

<b>Meeting:</b> Oxfordshire CCG Board
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<b>Date of Meeting</b>	16 March 2021
<b>Title of Paper</b>	Oxfordshire Primary Care Commissioning Committee minutes from 08 December 2020
<b>Lead Director</b>	Jo Cogswell, Director of Transformation
<b>Author(s)</b>	Duncan Smith, Lay Member, Chair of OPCCC
<b>Paper Type</b>	For Information
<b>Action Required</b>	The detailed work of the Committee provides further assurance to the Board that OCCG is managing primary care commissioning in accordance with the NHS England Delegation Agreement and the framework approved by this Board. Board members are asked to consider if they are receiving enough information at the Board and workshops, including through the minutes of OPCCC and Executive committee meetings, to assure themselves.

### Executive Summary

The Committee draws to the attention of Board members, the following:

**Primary Care Estates Strategy:** The Committee approved the Strategy. It is likely that any NHS England capital budget for estates developments would be allocated to the Integrated Care System and it is hoped that this Strategy would support any future Oxfordshire bids and inform a wider ICS primary care estates strategy.

**Primary Care Visiting Services in Oxfordshire, 2021-2024:** The Committee supported the recommissioning of a primary care visiting service for Oxfordshire following consideration of the findings of the service review.

**Social Prescribing Services in Oxford City, 2021-2024:** The Committee noted the complexity of social prescribing and endorsed the need for an Oxfordshire Social Prescribing Strategy, agreeing the principles for commissioning future services to meet Network Contract Directed Enhanced Service and to ensure that any new service complemented the PCN structure.

**Improving Access Scheme:** Oxfordshire had been an early adopter of the national improving access scheme and the contract would end in March 2021. A national

directive was expected that the service should be delivered through Primary Care Networks and this delay left some uncertainty for Oxfordshire. The Committee agreed that that services should be commissioned through PCNs.

**Covid pandemic response:** The Committee received a detailed report from the Director of Transformation and Deputy Director, Head of Primary Care. Between meetings, funding for CALM clinics had been approved by the Committee members.

**Quality Report – Annual health checks for patients with learning disabilities:**

The Committee asked for assurance to be provided to the Quality Committee on the actions that were to be taken to improve the take-up of annual health checks.

## Minutes

Oxfordshire Primary Care Commissioning Committee  
08 December 2020  
Microsoft Teams

Members			
Name	Role	Initials	Attendance
Duncan Smith	Lay Member, Chair (voting)	EDS	Present
Jo Cogswell	Director of Transformation (voting)	JC	Present
Dr Kiren Collison	Clinical Chair (voting)	KC	Present
Julie Dandridge	Deputy Director, Head of Primary Care (non-voting)	JD	Present
Roger Dickinson	Lay Vice Chair (voting)	RD	Present
Diane Hedges	Deputy Chief Executive (voting)	DH	Present
Colin Hobbs	Assistant Director of Finance (Primary Care) (non-voting)	CH	Apologies
Catherine Mountford	Director of Governance (voting)	CM	Present
Dr Meenu Paul	Deputy Clinical Director of Quality (voting)	MP	Present
Rosalind Pearce	Chief Executive, Healthwatch, Oxfordshire (non-voting)	RP	Present
Jenny Simpson	Deputy Director of Finance (non-voting)	JS	Present
Dr Richard Wood	Joint Chair BBOLMC (non-voting)	RW	Apologies
Others: (Standing Invitees or In Attendance)			
Ros Kenrick	Senior Executive Assistant and Board Secretary	RK	Present
Sarah Adair	Joint Head of Communications and Engagement	SA	Present
Julie-Anne Howe	Senior Commissioning Manager – Transformation Directorate	JAH	Present
Peter Redman	Estates and Development Manager	PR	Present
Agenda			
1.	<b>Welcome and introductions</b> The Chair welcomed everyone to the meeting, reminding all that this was a meeting in public and not a public meeting.		
2.	<b>Apologies for Absence</b> Noted above.		
3.	<b>Declarations of Interest</b> The Chair reminded Committee members of their obligation to declare any interest they may have on any issue arising at Oxfordshire Primary Care Commissioning Committee meetings that might conflict with the business of Oxfordshire CCG. Items 6 – 9 had been reviewed and it was agreed that GPs present could take part in the discussions and could vote on the papers.		

