend of £1,454k. However, in response to COVID-19, a temporary financial regime has been put in place by NHS England to cover the period 1 April to 31 July 2020. As a result NHS England has given CCGs non-recurrent allocations for the first four months of the year to reflect expected monthly expenditure.
 - Under the terms of the new regime the CCG can expect to receive a retrospective non-recurrent allocation for reasonable variances between actual expenditure and the expected monthly expenditure.
 - It should be noted that there is no funding in CCG baselines for any additional costs related to COVID-19.

Key reference documents

- Minutes of the meeting held on 25 June 2020 (attached)
- Primary Care Restoration and Recovery Report, including the Primary Care Digital Programme (paper reference PCCC20/038)
- Primary Care Operational Report (paper reference PCCC20/039)
- Primary Care Risk Register (paper reference PCCC20/040)
- Primary Care Prescribing Report (paper reference PCCC20/041)
- Primary Care Finance Report (paper reference PCCC20/042)

Papers are accessible on the CCG website and on Board Packs

Date of next meeting:

27 August 2020

Minutes

Primary Care Commissioning Committee

Minutes of the West Hampshire CCG Primary Care Commissioning Committee Lean Virtual Meeting held on Thursday 25 June 2020 at 10.30am

Present:	Caroline Ward	Lay Member, New Technologies and Digital (Chair)
	Liz Angier	Clinical Director Primary Care
	Ruth Colburn-Jackson	Managing Director: North & Mid Hampshire
	Ian Corless	Head of Business Services/Board Secretary
	Mike Fulford	Chief Operating Officer and Chief Finance Officer
	Simon Garlick	Lay Member, Governance
	Judy Gillow	Lay Member, Quality
	Adrian Higgins	Medical Director
	Rachael King	Director of Commissioning South West
	Ellen McNicholas	Director of Quality & Nursing (Board Nurse)
	Alison Rogers	Lay Member Strategy and Finance
	Jim Smallwood	Secondary Care Board Member
	Sarah Schofield	Clinical Chairman
In attendance:	Terry Renshaw	Governance Manager (Minutes)
	Jackie Zabiela	Governance Manager

1.	<u>Chairman's Welcome</u>
1.1	Caroline Ward opened the meeting and explained that due to the current Covid-19 crisis no Board meetings will take place in public until further notice and welcomed members present to the second virtual lean meeting (twenty-sixth meeting) of the NHS West Hampshire Clinical Commissioning Group (West Hampshire CCG) Primary Care Commissioning Committee and noted apologies for absence.
1.2	Caroline drew attention to the following meeting etiquette: <ul style="list-style-type: none"> Attendees to be on mute and keep cameras off. This saves broadband width. Only the presenters should have their cameras and microphones enabled. Questions and comments to be added to instant messaging section. Questions and comments received will be collated by the Governance Team.
1.3	It was confirmed that the meeting was quorate.

2.	<u>Declaration of Interests</u> (Paper PCCC20/035)
2.1	Caroline Ward reminded Committee members of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of NHS West Hampshire Clinical Commissioning Group.
2.2	No additional conflicts of interest were identified as a result of these declarations and the business of the meeting commenced with no requirement for Committee members to absent themselves from proceedings. Attention was drawn to the fact that should a conflict arise at any point during the meeting members will need to declare this fact.
2.3	AGREED The Primary Care Commissioning Committee: <ul style="list-style-type: none"> • Agreed to note the updated Register of Interests for Committee members.
3.	<u>Minutes of the Previous Meeting</u> (Paper PCCC20/036)
3.1	Caroline Ward asked Committee Members to confirm the minutes of the meeting held on the 30 April 2020 as a correct record of proceedings. She explained that she had received no amendments in advance of the meeting.
3.2	AGREED The Primary Care Commissioning Committee: <ul style="list-style-type: none"> • Approved the Minutes of the meeting held on 30 April 2020 as being a correct record and commended them for signature by the Chairman.
3.3	Matters Arising There were no matters arising from the minutes that are not covered by the action tracker.
3.4	Clarification was sought as the cover paper mentions that the minutes will be submitted to the next public Board meeting and due to Covid the Board is not currently meeting in public. It was responded that the approved minutes will be published as part of the set of papers that will be publically available.
4.	<u>Action Tracker</u> (Paper PCCC20/037)
4.1	Caroline Ward referred the Committee to the action tracker.
4.2	The following updates were provided:
	<ol style="list-style-type: none"> 1. Ref No 48 SHREWD : National programme is looking at the potential of using SHREWD across the whole system. Three pilot sites are proposed. WHCCG has expressed an interest in being one of them – It was noted that action is suspended as progress is not possible during Covid-19 pandemic. However, this will be part of the restoration and recovery work where we will continue to look to capture accurate primary care data in terms of demand and capacity.

