

Primary Care Commissioning Committee

Meeting: 27 August 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 3 of the NHS response to the COVID-19 pandemic. There was a particular focus on the Integrated Care Record and Primary Care as we go into winter.
- Received an update on the West Hampshire CCG Primary Care Digital Programme, including a progress update around the Digital Roadmap which will be fundamental to the Repatriation and Recovery Programme, challenge around capital for the current year, the fact that we have not yet got confirmation for the Covid elements spent early in the year will be separately funded, received separate funding of £1.3m across HIOW for N365 roll out.
- Received the Primary Care Operational Report that covered:

CCG Wide

- An update regarding the Seasonal Flu Programme
- An update on Network Workforce and Additional Roles Reimbursement Scheme
- An update regarding the Covid-19 support fund for General Practice
- An update regarding Premises Improvement Grants 2019-20 and 2020-21

Mid Hampshire

- An update regarding the redevelopment of Andover Health Centre
- An update regarding Adelaide Medical Centre
- Received the outcome of the HIOW GP Patient Survey conducted January to March 2020. The positive results were noted and the Chair on behalf of the Committee extended congratulations to Practices and everyone involved in this process.
- 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.
 - Seasonal Flu in context of Covid-19
 - 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:
 - Across all funding streams Primary Care is, at 31 May 2020, overspent by £748k. The budgets shown are for months 1-4 only, and the forecast for this period is an overspend of £192k.
 - The CCG has made the claim for Covid funding to NHSE and received the funding.
 - Template forms for 2019/20 and 2020/21 have been sent to all practices to enable them to claim for reimbursement of Covid related costs.

There are no new items that require escalation to the Board.

Key reference documents

- Minutes of the meeting held on 27 August 2020 (attached)

Papers are accessible on the CCG website

Date of next meeting: 22 October 2020 (to be confirmed)

Primary Care Commissioning Committee

Minutes of the West Hampshire CCG Primary Care Commissioning Committee Lean Virtual Meeting held on Thursday 27 August 2020 at 09.00am

Present:	Caroline Ward	Lay Member, New Technologies and Digital (Chair)
	Liz Angier	Clinical Director Primary Care
	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
	Sarah Schofield	Clinical Chairman
	Jim Smallwood	Secondary Care Board Member (part meeting)
In attendance:	Jackie Zabiela	Governance Manager (Minutes)
Apologies:	Terry Renshaw	Governance Manager

Summary of Actions

Minute Ref:	Action	Who	By
3.2	Previous minutes HIOW update on Restoration of Primary Care Services (5.1.2 bp1) - On-line video conferences to be expressed as percentages. Add to action tracker.	RK	19.10.20
4.2.1	Action Tracker: • Ref Nos 48 SHREWD – Board briefing to be scheduled.	RK/LA/(IC)	ASAP
4.2.2	• Ref No 54 Improve Physical Healthcare for people living with SMI: • Close action ref no 54 and re-open with two new actions: • Continue to focus on people with SMI and uptake in terms of checks with update to next Committee on work to progress this, and then • The other is the role out of the Flu campaign for this year, focusing on high risk groups/people that are vulnerable and are in the eligible cohorts.	RK/(TR)	19.10.20

Minute Ref:	Action	Who	By
8.3	Risk Register – Add risk around winter pressures/hot site activity (particularly in respect of children/different clinical approaches)	RK	19.10.20

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 fourth virtual lean meeting (twenty-seventh 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 (Paper PCCC20/047)</u>
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 (Paper PCCC20/048)</u>
3.1	Caroline Ward asked Committee Members to confirm the minutes of the meeting held on the 25 June 2020 as a correct record of proceedings. She explained that she had received no amendments in advance of the meeting.
3.2	Minute Reference : HLOW Update on Restoration of Primary Care Services 5.1.2 bp 1 – It was questioned if there is an action here, rather than just a comment, around on-line video conferences and if this can be expressed as percentages.