4.	<p><b>Minutes of the Meetings held on 04 August 2020</b> The minutes of the meeting held on 04 August 2020 had been agreed as an accurate record of that meeting and were presented here for information.</p>	
5.	<p><b>Action Log:</b> The action log had been updated.</p> <p>Actions that had been paused during the first wave of COVID-19 would be reviewed before the next meeting.</p>	
<b>Commissioning</b>		
6.	<p><b>Oxfordshire Primary Care Estates Strategy</b></p> <p>Conflicts of interest: Where GP practice partners and employees both sit on OPCCC and are owners or part owners of GP premises then there is a conflict of interest.</p> <p>As this Primary Care Estates Strategy and Prioritisation Criteria for scoring considers all practices, no parties are able to influence funding for practices. Therefore, any conflicted parties should be able to participate in discussion and decision.</p> <p>The committee had discussed the estates strategy in detail at a workshop. Practices, patient representatives, Primary Care Networks (PCNs) and the Local Authority had all been involved in the preparation of the document. It had been presented to the Estates group for comments. The strategy was iterative and would guide the way forward for primary care estates. The Director of Transformation thanked the Senior Commissioning Manager – Transformation Directorate and the Estates and Development Manager for their work on the strategy.</p> <p>It is likely that any NHS England (NHSE) capital budget for estates developments would be allocated to the Integrated Care System (ICS) f. It was hoped that this Primary Care Estates Strategy would support any future Oxfordshire Bids and hopefully also inform a wider ICS estates strategy.</p> <p>Committee members stressed the importance of highlighting that the current primary care estate was not all fit for purpose, especially given the numbers of housing developments across the county. OCCG wanted to ensure suitable estate for the future, bearing in mind the changes to delivery that included more digital solutions. The Deputy Director, Head of Primary Care would work with the Communications team to highlight the problems with the current primary care estate and to produce a public-facing version of the strategy.</p> <p><b>Action 20/15: Work with the Communications team to highlight the problems with the current primary care estate and write a public-facing version of this document</b></p> <p>Committee members discussed the role of the ICS in primary care estate post-2022. If each Place were to take forward responsibility for the redevelopment, there would be concerns about the finances</p> <p><b>Action 20/16: Ask Finance Committee to work through the financial implications of ICS funding should primary care estate be developed at Place level</b></p> <p><b>The OPCCC</b></p>	<p>JD</p> <p>GK</p>

