

Minutes of the Meeting (Part A) of the **Somerset Primary Care Commissioning Committee** held on **Thursday, 17 September 2020** Via **Microsoft Teams**

Present:	David Heath	Chair, Non-Executive Director, Patient and Public Engagement, Somerset CCG
	Alison Henly	Director of Finance, Performance and Contracting, Somerset CCG
	Tanya Whittle	Deputy Director of Contracting, Somerset CCG
	Dr Emma Keane	Associate Clinical Director of Primary Care, Somerset CCG
	Dr Karen Sylvester	Chairman, Somerset LMC
	Val Janson	Deputy Director of Quality and Nursing, Somerset CCG
	Judith Goodchild	Chair of Healthwatch Somerset, Healthwatch
	Sandra Wilson	PPG Chairs Network Representative, Somerset CCG
	Dr Chris Campbell	External GP Member
In Attendance	Jessica Harris	Primary Care Development Manager, Somerset CCG
	Jacqui Damant	Associate Director of Finance, Somerset CCG
	Sam Checkovage	Assistant Commissioning Manager, Primary Care, Somerset CCG
	Jonathan Davies	Quality Lead for Primary Care, GPN, GPWSI and QI, Somerset CCG
	Lou Evans	Non-Executive Director, Somerset CCG
	Julie White	Estates Capital Bid Manager, Somerset CCG
	James Warren	Urgent Care Project Manager, Somerset CCG
	Secretariat	Sarah Matthews-Attree
Apologies:	Sandra Corry	Director of Quality and Nursing, Somerset CCG
	Basil Fozard	Non-Executive Director, Secondary Care Specialist Doctor, Somerset CCG
	Michael Bainbridge	Associate Director of Primary Care, Somerset CCG
	Louise Woolway	Deputy Director of Public Health, Somerset County Council

PCCC 051/2020 WELCOME AND INTRODUCTIONS

David Heath welcomed everyone to the Somerset Primary Care Commissioning Committee meeting.

The main function of the Somerset Primary Care Commissioning Committee is to provide a forum for commissioning of primary medical services.

David Heath highlighted that meetings and decisions of the Somerset Primary Care Commissioning Committee are held in public to ensure accountability and transparency. Due to the current guidelines on public meetings, it was noted that this meeting was taking place over Microsoft Teams and members of the public are in attendance. It was confirmed there were no questions received in advance of the meeting.

David Heath welcomed Sandra Wilson as PPG Chairs Network Representative to the Committee.

PCCC 052/2020 APOLOGIES FOR ABSENCE

Apologies for absence were received as shown above.

PCCC 053/2020 REGISTER OF MEMBERS' INTERESTS

The Somerset Primary Care Commissioning Committee was asked to review the register of interests, check for accuracy and declare any changes.

No changes were declared.

PCCC 054/2020 DECLARATIONS OF INTEREST RELATING TO ITEMS ON THE AGENDA

No Interests were declared.

PCCC 055/2020 MINUTES OF THE PART A SOMERSET PRIMARY CARE COMMISSIONING COMMITTEE MEETING HELD ON 10 JUNE 2020

The Minutes of the Part A meeting held on 10 June 2020 were reviewed by the Somerset Primary Care Commissioning Committee. The Somerset Primary Care Commissioning Committee approved the minutes as an accurate record of the meeting.

PCCC 056/2020 MATTERS ARISING

The Somerset Primary Care Commissioning Committee noted the action log.

PCCC 057/2020 ANNUAL REVIEW OF THE TERMS OF REFERENCE

Tanya Whittle outlined that the Terms of Reference (ToR) for the Committee require annual review as part of the delegated commissioning arrangement. There were only minor changes to reflect job titles and ways of working. Tanya Whittle highlighted that the GP Clinical Lead role will be amended to reflect the title of Associate Clinical Director for Primary Care.

Action: Update the Associate Clinical Director for Primary Care job title in

the ToR.

Confirmation was given that the governance team had received sight of the changes and had raised no issues, with the Committee asked to approve the amendments.

The Somerset Primary Care Commissioning Committee approved the ToR.

