

MINUTES:

OXFORDSHIRE PRIMARY CARE COMMISSIONING COMMITTEE (OPCCC)

15 August 2019, 14.30 – 16.30

Conference Room A, Jubilee House, OX4 2LH

Present:	Duncan Smith (EDS), Lay Member OCCG (voting) – Chair
	Dr Ansaf Azhar (AA), Director of Public Health, OCC (voting)
	Dr Kiren Collison (KC), Clinical Chair OCCG (voting)
	Julie Dandridge (JD), Deputy Director, Head of Primary Care and Localities OCCG (non-voting)
	Roger Dickinson (RD), Lay Vice Chair OCCG (voting)
	Colin Hobbs (CH), Assistant Head of Finance NHSE (for Steve Gooch) (non-voting)
	Catherine Mountford (CM), Director of Governance OCCG (voting)
	Dr Meenu Paul (MP), Assistant Clinical Director Quality OCCG (voting)
	Rosalind Pearce (RP), Healthwatch (non-voting)
In attendance:	Ros Kenrick – Minutes
	Rachel Jeacock (RJ), Lead Primary Care Manager
	Val Messenger (VM), Deputy Director of Public Health, OCC

Apologies	Steve Gooch, Director of Finance NHS England
	Jo Cogswell (JC), Director of Transformation OCCG (voting)
	Jeremy Hutchins, (JH), Public/Patient Representative (non-voting)
	Louise Patten (LP), Chief Executive OCCG (voting)
	Jenny Simpson (JS), Deputy Director of Finance OCCG (non-voting)

	Item 5 was taken after item 11.	Action
	<p>Declarations of Interest There were no declarations of interest pertaining to the agenda.</p>	
1.	<p>Minutes of the Meeting Held on 04 June 2019 The approved minutes of the meeting held on 04 June 2019 were noted.</p> <p>Action Tracker <i>Developing OPCCC</i></p>	

	<p>Item on agenda: action closed.</p> <p><i>Primary Care Workforce Strategy</i> <i>Wellbeing of staff:</i> This action is to form the main topic at a future workshop: action closed. <i>Assurances around the workforce gap:</i> JD would look at the Wessex workforce tool initiative being considered across the ICS and report back to OPCCC.</p> <p><i>Financial Plan for Primary Care</i> <i>Population figures:</i> In comparisons of Buckinghamshire and Oxfordshire, the predicted growth was less, but the differential was much smaller: action closed.</p> <p><i>Forward Plan</i> Action around information on what would be needed to be delivered from the GP Forward View (GPFV) to be kept open.</p> <p><i>Risk Register</i> Was an item on the agenda: action closed</p> <p><i>Recommendation of Specialist Homeless Primary Care Services</i> A further update had been provided in the Head of Primary Care's report; action closed.</p> <p><i>Primary Care Services for 2019/20</i> A deprivation paper was on the agenda: action closed.</p>	
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Commissioning