	Rachael King agreed to record this as an action and will include in the next report. ACTION: Rachael King
3.3	AGREED The Primary Care Commissioning Committee: <ul style="list-style-type: none"> • Approved the Minutes of the meeting held on 25 June 2020, subject to the addition of the action as outlined at paragraph 3.2 as being a correct record and commended them for signature by the Chairman.
3.4	Matters Arising There were no additional matters arising from the minutes that are not covered by the action tracker.
4.	<u>Action Tracker</u> (Paper PCCC20/049)
4.1	Caroline Ward referred the Committee to the action tracker.
4.2	The following updates were provided:
	<p>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 explained that this it is now one of key priorities to take forward. There is a very strong national focus on demand and capacity and understanding of real time data in Primary Care. A number of actions are now progressing, Liz Angier is involved, and various discussions have been held with SHREWD and we are about to have a second demonstration as to what the system can do. If data recorded by primary care is not complete than data withdrawn from system will not be accurate, so there is a big piece of work around ensuring the accuracy of data. This is also an area of national focus. It was stated that this action will be kept open and a further update will be provided at the next meeting regarding demand and capacity.</p> <p>It was questioned if there are any early adopters/leaders regarding this approach. It was responded that nationally there is some guidance regarding how practices can try and standardise data collection which we are looking at locally, and Liz has been offered support from the national primary care team to do a deep dive in a couple of practices to inform how we get consistency across practices. Liz explained that the national team will be working with two PCNs, on elements regarding culture and how to improve data collection and data extraction. Also looking at data being withdrawn automatically rather than us having to put the indicators in. Two GPs from other practices are to put together a proposal on what we want SHREWD to do, working with other PCNs in the area. Liz said she would like to bring back a document regarding what this will do and what this will look like in terms of culture in PCNs. It was stated that it would be helpful to have presentation at Board on SHREWD and how it fits with the strategy. It was reflected that it would be better to have the demonstration first and then put it in a framework as to what it means. To be considered for the September Board or the one after.</p> <p>ACTION: Rachael King/Liz Angier An update will be provided to the next meeting of this Committee in terms of the</p>

	work that has taken place.
	<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 this action has been suspended due to focus on managing Covid-19 pandemic. It was stated that this action has got slightly confused regarding how it is being translated. It was proposed that we close the current action but reopen with two new actions that is:</p> <ul style="list-style-type: none"> • Continue to focus on people with SMI and uptake in terms of checks with update to next Committee on work to progress this, and then • The other is the role out of the Flu campaign for this year, focusing on high risk groups/people that are vulnerable and are in the eligible cohorts. <p>ACTION: Rachael King/(Terry Renshaw)</p> <p>As a result of discussion:</p> <ul style="list-style-type: none"> • The Chair stated that she is keen to keep a focus on people with SMI and generally those with Mental Health issues across the area. • Ellen McNicholas supported what Rachael was saying around the need to refocus the action but said that the reason the action is muddled is that it included an old action around individuals with a Learning Disability and their Flu vaccination and as the lead Ellen wants to encourage as a group of leaders to remember the Learning Disability cohort as well as those with SMI. It was reflected that this sits in a slightly different work stream but impact/inequalities on this group is huge. It was stated that a piece of work is underway regarding physical health checks and vaccinations on people with a Learning Disability and updates can be provided as required. This approach was welcomed as it will ensure no one is left behind in our focus and consideration. • It was questioned if we are able to quantify what we want regarding SMI that is if it is going to be an action on the tracker is there something we can keep an eye on to say it is happening or not. It was responded that the Flu vaccination uptake target is 75% across all eligible groups and for SMI and Learning Disability there are targets that we need to monitor/can quantify.
	<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, attention was drawn to the importance of the uptake of all immunisation and vaccination programmes (including MMR), critically in terms of restoration and this has been highlighted to all GP Practices via HIOW primary care bulletin and Local Medical Committee newsletter as part of restoration and recovery and message has also been reinforced in weekly Q&A sessions. It was agreed that this action can now be 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. • Agreed that two actions can be closed.