PCCC 058/2020 PRIMARY CARE STRATEGY

Dr Emma Keane provided an update of the strategy work, which had been amended to reflect the pandemic, updating the priorities for the coming months. Emma recapped that GPs are the first point of contact for the majority of people, but noted that each of the 65 practices operate services with a slight variation. Prior to Covid-19, the increasing demand due to an aging population and the complexity of care, alongside challenging recruitment and out of hour's service delivery were key focuses to the strategy given the impact these presented to resilience and capacity. Emma also provided an overview of PCNs and their involvement in forming integrated care with the wider healthcare system; outlining the three new specifications due to commence in October and the number of posts that this creates.

Emma highlighted some of the positive outcomes from our recent learning, such as the increased use of digital technology which has been key to transform how practices have delivered services and proved a catalyst for system working. Digital MDTs have been taking place providing key links across the system, with the voluntary sector providing invaluable support. A Primary Care Cell has established to support working as one system; working closely with community and secondary care teams to ensure a proactive response.

Dr Emma Keane mentioned the key enablers for primary care, which were set out in the strategy, emphasizing these are still important factors. These include; workforce, estates, finance, digital innovation and integrating primary care into the wider system. In light of Covid-19, there have been some revised priorities which include the requirement for strong leadership to provide the ability to respond to any further waves of Covid-19 as well as the routine demand, providing equitable and timely access for patients, safely and effectively managing of demand and rapid implementation of the Fit For my Future integrated model of out of hospital care. Emma expanded on these new priorities, noting that Primary Assessment Centres will continue to operate or be stood up as necessary, with continued reduction in footfall and zoning of patients as required. It was noted that some areas of care, such as the LD population, will have health checks prioritised whilst ensuring that work is equally distributed between secondary and primary care.

Whilst good progress has been made, there are challenges. The increase in demand was discussed, with both unmet care needs accumulating as well as routine care restarting. Whilst face to face appointments have been reduced, the use of PPE makes consultations more time consuming. This reduction in capacity and lack of resources may see an impact on hospitals, which will be further impacted by the unpredictability of Covid-19 and winter pressures. Emma outlined the other significant challenges seen; such as

digital innovation, effective communication with colleagues and ensuring consistency with integrated care and urgent care. Mental health has also seen an increase of incidents which need to be addressed, alongside ensuring care for LD patients and other vulnerable groups. There is also ongoing work due to increased levels of domestic abuse and safeguarding with the wider system, including social systems. The ongoing areas of challenge also include the national guidance over the pandemic, which has often been delayed or complex, the funding for the digital innovations and workforce challenges, with sickness seemingly increasing due to a mixture of exhaustion and self-isolating due to testing issues.

The system wide risks were noted with it being acknowledged that Test and Trace may have unintended consequences and prioritising healthcare professions had not yet reached its full potential.

Dr Emma Keane summarised that moving forward there are 3 priorities; the need to respond to Covid-19, provide comprehensive levels of services to patients and move forward with relevant innovations. The Primary Care Cell will be vital in ensuring delivery and pushing these forward.

The Committee expressed thanks to all those across the system for their response. The Committee further discussed the issue of patient communication and ensuring that patients are aware of how to access services. Whilst mindful that the guidance is constantly evolving and often complex, work with the communications team is progressing to explain to patients what primary care currently looks like and what can be expected. National communications are being shared with practices, using multiple platforms being used such as social media, radio, papers and meetings with the PPGs. It is important that patients are aware primary care is open, but delivery has changed.

Infection and prevention control measures implemented during the pandemic was praised with Dr Emma Keane agreeing that there had been some valuable learning gained and some of these elements will hopefully be kept following the pandemic. Val Janson voiced that the CCG recognise the importance of this and have increased the quality team to increase support to primary care. It was also asked whether the additional roles detailed in the PCN service specifications will take away from other services, i.e. paramedics. Whilst this is a concern, the Committee were informed that discussions with SWAST were ongoing to ensure the system remains stable.

The digital aspects were discussed, with the number of face to face appointments vs virtual appointments questioned. Whilst this was information that was not to hand, it was agreed this would be considered and looked into. The NHS app was noted, with it being reiterated that whilst this is a useful app, there are limitations and the need to be sure that there is equitable access for patients, reflecting that not all will be comfortable using an app.

Action: Investigate whether data on face to face vs digital appointments is held or obtainable.