<p>2.</p>	<p>GP Appointments</p> <p>The paper presented was an updated version of the paper submitted to the Health Overview and Scrutiny Committee (HOSC), with added trend data and comparisons with neighbouring CCGs. It showed that Oxfordshire offered more than the national average number of appointments and equal to or more than neighbouring areas. The majority of these appointments were with GPs, with a significant number being telephone appointments.</p> <p>The Committee noted that eConsult, the online consultation platform for GPs would change the way that patients interacted with their GPs. The platform could direct patients to other providers.</p> <p>The paper had demonstrated to system colleagues the number and types of appointments in primary care. It had highlighted the workforce issues and skill mix initiatives and had been the first time that HOSC had seen primary care data.</p> <p>Online access to the booking of appointments was now a requirement in the GP contract and take-up was expected to improve as this became</p>	
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	<p>more widely available.</p> <p>Committee members queried the value of out of hours appointments. The take up rate on a Sunday was generally low and the cost relatively high. There would be a national review of the national improved access scheme with the OPCCC patient and public member attending one of the events.</p> <p>An update would be submitted to the Committee following the national review.</p> <p>The OPCCC noted the GP appointments paper.</p> <p>Action: JD to send information about the national review for the improved access scheme to RP.</p> <p>Action: JD to submit a follow up paper on the national review once results had been published.</p>	<p>JD</p> <p>JD</p>
<p>3.</p>	<p>Primary Care Networks</p> <p>The paper presented had been submitted to and agreed at the OCCG Board meeting in July. There were no further comments from the Committee.</p> <p>The OPCCC noted the Primary Care Networks paper.</p>	
<p>4.</p>	<p>Workshop feedback including future arrangements</p> <p>CM gave a verbal update on the workshop held on 2 July 2019. Items discussed included:</p> <ul style="list-style-type: none"> • Primary Care Network developments; • Patient engagement and support to Patient Participation Groups (PPGs) in practices and in networks. OCCG would continue to work with Healthwatch to provide this support; • How to develop OPCCC in the move to holding committees in common with Buckinghamshire and Berkshire West <p>EDS noted that the workshop had been a very useful session.</p>	
<p>5.</p>	<p>Enabling Primary Care through Digital Transformation</p> <p>JD confirmed that the £1.8m budget was not from the delegated budget, but a direct payment from NHS England for IM&T support for general practice.</p> <p>The paper presented by JD highlighted the work on cyber security. Following a computer virus outbreak at two practices, business continuity plans had been actioned. These were not perfect, but they worked, highlighting the need for all practices to have suitable plans. Performance management of digital transformation was through the Information Management and Transformation Programme Board (IM&T PB) to the Oxfordshire Digital Steering Group. It was confirmed that there was clinical input at the IM&T PB level.</p>	

	<p>The OPCCC noted the Enabling Primary Care through Digital Transformation report.</p> <p>Action: JD to provide assurance of programme on primary care digital transformation update to OPCCC.</p>	<p>JD</p>
<p>6.</p>	<p>Deprivation and Health Inequalities</p> <p>KC had prepared a comprehensive paper, acknowledging that the scope was greater than needed for this Committee but that she had aimed to put all information and data about deprivation and health inequalities in one place. Because of the large number of small initiatives in many areas, this would prove helpful to all interested colleagues. KC asked the Committee members to comment on the contents of the paper and advise how to take it forward.</p> <p>The paper was very well-received by the Committee. Topics of discussion included:</p> <ul style="list-style-type: none"> • Solutions to the problems were not to be found in any one area. Input was required from health, social care, housing, and more. Oxfordshire needed to develop common goals using the Health Inequalities Commission and Joint Strategic Needs Analysis (JSNA) as the launch pad; • System partners needed to take a generational view – looking to change behaviour at an early age through Healthy Place Shaping to help to avoid the issues currently faced in deprived areas; • Having two Healthy New Towns, Oxfordshire could do well to look to initiatives and lessons learned there to assist in other places. Intelligence, if used well at an early stage, could influence the forming ICS; • There was an opportunity here to work with Primary Care Networks (PCNs) and district councils to develop local initiatives with local data and local people advising what would work well for them. • The Learning and Skills (LSC) Framework had been published. It covered a much wider remit, but contained outcome measures that could be used; • Oxfordshire partners needed to understand who could contribute, what the pathways would be and how the funding could be identified. Then to develop timelines for change and identify the outcomes required to measure success. However, RP noted that success could be better achieved when local people were involved in deciding on their own needs and solutions; • There was confusion about who would lead this area of work. It was discussed at the Health Inequalities Commission for the Health and Wellbeing Board, but it was unclear where decisions could be made. <p>KC thanked Committee members for the helpful discussion and feedback. EDS asked KC to bring an update to a future meeting.</p>	