	<p>2. Ref No 54 Operational Report 1.7 Improving Physical Healthcare for People Living with SMI : Update to next meeting whether this population group are accessing their flu vaccinations to include also people with Learning Disability and Autism - It was reported that action is suspended as progress is not possible during Covid-19 pandemic. It was reported that this will be taken forward as part of the flu immunisation programme for this financial year. Attention was drawn to Simon Stevens letter of 29 April 2020 and assurance was sought as to whether we are assured that physical healthcare checks are being undertaken for people with Learning Disability (LD) and Autism. It was responded that we monitor in terms of LD health checks which incorporates health and wellbeing of people with LD and this is monitored in general practice and we report against this regularly. It was highlighted that this is one of the priorities in the Long Term Plan and Ellen McNicholas is the Senior Responsible Officer for the Transforming Care Partnership for the SHIP area. This is a key deliverable and is robustly monitored. A number of bids have been submitted for additional resource to support colleagues in primary care to deliver this, currently delivering at around 65%. Following an intelligence call yesterday it was highlighted that this particular issue will be one of the 3 or 4 top focus areas when we get the next phase recovery letter and as such will continue to have national focus.</p>
	<p>3. Ref No 55 Operational Report Seasonal Flu : Vaccination programme secondary MMR vaccination professional reminder to be published in In-Practice due to increase in number of cases - Action suspended due to focus on managing current Covid-19 pandemic. However, it was reported that this will be a focus in terms of the restoration programme to ensure that immunisations/vaccinations are undertaken in general practice.</p>
	<p>4. Ref No 56a Prescribing Report : Obtain reason why the forecast overspend and increase for the IOW (table on page 2 of report) is significantly lower than other CCGs listed - Included within paper PCCC20/041. Closed.</p>
	<p>5. Ref No 56b Future reports to reflect weighted population within Appendix 1 - Included within paper PCCC20/041. Closed.</p>
4.3	<p>AGREED</p> <p>The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> • Reviewed the Action Tracker and received the updates. • Noted that three actions have been suspended during current Covid-19 pandemic. • Agreed that two actions can be closed.
5.	<p><u>Primary Care Restoration and Recovery</u> (Paper PCCC20/038)</p>
5.1	<p>Hampshire and Isle of Wight Update on Restoration of Primary Care Services</p>
5.1.1	<p>In addition to the information provided in paper PCCC20/038 circulated for the meeting Rachael King reported that the paper provides :</p> <ul style="list-style-type: none"> • An update on provision of primary care services activity in general practice and

	<p>wider primary care which continues to increase as services are restored in line with clinical need and as the result of the national awareness campaign 'Help Us To Help You' and the communications in terms of the role of individuals to manage their own care.</p> <ul style="list-style-type: none"> • A summary of key areas of focus over last few months including shielded patients and care homes, as well as key priorities in terms of recovery ensuring that services are provided in a safe way for patients and staff.
5.1.2	<p>As a result of discussion:</p> <ul style="list-style-type: none"> • Clarification was sought on the figures around on-line and video consultations and whether this is reflective of a single patient multiple times or is it individuals, and can it be expressed as a percentage of patients to show total uptake rather than just numbers. It was responded that it potentially could be a single patient but figure provides an overview of how often service is accessed. In terms of percentages Rachael said that she will need to ask team if this can be produced. It was reflected that this is quite important for example around double triage into hot sites. Feedback from GPs and other staff is that they are finding these calls very time consuming and SHREWD could help with looking at levels of activity and workload capacity. Recognising that this new way of working is helpful for patients but there is the additional impact in terms of running/administering the calls in this way by practices which requires further understanding. It was stated that in embedding roll out we have been providing training and support to practices around optimising the tools to ensure maximum efficiency. • It was questioned whether there are comms wrapped around this for example communications to patients to ensure they are using services in 'new way' correctly. It was responded that we are using the national communications around 'Help Us To Help You', and we are also doing local communications to reinforce and try and provide a consistent message on how to access general practice in an easily understandable format. We will also be encouraging practices to use this to ensure a consistent message on websites across Hampshire and the Isle of Wight.
5.2	<p>Primary Care Digital Programme Report</p>
5.2.1	<p>Mike Fulford advised:</p> <ul style="list-style-type: none"> • That the Digital Programme has advanced considerably. A review has been undertaken on the pre-Covid digital roadmap for primary care and although there will be some changes it is still a valid programme but we will be looking to see if needs to be augmented for national programmes coming down as well as taking account of local Covid experience. This is firmly linked into the recovery programme across primary care. • In terms of the capital programme it has been confirmed that we will have around £2m available for 2020-21. However, this is still subject to review and to date no funding has been confirmed. Agreed to go at risk on some of the elements for example migration to ensure that this is covered despite not having had formal confirmation of proposals/bids. Also had confirmed the national deal signed regarding Microsoft 365. The team are working through the local implications of this. There is still uncertainty regarding whether the £2m allocation will be top sliced for Microsoft 365 or not. The team are evaluating the impact for roll out for next year. Already touched on bid for on line video consultation which has seen a significant increase across the piece, not