	<ul style="list-style-type: none"> • Agreed the addition of two new actions as outlined at paragraph 4.1.2.
5.	<u>Primary Care Restoration and Recovery</u> (Paper PCCC20/050)
5.1	Hampshire and Isle of Wight Update on Restoration of Primary Care Services
5.1	<p>The Committee received a report which provided updates on:</p> <ul style="list-style-type: none"> • Key areas of work related to the restoration and recovery of primary care services in Phase 3 of the NHS response to the COVID-19 pandemic, and • The NHS West Hampshire CCG Primary Care Digital Programme. <p>The following points were highlighted:</p>
	Hampshire and Isle of Wight Update on Restoration of Primary Care Services
5.2	<p>The Committee received the information contained in paper PCCC20/050 circulated for the meeting. The Chair said the Committee were grateful for the background detail; but wanted to ensure that in line with the 'lean committee arrangements' we are not overloading the team in terms of reporting. It was proposed that the paper is not gone through in detail but that there is a focus on specific areas for example patient survey results.</p> <p>By way of introduction it was highlighted that this is the Restoration and Recovery Plan for Primary Care at HIOW level but applies to West Hampshire CCG equally. It sets out the Primary Care Restoration and Recovery Plan in line with Phase 3 NHS response to Covid 19. It was explained that significant work has been undertaken during the pandemic and accelerated the pace of change which has led to a fundamental change in our way of working. We need now to focus on and embed this work. The paper sets out three key aims regarding Restoration and Recovery and going forward. First strengthening Primary Care and resilience and embedding digital. Second is partnership working with a key focus on prevention and health inequalities with a population management approach and the third is Integrated Care Approach with practical personal care for people with complex health needs. This is being overseen by Primary Care Restoration and Recovery Board at HIOW level.</p>
5.3	<p>As a result of discussion:</p> <ul style="list-style-type: none"> • Attention was drawn to the survey key themes and the blue box in section 2 of this report (HIOW General Practice Survey: Key Themes) regarding 'better communication and guidance to work collaboratively with community and social care teams in future' and the action regarding a 'single patient record' and it was questioned if this is HIOW specific or is it something that can be shared in Dorset/more widely. It was responded that in terms of strengthening community and social care this is building on the one team approach working collaboratively with community providers and social care colleagues to understand population need and to work together to meet that need in terms of allocation and resource of patient management in terms of those with complex needs and how embedded going forward. The one team approach is in place, accelerated over Covid-19. All practices have named individuals that work on this on a daily basis and meet daily or weekly to go through how to allocate that resource. It is early days and we can strengthen the approach further in respect

of personalised care and through the DES coming in later this year.

- In terms of the Integrated Care Record it was advised that a shared clinical record is seen as 'nirvana' by GP colleagues and across the Health and Social Care System. We have struggled to make progress over the years specifically implementation on one team/integrated care teams approach between community care and primary care and this remains an issue to be overcome. It was stated that we have made progress in terms of both senior leadership with discussions with the CEO of SHFT who has specifically in questioning demonstrated support for this in principle and think with some of our local community teams we have made progress in terms of willingness and working to read/write into GP systems. However, this is different to the Hampshire Health Record which is not specifically designed as a clinical record and is about use of GP systems as part of further integrated care. There is the same issue in Dorset, Wiltshire and across the country and is not necessarily about the data repositories which have their uses but not designed as clinical systems used in the same way as GP system. This is a key priority as part of the Digital Roadmap. It was highlighted that there is ongoing joint working and in the last two years there has been substantial additional capital funding from NHSE/I. The local record environment is managed across ourselves and Wessex. In terms of Dorset a provider in Dorset holds the funding and we are working collectively regarding how we develop, enhance and improve the joint care record. There are still some challenges around this but we continue to work with provider colleagues in particular as to how we ensure that when systems are replaced there is the connectivity that we want. A priority is to improve connectivity/usability to its fullest extent.
- Interest was expressed around Primary Care resilience over winter as we are literally going into winter now and in reading section 5 Primary Care Resilience Over the Winter Period and Section 6 Strategic Priorities 2020-22 it references the need to strengthen support within the community to provide support to Primary Care and then in section 8 reference is made to resource requirements. It was questioned what are we going to get in place this winter to support Primary Care as by the time the investment is invested it will be next year. Therefore, clarification was sought as to what are we doing this year to support Primary Care (besides the one team work). It was explained that there are some critical areas of work progressing that will support Primary Care resilience over winter for example:
 - All PCNs to recruit to the PCN additional roles that will strengthen in terms of new roles into Primary Care and additional capacity and we are making good progress locally on recruiting.
 - Supporting them and working collaboratively with providers to ensure we do not destabilise other parts of system.
 - Also put in bid for non recurrent funding over winter that is additional PPE, massive vaccination campaign. Submitted a bid for around £2.8m non-recurrent funding, which is currently being considered and we are awaiting confirmation. If we get that funding it will be used to enhance in terms of site provision bearing in mind there will be more demand over winter in terms of hot site activity, employment of locums, retainers and returners to support practices. Also looking to strengthen community resilience, integrated primary and community for example integrated and intermediate care will also support primary care resilience.
- In terms of the £2.8m funding application it was questioned what happens if it is not supported. It was stated that we have only had funding confirmed for the