	<p>The OPCCC noted the Deprivation and Health Inequalities report.</p> <p>Action: KC to bring an update on the deprivation paper to a future meeting.</p>	<p>KC</p>
<p>Business</p>		
<p>7.</p>	<p>Finance Report</p> <p>CH advised that this paper was the Month 3 report. He highlighted risks around the Oxford Health NHS FT contract which was as yet unsigned; a prescribing budget overspend and an uplift in the cost of Category M drugs. The Medicines Optimisation team would undertake a review on the prescribing spend to date.</p> <p>EDS asked that the financial risks were quantified. The next Finance Committee meeting would receive an updated Finance Report and this would be shared with OPCCC in advance of its next meeting in November.</p> <p>The OPCCC noted the Month 3 Finance Report.</p> <p>Action: JS to include quantified information on primary care risks in the next Finance Committee paper, which would be sent to RK for circulation to OPCCC members.</p>	<p>JS RK</p>
<p>8.</p>	<p>Quality Performance Report</p> <p>CQC inspections were expected in the next few months. Practices were being prepared by the Quality team and all practices were being encouraged to continually update their procedures to remain ready for CQC visits, which frequently came with little advanced notice.</p> <p>Influenza vaccination season was fast approaching. There would be a delay in the delivery of some of the quadrivalent vaccine. Committee members strongly advised informing practices that patients with long term conditions should be vaccinated first.</p> <p>The Committee noted that Oxford Health NHS FT would no longer be vaccinating the housebound not on their caseload or patients in care homes. In previous years extra funding had been given to Oxford Health to undertake this work. However, this work was covered in the GMS contract as a Directed Enhanced Service and so practices would be ensuring the vaccinations were undertaken this year.</p> <p>Committee members were concerned about the low levels of awareness of available Primary Care extended hours appointments amongst patients.</p> <p>The OPCCC noted the Quality Performance Report.</p>	

	Action: JD to work with the Comms team on how to promote Primary Care extended hours appointments and to find suitable wording for practice websites.	JD
9.	<p>Deputy Director, Head of Primary Care and Localities Report RJ presented the report. An Integrated Care System (ICS) primary care transformation programme board was being developed. KC, JC and JD were members for Oxfordshire. Its remit would cover wider primary care services such as optometry, pharmacy and dentistry. It would be important to ensure that quality played a prominent role in this new group. The Committee challenged whether use of the terms 'programme' or 'board' were appropriate based on its terms of reference, and would lead to confusion around its role at 'place' level.</p> <p>RD noted inconsistencies between GP survey data in this report and Paper 2.1.</p> <p>The OPCCC noted the Deputy Director, Head of Primary Care and Localities Report.</p> <p>Action: JD to check the figures and wording around the GP survey in papers 2.1 and 9.1.</p> <p>Action: JD to give feedback to the ICS regarding the name of the new board.</p>	<p>JD</p> <p>JD</p>
Governance		
10.	<p>Forward Plan Items for addition to the forward plan for November included:</p> <ul style="list-style-type: none"> • Estates • PCN Update • Next year's priorities 	
11.	<p>Risk Register Changes to the strategic risk register had been agreed at the OCCG Board meeting in July. Workforce was now a strategic risk, but would also remain an operational risk for primary care. Strategic Risk AF26 'Delivery of Primary Care Services' had been closed.</p> <p>Estates risk: The title should be re-worded to cover affordability risks.</p> <p>Workforce risk: Committee members queried the risk rating as perhaps too low.</p> <p>The OPCCC noted the changes to the strategic risk register.</p> <p>Action: JD and CM to re-word the estates risk and discuss the risk level for workforce and bring proposals back to the Committee.</p>	JD/CM

12.	<p>Oxfordshire Primary Care Commissioning Operational Group Terms of Reference The paper had been updated to reflect revised membership, the Primary Care Networks and that this was now a sub-committee of OPCCC.</p> <p>The Committee noted the changes and approved the updated terms of reference for OPCCOG.</p>	
13.	<p>Oxfordshire Primary Care Commissioning Committee Terms of Reference RP was concerned that the expected recruitment to the Patient and Public representative post had been halted in light of the proposed changes to the Committee within the ICS structure. JH had volunteered to take the post in the interim. CM noted that she would be drafting the terms of reference for any committees in common and would ensure that there was appropriate patient and public involvement.</p> <p>The paper had been updated to reflect revised membership and that OPCCOG was now a sub-committee of OPCCC.</p> <p>The Committee accepted the revisions to the terms of reference and agreed to recommend them to the OCCG Board for approval.</p>	
14.	<p>Papers Circulated/Approved Between Meetings No papers had been circulated or approved between meetings.</p>	
For Information		
15.	<p>Confirmation of Meeting Quorum and Note of Any Decisions Requiring Ratification It was confirmed the meeting was quorate and no decisions required ratification.</p>	
16.	<p>Any Other Business There being no other business the meeting closed at 16.40.</p>	
17.	<p>Date of Next Meeting 05 November 2019</p>	