	<ul style="list-style-type: none"> <li>• <b>Agreed to adopt the Oxfordshire Estates Strategy for Primary Care and agreed that the prioritisation tool should be used when considering proposals for primary care premises developments which have revenue implications greater than £50k per annum.</b></li> <li>• <b>Noted details within the document would change over time as primary care estate provision adapts</b></li> <li>• <b>Recognised the need to continue working within a wider ICS Estates provision</b></li> </ul>	
7.	<p><b>Primary Care Visiting Services (PCVS) in Oxfordshire 2021-2024</b></p> <p>Conflicts of interest: GP members of the committee who are partners in an Oxfordshire practice may benefit directly by the provision of this service. However, none of the current OPCCC GP members are Oxfordshire GP partners and therefore there is no conflict.</p> <p>The paper was presented with a recommendation that OCCG continued to commission this service. There had been much positive feedback on the current service. The project team was supportive of continuation of service delivery from the current providers acknowledging that a new provider would be needed for the Oxford City services.</p> <p>The PCVS had helped to prevent acute admissions by allowing patients to remain at home. It was noted that it had transformed the way primary care worked. For the future, the federations would be asked to weight the service towards areas of inequality and deprivation.</p> <p>The Chief Executive of Healthwatch, Oxfordshire, asked to see copies of the patient satisfaction reports from the providers.</p> <p><b>Action 20/17: Send copies of patient satisfaction reports to Healthwatch, Oxfordshire</b></p> <p><b>Action 20/18: Submit an update paper on the PCVS to the next meeting</b></p> <p><b>The OPCCC</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the findings of the project team and the key findings of the review of the existing primary care visiting service</b></li> <li>• <b>Supported the recommissioning of a primary care visiting service for Oxfordshire</b></li> <li>• <b>Noted the next steps to be taken by the Director of Transformation, to procure Primary Care Visiting Services for Oxfordshire to include a replacement Citywide service, in line with the scheme of delegation</b></li> </ul>	<p><b>JC</b></p> <p><b>JC</b></p>
8.	<p><b>Social Prescribing Services in Oxford City 2021-2024</b></p> <p>Conflicts of interest: GP members of the committee who are partners in an Oxfordshire practice may benefit directly by the provision of this service through PCNs. However, none of the current OPCCC GP members are Oxfordshire GP partners and therefore there is no conflict.</p> <p>There is also a non-financial professional conflict as this service delivers on primary care workload. All GPs would have a conflict of interest in this respect but in this case the GPs on the committee do not practice in the City and as such are able to participate in discussion and decision.</p>	

	<p>The contract for the services in the City was coming to an end. Over the years social prescribing had changed and more services and providers were now available. The CCG would need to ensure that any new service going forward complemented the PCN structure and should be focused on where it was needed the most and would add the greatest value.</p> <p>If the new service were not to utilise all the funding allocated, the remainder would be reinvested in primary care. The proposal was to maintain the baseline of 4.2 whole time equivalent staff with a new service meeting current needs, which would leave approximately half the budget unused.</p> <p><b>Action: Bring a paper on Social Prescribing funding to a future meeting</b></p> <p>The Chief Executive of Healthwatch, Oxfordshire, advised that different communities had differing needs and that local organisations should be involved in the development of the service.</p> <p>The strategy had high ambitions and work on co-design and production would begin in the spring, although it was recognised that the COVID-19 vaccination programme could delay the process. Providers of social prescribing would be invited to participate and OCCG would work with the local authority and Healthwatch, Oxfordshire.</p> <p><b>The OPCCC</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the work undertaken to seek feedback from stakeholders</b></li> <li>• <b>Noted the complexity of social prescribing and endorse the need for an Oxfordshire Social Prescribing Strategy</b></li> <li>• <b>Agreed the principles for commissioning future services and the need to maintain funding for 4.2 WTE social prescribers in the CCG declared baseline to meet Network Contract Directed Enhanced Service (DES) additionality rules</b></li> <li>• <b>Noted the next steps to be taken by the Director of Transformation in line with the scheme of delegation.</b></li> </ul>	<p>JD</p>
<p>9.</p>	<p><b>Improving Access</b></p> <p>Conflicts of interest: GP members of the committee who are partners in an Oxfordshire practice may benefit directly by the provision of this service through PCNs. However, none of the current OPCCC GP members are Oxfordshire GP partners and therefore there is no conflict.</p> <p>Oxfordshire had been an early adopter of the national improving access scheme and the contract would end in March 2021. It was expected that there would be a national directive that the service should be delivered through PCNs, but the outcome of the review was awaited. This left some uncertainty for Oxfordshire, given the timing, but it was thought that Oxfordshire should follow the national guidance.</p> <p>OCCG was working with the PCNs to assess whether there might be any problems with delivery. Some PCNs could choose to collaborate to provide the service, but there were contingency plans for delivery through federation services should there be issues for the PCNs.</p> <p><b>The OPCCC approved the Improving Access paper, noting the contents of the report and agreeing that improving access requirements are commissioned through PCNs and the Network Contract DES as a</b></p>	