	<p>first 3 months of the year which includes both Covid and non-Covid forecast overspend, the financial forecast is for providers and commissioners to break even for the year but recognising that we have still only got allocation/budgets confirmed for only part of the year and we are still awaiting confirmation for the remainder of the year, remembering that we have a whole range of competing priorities for money. We will certainly be investing something in Primary Care and there is a review ongoing at the moment looking at spending requests across different patches. For West Hampshire CCG patients we are fairly confident that we will be progressing but finalisation is dependent on the outcome of the overall bid for £2.8m.</p> <ul style="list-style-type: none"> • It was stated that in terms of our approach to Winter we have never had to plan for something like this so we are still trying to obtain clarification in respect of training hubs. In terms of recruitment and retention it was reflected that actually we have not utilised the locum option. We have lost some of the workforce (over last few months) so will probably need to look at this in more detail as a number of locums have moved into salaried roles. There is a focus to try to enable PCNs to work more flexibly.
	Primary Care Digital Programme Report
5.4	<p>The Primary Care Digital Programme slide deck was received and Mike Fulford drew attention to:</p> <ul style="list-style-type: none"> • The continued really good progress around the Digital Roadmap which will be fundamental to the Restoration and Recovery programme, further updates will be provided as it develops. • The challenge around capital for the current year which impacts on the digital programme and improvement grants. • The fact that we have not yet got confirmation that the Covid elements spent early in the year will be separately funded; at the moment it is top sliced from allocation and is presenting challenges around the minor improvement programme. It was stated that we have gone at risk, this week, regarding a minor improvement programme of £50k. • Separate funding of £1.3m funding across HIOW for N365 roll out but some limitation at the moment around capital for the year.
5.5	<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.	<u>Primary Care Operational Report</u> (Paper PCCC20/051)
6.1	<p>Rachael King drew attention to the information provided in paper PCCC20/051 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: CCG Wide</p>

	<ul style="list-style-type: none"> • To note the update regarding the Seasonal Flu Programme • To note the update on Network Workforce and Additional Roles Reimbursement Scheme • To note the update regarding the Covid-19 support fund for General Practice • To note the update regarding Premises Improvement Grants 2019-20 and 2020-21 <p>Mid Hants</p> <ul style="list-style-type: none"> • To note the update regarding the redevelopment of Andover Health Centre • To note the update regarding Adelaide Medical Centre
6.2	<p>Rachael King drew particular attention to the following:</p> <ul style="list-style-type: none"> • Seasonal Flu Immunisation Programme and the significant amount of work that is being undertaken in preparation for this year. This is being co-ordinated at HLOW level and at local level. We are taking a system wide approach this year with vast majority of activity taking place in general practices, but working closely with acute, prescribing and care homes. Defined that 75% uptake of eligible cohorts and all health and social care staff to be offered. Nationally confirmed that will be offered to 50 to 64 years dependent on availability of vaccine. There will be a national communications campaign commencing in October but there will be a local campaign based on the national campaign commencing in September as we are keen to increase uptake rates. • Adelaide Medical Centre All the actions agreed in line with the mobilisation plan have been undertaken in accordance with agreed timescales. All communications have gone out to confirm the arrangements going forward including stakeholders, patients etc. Really positive messages and feedback has been received from Member of Parliament and Council. Pleased regarding the outcome and on the work that the work team have collectively undertaken working with the Andover practices. • Redevelopment of Andover Health Centre Once the Full Business Case has the required approval; the construction work plan will be initiated by the Contractor.
6.3	<p>AGREED</p> <p>The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> • Noted the update regarding the Seasonal Flu Programme • Noted the update on Network Workforce and Additional roles Reimbursement Scheme • Noted the update regarding the Covid-19 support fund for General Practice • Noted the update regarding Premises Improvement Grants 2019-20 and 2020-21 • Noted the update regarding the redevelopment of Andover Health Centre • Noted the update regarding Adelaide Medical Centre
7.	<p><u>GP Patient Survey (PCCC20/052)</u></p>
7.1	<p>Rachael King introduced paper PCCC20/052 and explained that the GP Patient Survey is an England wide survey providing practice level data about patients' experience of their GP Practices. Ipsos MORI administers the survey on behalf of</p>