	<p>withstanding the very positive experience feedback received from patients there are still issues we need to work through in terms of efficiency/effectiveness. We need to recognise that we have gone from a low base to substantial numbers in a few weeks so need more time to work this through. In terms of video consultations there has been a significant increase but this has dropped off a little in recent weeks but is still substantially higher than before.</p> <ul style="list-style-type: none"> • There has been a substantial improvement in remote access, deployment of circa a thousand laptops across HLOW in a few weeks, substantial increase of remote access in primary care and the issue of providing additional equipment to primary care. • We have also experienced a substantial improvement in being able to work together with use of MSTeams. • Patient on line services have improved, although not as much as we would like to see.
5.2.2	<p>As a result of discussion it was:</p> <ul style="list-style-type: none"> • Reflected that it is positive to see such progress in such a short space of time and it is great that early indications has shown that patients have found these changes very positive. However, it was reflected that within local community have heard mixed reviews and it was questioned if in time as this is developed further, will we develop/produce more detailed patient engagement feedback to help its refinement. It was responded that as part of the restoration and recovery programme the team is working with the communication and engagement team to develop and get some patient feedback for example undertaking a PPG engagement survey as this will be critical to informing the model moving forward. • Reported that Pharmacists have fed back they are also interested in undertaking video consultations so need to consider this as well in moving forward. • Stated that in terms of patient access it is fantastic to be able to access this via the internet and it was questioned if nationally is there any drive to provide proper support for individuals regarding how to get the best out of an on-line consultation. We hear that materials are being sent out to practices but is there training and support for individuals for example through Age UK. <p>Attention was drawn to the approach undertaken by Barclays Bank who had staff to provide hands on training which revolutionised digital banking access and it was questioned if we should be campaigning to ensure there is proper support for people to enable them to access properly. It was recognised that in terms of patients it is about education and empowerment and it was agreed that this will be feed back up the line to the regional group for discussion as well as to clarify if there is any discussion being undertaken nationally.</p> <p>It was further questioned whether training for our really elderly vulnerable people is an answer and it was suggested that it might be more helpful if there is a focus on helpers, carers and family helping the more frail elderly and vulnerable and making it part of their role. It is recognised that there are some people who will not interact with a GP etc if they need to do so on-line and this is for various reasons. It was reflected that the telephone is really the only contact with GPs for some people and it was requested that if data is collected regarding this digital revolution that telephone contact is separated from video consultations. It was responded that in terms of total triage model people can</p>

	<p>still access general practice by using the telephone. There are different ways of accessing and there may be something that can be put on practice websites around access to training but ensuring the message is clear that individuals can still access via telephone. Further discussion to be taken outside the meeting to evaluate.</p> <p>On concluding the discussion it was highlighted that it may be good to work with agencies such as Age Concern to help us develop solutions.</p>
5.3	<p>AGREED</p> <p>The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> • Noted the NHS West Hampshire CCG update on the Restoration and Recovery key areas of work • Noted the NHS West Hampshire CCG Digital Programme Report
6.	<p><u>Primary Care Operational Report</u> (Paper PCCC20/039)</p>
6.1	<p>Rachael King drew attention to the information provided in paper PCCC20/039 circulated for the meeting. It was noted that NHS West Hampshire CCG received approval by NHS England for delegated primary care commissioning arrangements from 1 April 2015.</p> <p>The report details the following contractual changes.</p> <p>South West</p> <ul style="list-style-type: none"> • The award of a GMS contract to the Hedge End Medical Centre to commence from 1 October 2020 • The removal of Dr Nicolas Arney from New Horizons Medical Partnership PMS agreement.
6.2	<p>There were no questions or comments.</p>
6.3	<p>AGREED</p> <p>The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> • Approved the award of a GMS contract to the Hedge End Medical Centre to commence from 1 October 2020 • Approved the removal of Dr Nicolas Arney from New Horizons Medical Partnership PMS agreement due to his retirement from the Partnership.
7.	<p><u>Primary Care Risk Register</u> (Paper PCCC20/040)</p>
7.1	<p>In addition to the information provided in paper PCCC20/040 circulated for the meeting specific attention was drawn to the following:</p> <ul style="list-style-type: none"> • The risks are kept under review and have been updated in light of Covid 19. • In terms of ETTF there is only one scheme and that is in Andover which is progressing in line with the Full Business Case. • The IT issues which have moved on significantly.