	<b>Supplementary Network Service (SNS) until such time as the national review and specification for PCNs is available.</b>	
10.	<p><b>GP Prioritisation - Locally Commissioned Services 2020/21 in year review</b></p> <p>This paper was deferred. The Directors of Finance and Transformation had written to practices to explain that they would not be financially disadvantaged as a result of the pandemic. The paper would be circulated for virtual approval when ready.</p> <p><b>Action 20/19: Circulate GP Prioritisation - Locally Commissioned Services 2020/21 in year review paper for virtual decision</b></p>	<b>JC</b>
<b>Business</b>		
11.	<p><b>Deputy Director, Head of Primary Care and Localities Report</b></p> <ul style="list-style-type: none"> <li>The report contained a high-level overview of patient and public engagement. A more detailed paper would be prepared by OCCG Communications Team and the Chief Executive of Healthwatch, Oxfordshire for presentation at the next meeting.</li> <li>Three CALM clinics and a visiting service had been in operation since mid-October. There were arrangements to scale up and down depending on demand. Patient experience was being collated and would be shared. The focus now was on the vaccination programme, with the primary care team heavily supporting practices.</li> <li>The Northgate development business case had been approved and the agreement for the lease signed. Three city centre practices would move to the new build.</li> </ul> <p><b>Action 20/20: Prepare a detailed patient and public engagement paper for the next meeting</b></p> <p><b>The OPCCC noted the Deputy Director, Head of Primary Care and Localities Report</b></p>	<b>CM/RP</b>
12.	<p><b>Quality Report</b></p> <ul style="list-style-type: none"> <li>Most of the Oxfordshire practices would achieve the flu vaccine target uptake.</li> <li>Two practices were being supported by the primary care and quality teams to resolve outstanding CQC issues to achieve Good overall. The CQC would undertake table-top assessments of these practices.</li> <li>The Quality team was working with NHS England to identify patients with learning disabilities in order to offer annual health checks. Patients received an initial telephone consultation with advice that it was safe to come into the practice for elements such as blood pressure readings. Health checks would be advertised in practices. Given the low uptake, the Chair asked for assurance to be submitted to this committee and to the Executive Committee, with a report on actions being taken to Quality Committee.</li> </ul> <p><b>Action 20/21: Take learning disability annual health checks action plan to Quality Committee to provide assurance to OPCCC and Executive Committee through the Quality Report</b></p> <p><b>The OPCCC noted the Quality Report.</b></p>	<b>MP</b>
<b>Governance</b>		
13.	<p><b>Papers Circulated/Approved Between Meetings</b></p> <ul style="list-style-type: none"> <li><b>Primary Care Funding –circulated 11 August – Approved</b></li> </ul>	

<b>AOB and For Information</b>		
14.	<p><b>Sub-Committee Briefings:</b></p> <ul style="list-style-type: none"> <li><b>OPCCOG July, August, September and October 2020</b></li> </ul> <p>The Deputy Chief Executive noted her disappointment that the special allocation scheme was to end unless a new provider could be found. There were currently very small numbers of patients on the scheme, for whom the service would continue. New referrals would be dealt with on an individual basis and referred to an alternative provider by the CCG. The situation would be reviewed in six months' time with a view to either re-procurement or building the scheme into other services.</p> <p><b>The OPCCOG briefing was noted.</b></p>	
15.	<p><b>Confirmation of meeting quorum and note of any decisions requiring ratification</b></p> <p>The meeting was quorate, and no decisions required ratification.</p>	
16.	<p><b>Any Other Business</b></p> <p>There being no other business the meeting was closed. The Chair wished all present a Merry Christmas; thanking and recognising the work of the OCCG and general practice teams over this difficult year.</p>	
<p><b>Date of Next Meeting:</b> 06 April 2021</p>		