	NHS England. The attached slide pack presents the key information for NHS West Hampshire CCG for the July 2020 survey publication conducted January to March 2020.
7.2	In West Hampshire CCG, 12,842 questionnaires were sent out and 5,744 were returned completed. This represents a response rate of 45%. This is above the overall national response rate to the survey of 33.1% (based on 770,512 completed surveys).
7.3	<p>The GP Patient Survey measures patients experiences across a range of topics including:</p> <ul style="list-style-type: none"> ▪ Your local GP services ▪ Making an appointment ▪ Your last appointment ▪ Overall experience ▪ Your health ▪ When your GP Practice is closed ▪ NHS Dentistry ▪ Some questions about you
7.4	The limitations of the survey should be noted but the survey data can be triangulated with other sources of feedback, such as Patient Participation Groups and the Friends and Family Test to develop a fuller picture of patients' experience, enabling the identification of best practice and areas for potential improvement.
7.5	<p>Particular attention was drawn to the Summary of Survey Results for NHS West Hampshire CCG that are as follows:</p> <p><u>Overall Experience of GP Practice</u> 87% of patients described their experience of their GP Practice as good compared to 82% nationally. The CCG also compares favourably to neighbouring CCGs. Satisfaction by Practice ranged from 58% to 98%, with the majority of Practices above the national average.</p> <p><u>Local GP Services</u> 75% of patients said that it was easy to get through to someone at their GP practice on the phone, compared to 65% nationally. 91% of patients said that they feel that receptionists are helpful when coming into contact with their Practice compared to 89% nationally.</p> <p><u>Access to online services</u> 50% of patients are aware that they are able to book appointments online, compared to 48% nationally. 49% of patients are aware that they are able to order repeat prescriptions online, compared to 44% nationally. 22% of patients are aware that they can access their medical records online, compared to 19% nationally.</p> <p>Overall utilisation remains relatively low, with an average of 70% of patients using none of the online services listed in the last 12 months.</p> <p><u>Making an appointment</u> 62% of patients said that they were offered the choice of an appointment when they last contacted their Practice, compared to 60% nationally. 76% of patients said that they were satisfied with the type of appointment they were offered, compared to 73% nationally. 69% of patients said that their overall experience of making an</p>

appointment was good, compared to 65% nationally. Only 14% of patients said their overall experience of making an appointment was poor, compared to 17% nationally.

Perceptions of care at patients last appointment

At their last appointment, 90% of patients said that they were given enough time, 90% said the healthcare professional listened to them and 90% felt they were treated with care and concern. 95% of patients felt involved in the decisions about care and treatment, 96% had confidence and trust in the healthcare professional and 95% felt that their needs were met.

89% of patients felt that the healthcare professional recognised and/or understood any mental health needs that they may have had, compared to 85% nationally.

Managing health conditions

81% of patients said that they felt they had enough support from local services or organisations to help them to manage their condition/s. This compares to 77% nationally. 19% of patients said no to the above, compared to 23% nationally.

Satisfaction with general practice appointment times

65% of patients said that they are satisfied with the general practice appointment times that are available to them, compared to 63% nationally. 17% of patients said that they were dissatisfied with the above, compared to 19% nationally.