The Somerset Primary Care Commissioning Committee supported moving forward with the revised strategy.

PCCC 059/2020 GP PREMISES UPDATE

Sam Checkovage introduced the paper, providing an overview of the CCG responsibilities for premises. It was identified that there is a typo on point 4.3, number 14, and should read Williton and Watchet. Sam Checkovage shared that there are 65 practices across 82 sites in Somerset, which are covered by 13 PCNs and a population of circa 577,000. Practices are contractually required to provide fit for purpose premises and the cost direction sets out legal framework for infrastructure. Although practices are responsible for their premises, the CCG are responsible for ensuring and overseeing the quality of premises and to support the practices to obtain capital funding when available to extend, improve or build premises. Sam shared that all outcomes would be aligned to the Fit for My Future neighbourhood and community settings of care work stream. Given this, a comprehensive assessment of the premises in Somerset is being undertaken to understand capacity requirements.

As part of the comprehensive review, options appraisals and feasibility studies have been undertaken and the CCG are part of the Wave 2 of the NHS England National Data Gathering Programme. These studies will be looking at statutory compliance, conditions of the buildings and functional suitability. The CCG have created a current priority list, based on size and whether the building is fit for purpose. This identified 14 practices as needing support, though it should be noted this is a live list and may change as further information is received, such as housing development updates. The team will be working with these practices to identify options, though ultimately practices have to right to decide whether or not they wish to progress with the CCG needing to approve any changes. Sam identified that the CCG revenue cost increases if the size of a practice increases and that investment will only be made if there is clear evidence that there is a benefit to the people of Somerset.

The challenges of the programme were given, with it being noted that obtaining capital funding through NHS England and Improvement can be problematic as it is based on a bidding process making long term planning challenging. Technology developments may lead to major change in service delivery, thus reducing demand on estates, but this impact is not yet known. The impact on increasing GP training placements and the PCN additional roles will also likely intensify pressure on premises requirements.

Sam Checkovage outlined the recommendation to the Committee to support the work to develop the CCG estates strategy but note the potential revenue implications. The Somerset Primary Care Commissioning Committee supported the proposal.

PCCC 060/2020 PRIMARY CARE FINANCE

Jacqui Damant provided an overview of the report, stating that since the last meeting the team had received confirmation that the current financial arrangements for the CCG would continue into months 5 and 6. The CCG will continue to submit monthly figures to NHS England, who will assess and provide top up funding. The shortfalls in funding identified against the delegated primary care budgets will continue to be claimed through this

process. Jacqui Damant confirmed that month 5 has recently been submitted, with top up funding for months 1-4 confirmed.

The Primary Care Transformation funds were raised and had been assumed to be included in the delegated budget allocations for months 1-6. The CCG have now received a letter confirming the availability of funding for the further 6 months. Whilst funding envelopes have been received, further clarity was being sought around whether the transformation funding would be a separate amount or form part of this allocation. Dr Karen Sylvester questioned whether the LMC could have sight of the amount, with Jacqui Damant confirming that the funding will be on par with the previous year's amount.

GP prescribing costs were raised, and whilst not included in the report, it is expected that this area will continue to be a cost pressure but that reporting of this data is 2 months in arrears so trends are currently being analysed.

The Somerset Primary Care Commissioning Committee noted the report.

PCCC 061/2020 PRIMARY CARE UPDATE REPORT

Tanya Whittle presented the regular report which summarises the recent primary care activity. Key areas were raised and it was advised that for the clinical waste contract, which had been inherited through delegation from NHS England, the Finance and Performance Committee has endorsed the change to the NHS Terms and Conditions for the Provision of Services and the contract was now being reviewed and monitored to ensure value for money and guarantee it is meeting the needs of primary care.

The application for Minehead Medical Centre's branch closure was discussed, impressing that the branch surgery is adjacent to the main practice, with the practice currently undertaking the relevant requirements such as patient engagement. It is planned that this application will be presented to the Committee in December for consideration.

Other update areas included Enhanced Services, noting both the anticoagulation annual audit results were now being analysed and that work was being done to maximise the Learning Disabilities Health Check service. The Committee received an update around the Assurance Framework visits, with it confirmed that the process is being reinstated, with the first virtual visit taking place over MS Teams at the end of this month.

