

**Agenda Item 14: Paper 14c**

**Meeting:** Buckinghamshire, Oxfordshire, and Berkshire West CCGs Governing Bodies Meetings in common (in public)

<b>Date of Meeting</b>	10 June 2021
<b>Title of Paper</b>	Berkshire West Primary Care Commissioning Committee Chair's Report – 14 April 2021
<b>Lead Director</b>	Helen Clark, Director of Primary Care
<b>Author(s)</b>	Saby Chetcuti, Lay Member (Governance) Sarah Wise, Primary Care Contracts Manager
<b>Paper Type</b>	To Note
<b>Action Required</b>	Governing Body Members are asked to note the report on decisions made at the last meeting of the Primary Care Commissioning Committee held in public.

## Executive Summary

The Primary Care Commissioning Committee met remotely, in public, on 14th April 2021. The meeting covered:

- i. Consideration being given to the ICS committee structure and the three separate Buckinghamshire, Oxfordshire and Berkshire West Primary Care Commissioning Committees meeting as a 'committee in common' to take decisions together. Members were informed that a BOB workshop involving the Primary Care Director, PCCC Chair and one of the Clinical Leads was being held to give this further consideration. It was flagged that there may be a need for Berkshire West to form a local operational group as a result.
- ii. Reviewing the PCCC annual report which summarised the work of the Committee in 2020/21 and reflected on compliance with the Committee's terms of reference and the discharging of its responsibilities. Suggested changes are to be reviewed by PCCC's Chair and Lay Member ahead of the report being presented to the Governing Body.
- iii. Commissioning arrangements for enhanced services in 2021/22. Voting members had previously been asked to agree the rollover of enhanced service specifications into 2021/22 (noting that notice could be given in-year if changes were required), agree income protection arrangements for Q1 of 2021/22, note pricing changes to the Quality CES and agree proposals as to how enhanced

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access should be commissioned following a delay in intended national changes. Members ratified the decisions of voting members but also gave consideration to and commented on:

- Plans to extend the COVID Capacity Expansion Fund CES following national funding being made available to extend this from April 2021 to September 2021. Discussion took place as to whether any of the funding available should be used to support PCNs / practices continuing to provide the COVID vaccination programme. Whilst this was not part of the national expansion fund requirements there had been a national steer that consideration could be given to funding being used differently in this way. Members concluded that the COVID vaccination programme was funded separately and that the expansion fund monies should be used as intended to support practices to recover and manage the backlog in care as a result of COVID. Members were also asked to give consideration as to how the CES could be strengthened to support delivery of Oximetry @home; it was agreed that practices should be required to provide auditable evidence of delivery. Members requested that its views be shared with PCNs and BOB colleagues ahead of voting members being asked to sign-off the CES.
- Plans for Thames Valley Cancer Alliance Funding to be rolled forward into 21/22 following delivery of the service being paused because of COVID in 20/21.
- Changes to the Quality and Outcomes Framework (QOF) for 21/22, which includes supporting the management of serious mental illness patients, new vaccination and immunisation requirements and cancer diagnosis and learning disabilities.
- Plan in 21/22 to focus on achieving a consistent approach to CESs cross BOB that re-examines the way services are commissioned and invested to achieve the best patient outcomes, ICS and Long Term Plan objectives and rationalisation of shared care arrangements.

iv. Update on discussions taking place to agree the financial arrangements for the Reading Walk-in Health Centre APMS contract being extended to March 2022 with the walk-in service suspended; it was noted that no agreement had yet been reached. Members were also asked to consider an Equality and Quality Impact Assessment (EQIA) conducted on the walk-in centre closing. This had highlighted that there were patient groups, such as the homeless, that may be affected by the change in service which required mitigation actions. It was acknowledged that the patient and public consultation being conducted would help to identify if there were further groups.

v. An application made by Longbarn Lane Surgery to cease providing clinical sessions from the Southcote Clinic. COVID had prevented the Longbarn Lane Surgery being able to offer walk-in sessions for an hour on a Monday, Wednesday, and Friday for over a year at the Southcote Clinic, providing services either remotely or from the Longbarn Lane site instead. Re-evaluation of its delivery model had led the Practice to conclude that there was little value in continuing to run services from the Clinic as all services could be accessed in a more safe and controlled way at its main site. Members considered the application, the feedback received following a patient and key stakeholder

consultation conducted, together with other background information on the premises and predicted population growth in the area and agreed the application. Members requested that an appropriate period of time be given before the formal closure of the Clinic so that patients could consider whether they wished to re-register with another GP Practice. The application affected 140 patients who have the choice of 8 other GP Practices if they decided to re-register.

- vi. Updating Members on routine contractual changes actioned by the Primary Care Team on behalf of the Committee. Contractual changes actioned were linked to partnership changes and retirements.
- vii. Primary Care Finance Audit conducted by the internal auditors which looked at contract payments, discretionary payments, and GP practice COVID cost reimbursement payments. Due to COVID payments to GP practices being quite significant, the audit was split into two: business as usual and COVID-19. The audit of 'business as usual' made two recommendations with regards to contract and discretionary payments, these were authorisation limits and the timeliness of rent reviews. Changes to delegated authorities were implemented as a result. Rent reviews is a CSU service. Both matters were noted as low risk, equating to a full assurance on the NHSE scale. Findings from the COVID audit were linked to validity of payments, the delegation of authority (which was reviewed to include approval by the CFO) and there being clear guidance around future payments and making sure these are based around NHSE guidance. Internal auditors were made aware of the lack of guidance from NHSE at the start of the pandemic with this only being made available to the CCG in August 2020. By this time practices had incurred expenses and it was not considered appropriate for the CCG not to reimburse. The overall rating of the COVID audit was noted to be medium risk. It was recognised that additional processes needed to be introduced for COVID practice claims and action to implement has been taken.
- viii. Q3 2020/21 Quality Report was presented which highlighted that service utilisation data was still showing the effects of the COVID situation making it difficult to assess trends. Good performance was noted as being seen with regards to childhood immunisations although a couple of practices had activity rates below the national target. It was agreed that this should be highlighted to the PCN Clinical Directors.
- ix. Month 11 Finance Report was received, and the YTD position was noted to be breakeven. The full primary care delegated funding of 73.3m had been received.
- x. The risk register was reviewed. Risk narratives were updated but no changes to risk scores were made.