Services when the GP practice is closed

72% of patients responded positively when asked 'how do they feel about how quickly they received care or advice on that occasion', compared to 63% nationally. 93% said that they had confidence and trust in the person they saw or spoke to compared to 91% nationally. 74% said that their overall experience of their last contact with NHS services was good when they wanted to see a GP but their GP Practice was closed. This compared to 67% nationally.

7.6

On concluding the presentation the following conclusions and actions to be taken were outlined:

- The CCG benchmarks well against both local and national comparators with every patient satisfaction question scoring above the national and local average.
- Variation continues to exist at a practice level. The CCG will continue to work with PCNs to facilitate shared learning and best practice.
- St Luke's and Botley remains the most challenged provider, with overall patient satisfaction deteriorating since 2018. The CCG has agreed specific actions with the Living Well Partnership (LWP) to improve access and increase overall patient satisfaction. Delivery of these actions is to be monitored through a joint access group with the LWP and Southampton City CCG.
- The CCG benchmarks well for online services and this was higher than the national average. To ensure online utilisation remains a high priority the CCG will continue to support primary care digital platforms and monitors this closely. Since this report was realised online utilisation has continued to increase across all practices as a result of moving to a total triage model in response to the pandemic.
- Despite being above the national average, 28% of patients felt the time taken to receive care when the GP practice was closed took too long. The CCG will work to compare these results with the Out of Hours Service patient feedback and will continue to work with the provider to improve patient access.

7.7	<p><i>James Smallwood joined the meeting.</i></p> <p>As a result of discussion:</p> <ul style="list-style-type: none"> • It was highlighted that comparatively WHCCG practices benchmark really highly compared to nationally and we are best in terms of our region. In terms of patient experience we do benchmark very well. Overall experience of GP practice 87% say good compared to 82% nationally and we are highest in our region. Variation at practice level and work with practices and PCNs to share good practice. St Luke's still remains challenged but since survey undertaken they have put in a new telephone system and strengthened their administration staff so expect next year to see significant improvement and we continue to work with them to ensure they take the actions agreed at last meeting to improve access to patients. Regarding clinical indicators they benchmark well compared to last year. • The excellent results were commended and it was questioned shouldn't our local communities be made aware of our fantastic services and how we benchmark locally and nationally. It was responded that we have done some media releases and local papers have picked the story up and we have had some really positive articles in some local papers. It was agreed that we should build on this. • Questioned as to what are the key trends that we are seeing across all our practices in terms of improvement in experience. It was responded that it is difficult to identify trends as practices do move in terms of performance. We will continue as we always do to cross reference feedback with quality indicators on an ongoing basis and there are practices that we continue to focus on/undertake dedicated work for example some of the practices in the Eastleigh area. • It was reflected that with the current situation and how patients access websites and 'double triage' this new environment might not have been captured in this survey so will be likely that we shall get some different feedback particularly from people with hearing difficulties and carers so we need to look at in 'lens' of how work in Covid. It was stated that Recovery and Restoration plans focus on this and there is a big emphasis on self-management so this should improve if given the tools to do that. • It was stated that this is an excellent report and benchmarking speaks for itself. But regarding how we use this information and triangulate with quality information we have, when looking at this, this is exactly as would anticipate the results would be. There were no surprises and we were already aware of areas where could do more to improve and were already working with practices so this is a positive affirmation that we are focusing on the right things in the CCG. The fact that we benchmark so well is absolute testimony to the Primary Care team and the work they do with our practices across the patch and we should not lose sight of this as sometimes it is easy to forget how much hard work goes into achieving these results. <p>On concluding the discussion the Chair extended on behalf of the Committee congratulations to the Practices and everyone involved in this process.</p>
7.8	<p>AGREED</p> <ul style="list-style-type: none"> • The Primary Care Commissioning Committee noted the results of the GP