An update around the South Somerset West Primary Care Network proposal was given detailing that Symphony Healthcare Services operate all practices within this PCN and so are looking to develop an operating model. Conversations are ongoing but the CCG are supportive the current proposal and will be linking with NHS England, as commissioners of some services, to progress.

The final areas highlighted were microsuction and QOF. It was noted work with microsuction had restarted and the service was in place in two PCN areas. It was confirmed that some PCNs do not yet have a delivery plan but the CCG are working to look at alternative options. Further guidance had been issued around how QOF will be managed for 2020/21. It was noted that the 2019/20 results had been published, with the achievement for

Somerset at 96.13% which is better than the national average of 95.51%. The Committee praised the practices for their commitment, particularly noting that the majority of practices had transitioned from SPQS.

The Somerset Primary Care Commissioning Committee noted the report.

PCCC 062/2020 IMPROVING QUALITY IN PRIMARY CARE

Jonathan Davies presented the quarterly report, linking to the previous report and sharing that the team had received strong assurance of quality from the QOF results, which demonstrated that there had been a focus on long term conditions management, which is a key elements of QOFs Quality Improvement (QI) element for 2020/21. Jonathan Davies recognised the interruption Covid-19 had caused but identified that work had been demonstrable throughout year, despite final assurance not being able to be given. Jonathan Davies also shared that one of 2020's key focus areas of QOF QI is Learning Disabilities (LD) and how to improve access and management. The CCG are working closely with the LMC to produce supportive packages on improvement ideas for practices. Development around communications will be progressed to ensure LD patient's needs are well understood and how to support face to face appointments.

An update around the freedom to speak up policies was given, explaining the work undertaken with the LMC to ensure that practices are supported. The Pulse Oximetry machinery that had been distributed to primary care had now received Standard Operating Procedures and structures to help practices deliver the service. The Committee were updated on the additional 250 pulse oximeters obtained and plans in primary care for these to support work with care homes and LD homes.

Jonathan Davies outlined the challenges to delivering QI training to practices during the pandemic nevertheless this has now been worked through and there is the ability to now offer an online version of this training to primary care as well as direct coaching as necessary. There has been a focus on Restore2, with members of the quality team providing training in nursing homes. Jonathan recognised that this tool is used by nursing homes which then gets fed into primary care and acknowledged the need for primary care training. This is currently being organised with support from the GP Education Trust.

The update around CQC ratings noted that 6 reports had been published in the last quarter. Of those 6; 4 have been rated 'Good', 1 rating changed from 'Inadequate' to 'Good' and 1 changed from 'Inadequate' to 'Requires Improvement'. It was confirmed the CCG are supporting this practice to achieve a 'Good' ranking. An update around the new ways of CQC working were given, noting the suspension of face to face visits and move to being conducted virtually. The CCG are in regular contact with CQC to provide support and assurance around Somerset practices.

Highlights from the patient survey report were provided, identifying that patient satisfaction levels are higher in Somerset than the national average. It was acknowledged there are some areas to improve and the CCG are working with the relevant practices to improve these areas. Sandra Wilson raised an issue of non-clinical staff becoming more removed/remote from patients with Val Janson agreeing to discuss this further outside of the

meeting so that the team can look into this issue further. It was agreed that asked this would be considered for the next meeting.

Action: Val Janson and Sandra Wilson to discuss non-clinical contact further.

The Somerset Primary Care Commissioning Committee noted the report.

PCCC 063/2020 PRIMARY CARE NETWORKS UPDATE

Jessica Harris provided an overview of the position in Somerset, describing that there are 13 PCNs and 3 practices not participating in 2020/21. The population of these 3 practices are still being covered by PCNs, with patients at West Coker covered by the Yeovil PCN and North Sedgemoor PCN providing provision for both Cheddar Medical Centre and Brent Area Medical Centre patients. Jessica Harris reminded the Committee that these practices do still have a duty to cooperate with the network and the services provided.

Jessica Harris outlined the 13 clinical director posts but illustrated another key development of PCNs obtaining PCN managers and support officers as well as workforce partners within the wider neighbourhood teams, all of which will contribute to the delivery of the DES specifications. Jessica Harris outlined the additional role reimbursement scheme (ARRS) allocations, sharing that workforce planning has been undertaken for this year, with significant progress in recruitment already achieved, despite Covid-19.