7.2	<p>As a result of discussion it was:</p> <ul style="list-style-type: none"> • Questioned if there is a risk that needs to be quantified in relation to the second Covid surge that is forecast. Looking at first risk regarding Covid 19 it does not pick this up for example we could experience winter pressures as well as potentially a second surge at the same time. It was explained there are contingency plans and mitigating actions in place that can be reflected in the risk log. • Attention was drawn to Risk ID 693 regarding Primary Care Network (PCN) governance and the action being extended to end of September due to Covid, does this mean that we will meet Maggie Maclsaacs expectations of the Integrate Care System (ICS) being up and running by 30 September. That is no further work on governance around PCNs until that date. It was responded that PCN governance is not affected; the ICS will go forward for approval for shadow operating from September. This does not affect the Integrated Care Providers (ICP). This will hopefully become clearer following discussions today at Board in terms of next steps for future working. • Highlighted in attending meetings recently there has been a focus on pushing forward with ICS and joining up quality roles and some of this will be dependent on how the ICP frames and structures its review on quality and governance in their defined areas and it was questioned if there is any work ongoing on this that is if there is a proposal that ICPs feed to the ICS quality board on issues by exception. It was reported that should the proposals presented to the Board today be approved there will be a range of work streams to agree what will happen regarding empowerment/delegation.
7.3	<p>AGREED</p> <p>The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> • Noted the Primary Care Commissioning Risk areas and associated mitigating actions.
8.	<p><u>Primary Care Prescribing Report</u> (Paper PCCC20/041)</p>
8.1	<p>Ellen McNicholas introduced paper PCCC20/041 which summarises CCG and individual practice performance for total prescribing and for a number of key interventions contained within the QIPP plan and medicines optimisation incentive scheme, including antimicrobial stewardship. Particular attention was drawn to the following:</p> <ul style="list-style-type: none"> • The fact that this is a really comprehensive report and thanks were extended to Neil Hardy and Emma Harris. • The graph at the top of page four which demonstrates quite an increase in March in terms of both number of items requested and in costs. Some investigation has borne out that this was due to patients seeking to stock up on repeat prescriptions in advance of lockdown/Covid. • The items less suitable for prescribing at top of page 7 where Neil has done a quick calculation and it demonstrates there has been a reduction in spend of £952k in 2019/20 when compared with 2017/18 this therefore has been quite a successful initiative. • The need to celebrate and thank GP colleagues as the data to date shows there has been no significant increase in antibiotic prescribing in relation to Covid work.

8.2	There were no questions or comments received.
8.3	AGREED The Primary Care Commissioning Committee: <ul style="list-style-type: none"> • Noted the Primary Care Prescribing Update Report.
9.	<u>Primary Care Finance Report</u> (<i>Paper PCCC20/042</i>)
9.1	Mike Fulford drew attention to the information provided in paper PCCC20/042 circulated for the meeting and provided the following highlights: <ul style="list-style-type: none"> • We are working within a new funding arrangement for this year and have only had an allocation for 4 months of the year so far. The intention we believe from NHSE is that they will broadly fund organisations to a break even position, with direct scrutiny on areas of overspend. • Key messages to Month 2 is that there are some overspending areas for example £1m in relation to Covid related primary expenditure that we have submitted for full reimbursement; this has not been agreed as yet but we understand this is the same position for all CCGs nationally. We have also a substantial pressure both in items and cost in prescribing from end of 2019/20 into 20/21. Only had April data so far, which is showing a substantial overspend forecast as continuing to see higher spend into April. Still in quite an unusual funding regime. However, there are pressures coming through that we are expecting to be funded nationally for which we are awaiting confirmation.
9.2	There were no questions or comments raised by the Committee.
9.3	AGREED The Primary Care Commissioning Committee: <ul style="list-style-type: none"> • Noted the Month 2 Finance Report 2020-21.
10.	<u>Any Other Business</u> – There were no items identified.
11.	<u>Escalation</u> – There were no items identified.
12.	<u>Risks Arising From Discussion of Agenda Items To Be Included on The Primary Care Risk Register</u> <ul style="list-style-type: none"> • Potential second surge and particular impact in conjunction with winter pressures.
13.	<u>Date of Next Meeting</u>
13.1	The next meeting of the Primary Care Commissioning Committee is scheduled for: <ul style="list-style-type: none"> • Thursday 27 August 2020, timing to be confirmed.