	Patient Survey, the key messages and the actions to be taken.
8.	<u>Primary Care Risk Register</u> (Paper PCCC20/053)
8.1	In addition to the information provided in paper PCCC20/053 circulated for the meeting specific attention was drawn to the following: <ul style="list-style-type: none"> • 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. • Seasonal Flu Programme in the context of Covid-19 • 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
8.2	Rachael King explained that the report is self-explanatory and that a risk has been added regarding the Flu Immunisation Programme otherwise the risks are broadly the same.
8.3	It was questioned whether we have got hot sites included on the risk register. It was responded not specifically. With the increased workload likely to come in particularly in respect of children/different clinical approaches it was asked if we could add a risk around winter pressures and link this with hot site activity. This was agreed. ACTION: Rachael King
8.4	AGREED The Primary Care Commissioning Committee: <ul style="list-style-type: none"> • Noted the Primary Care Commissioning Risk areas and associated mitigating actions. • Agreed the action outlined at paragraph 8.3
9.	<u>Primary Care Prescribing Report</u> (Paper PCCC20/054)
9.1	Ellen McNicholas introduced paper PCCC20/054 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. Ellen explained that there is nothing outstanding either positively or negatively that is different from normal reports.
9.2	As a result of discussion attention was drawn to the comments around the increased prescribing due to nervousness around availability of medicines and potential stockpiling. It was questioned as to when it is expected to see this even out. It was responded that the stockpiling arose from nervousness at the build up to the Covid outbreak and then the initialisation of the lock down period particularly for the shielding group who in many cases require multiple prescriptions. Neil Hardy has said that he is confident that we should start to see a levelling out of this. Mike Fulford said we have seen a stabilisation of spend after the end of last year/beginning of this year so it is already evident. The Committee also needs to note that it is not just items (3% increase), we also had a 6% growth in cost, due to the fact that there was a range of

	medicines not available and so experienced supplementary prices or switch to alternatives. This position is beginning to be addressed. Forecast has reduced in last four to six weeks.
9.3	AGREED The Primary Care Commissioning Committee: <ul style="list-style-type: none"> • Noted the Primary Care Prescribing Update Report.
10.	<u>Primary Care Finance Report</u> (Paper PCCC20/055)
10.1	Mike Fulford drew attention to the information provided in paper PCCC20/055 circulated for the meeting and provided the following highlights: <ul style="list-style-type: none"> • Across all funding streams Primary Care is, at 31 May 2020, overspent by £748k. The budgets shown are for months 1-4 only, and the forecast for this period is an overspend of £192k. • The CCG has made the claim for Covid funding to NHSE and received the funding. • Template forms for 2019/20 and 2020/21 have been sent to all practices to enable them to claim for reimbursement of Covid related costs.
10.2	The Committee were asked to note: <ul style="list-style-type: none"> • That prescribing spend has come down in the last month evident that reporting an underspend due to high level of funding that secured in forecast from NHSE. Replicated everywhere and will be adjusted going forward. • Not yet received confirmation of funding for the last 6 months of the year with negotiations still ongoing with the Treasury. There is a small overspend in position currently. Need to reflect on earlier conversation regarding funding for additional pressure over winter at the moment there is not an identified source and any agreement will need to go at risk. Feel this would be a reasonable position for us to be taking but lack of clarity as to how funding for last 6 months of the year will actually operate.
10.3	AGREED The Primary Care Commissioning Committee: <ul style="list-style-type: none"> • Noted the Month 4 Finance Report 2020-21.
10.	<u>Any Other Business</u> – There were no items identified.
11.	<u>Escalation</u> Noted that the Board will receive a summary of the business conducted by this Committee at their September meeting. Good news stories to be promoted: <ul style="list-style-type: none"> • Excellent GP Patient survey results given that we had talked earlier about how to communicate and share more widely with the public and promote our Practices. Should be up front and centre given we are a membership organisation and this is a positive message for our practices from the public. • September Board will include a small component relating to the presentation of our annual report and accounts. Whilst not a full Annual General Meeting this

	will act as a key plank of that annual report and will include good news stories.
12.	<p><u>Risks Arising From Discussion of Agenda Items To Be Included on The Primary Care Risk Register</u></p> <ul style="list-style-type: none"> • Hot sites and winter pressures – agreed would add to risk register
13.	<p><u>Date of Next Meeting</u></p>
13.1	<p>The next meeting of the Primary Care Commissioning Committee is scheduled for:</p> <ul style="list-style-type: none"> • Thursday 22 October 2020, timing to be confirmed.