There will be 3 specifications commencing during 2020; Enhanced Health in Care Homes (EHCH), Early Cancer Diagnosis (ECD) and Structured Medication Reviews (SMR). Jessica Harris confirmed all care homes have been aligned to networks and shared the cost of the service whilst confirming clinical leads for the service had also been identified in each network. For the ECD specification there are 3 key areas which include referrals, improving local update of national cancer screening programmes and collaborative working and establishing a community of practice. SMR is awaiting further guidance but is planned to start in October but the ARRS will be key to help deliver this specification.

The Somerset Primary Care Commissioning Committee noted the report.

PCCC 064/2020 WINTER PLANNING

Alison Rowsell advised that this year's winter plan had been adapted from the previous winter period, taking forward areas that were successful as well as learning on any areas that could be improved. The plan has been created with Somerset's A&E Delivery Board. Learning from Covid-19 is also taking place and a session with the A&E Delivery Board will consider these elements further. A significant piece of work has been looking at mitigating actions required for winter, with consideration given to which schemes are required. The Committee heard that this had also been presented to the ICS Executive meeting and confirmation had been given to certain schemes to progress, these include rapid response teams, an intermediate care team and validating ED activity.

Demand and capacity modelling has been undertaken based on last winter

updated for this years requirements, particularly given the reduction in bed capacity due to social distancing requirements. Alison Rowswell stressed that this model was constantly evolving so modelling may change. Capacity for urgent care delivery in primary care is being reviewed and links established with primary care to ascertain capacity.

Key areas of the programme include areas such a transport, flu and severe weather planning, ensuring that all organisation have robust policies in place. Alison Rowswell acknowledged that there are risks in the system but there has been significant work to try to mitigate these. Alison summarised that whilst this plan had been agreed by the A&E Delivery Board it is still is a constantly evolving document, updated to reflect any new considerations or developments.

Tanya Whittle mentioned the opal status of the Trusts and queried how the CCG are planning to mitigate risks considering that the Trusts already appear to be in a challenging position. Alison Rowswell confirmed that this is being reviewed by the A&E Delivery Board and that a workshop is being set up to consider how to move forward, but acknowledged that there will be challenges.

The Somerset Primary Care Commissioning Committee noted the report.

PCCC 065/2020 INFLUENZA VACCINATIONS

James Warren informed the Committee that the target for flu vaccinations had been significantly increased for 2020, not just in practices but the wider primary care remit for patients. The 'at risk' group target had been increased from 55%-75% as well as the addition of shielding patients and a target of 100% of staffing. There is potential for inclusion of the 50-64 year old cohort, however, NHS England has yet to confirm this arrangement as it is dependent on vaccination availability.

To respond to this demand a Somerset System Flu Group has been developed, with representatives from both trusts, the LMC, the LPC and is co-chaired by a GP; Dr Steve Holmes. From the flu group, 3 Task and Finish groups have formed; with one considering finances, one working on communications and one working on primary care. The primary care Task and Finish group is being used to create guidance, which is then intended to be circulated to practices at regular intervals. James mentioned that the communications team have developed a communications plan which has been submitted to NHS England and has received positive feedback.

David Heath raised concerns about lack of clarity on the potential inclusion of the additional cohort. James Warren echoed these concerns, emphasising that this had been feedback to NHS England but that as this was related to vaccine availability this was a national issue. James shared that NHS England have advised that if vaccines were to be provided to this cohort currently, primary care would be unable to reclaim this cost.

The Somerset Primary Care Commissioning Committee noted the report.

PCCC 066/2020 ANY OTHER BUSINESS

There was no other business.

PCCC 067/2020 DATE OF NEXT MEETING

David Heath thanked members of the Somerset Primary Care Commissioning Committee for their attendance and confirmed the date of the next Primary Care Commissioning Committee was 7 December 2020 from 12pm.

PCCC 068/2020 DATES OF FUTURE PRIMARY CARE COMMISSIONING COMMITTEE MEETINGS

Future Meetings of the Primary Care Commissioning Committee are yet to be confirmed.

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CHAIRMAN

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DATE