

MINUTES:

OXFORDSHIRE PRIMARY CARE COMMISSIONING COMMITTEE (OPCCC)

07 May 2020, 13.00-14.30

Virtual meeting

Present:	Duncan Smith (EDS), Lay Member OCCG (voting) – Chair
	Jo Cogswell (JC), Director of Transformation OCCG (voting)
	Dr Kiren Collison (KC), Clinical Chair OCCG (voting) (from 13.30)
	Julie Dandridge (JD), Deputy Director, Head of Primary Care OCCG (non-voting)
	Roger Dickinson (RD), Lay Vice Chair OCCG (voting)
	Diane Hedges (DH), Deputy Chief Executive OCCG (voting) (until 14.00)
	Colin Hobbs (CH), Assistant Head of Finance NHSE (for Steve Gooch)
	Jeremy Hutchins (JH), Public/Patient Representative (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)
	Jenny Simpson, Deputy Director of Finance OCCG (non-voting)
In attendance:	Ros Kenrick – Minutes
	Rachel Jeacock (RJ), Lead Primary Care Manager, OCCG
	Dr Richard Wood (RW), Joint Chair BBOLMC
	Fergus Campbell (FC), Locality Co-ordinator – North, West & South East, OCCG

Apologies	Steve Gooch, Director of Finance NHS England
	Ansaf Azhar (AA), Director of Public Health, OCC

	The Chair noted his thanks to all staff in the Primary Care team, the CCG and the wider system for all their effort and collaborative working during these challenging times. The Chair asked the Director of Governance to summarise why this meeting was not taking place in public. The Director of Governance	Action
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	<p>highlighted that in line with government guidance the CCG was not holding physical meetings; everything was being undertaken virtually. At this stage, the CCG did not have the technology to support holding the virtual meeting “publically” but this was being reviewing and OCCG would hope to ensure any future meetings were “public”.</p>	
	<p>Declarations of Interest RW declared that he was the neurology clinical lead for OCCG.</p> <p>Item 2: GP practice partners and employees had a conflict of interest in relation to the Network Contract DES held by participating GP practices, and associated payments. However, this was a national contract with pre-defined funding; therefore the Committee was not able to influence funding for practices. Therefore, the conflicted parties were able to participate in discussion and decision.</p> <p>Item 4: RP declared herself to be a patient at Windrush Medical Practice.</p> <p>No other declarations of interest pertaining to agenda items were declared.</p>	
1.	<p>Minutes of the Meeting Held on 04 February 2020 The draft minutes of the meeting held on 04 February 2020 were approved with re-wording to the Finance section as below:</p> <ul style="list-style-type: none"> • There was a potential improvement to the forecast overspend for prescribing costs. • The delegated primary care budget was expected to break-even at year end, using reserves for Quarter 4 and. • The CCG has moved to a balanced risk position this month from a net risk of £3.5m at Month 6. <p>Action Tracker It had been decided to put on pause all actions for the Board committees that were not related to the COVID-19 pandemic response. Therefore, the action tracker would be updated with an extra column to reflect the current status of the actions. The actions would remain on the action tracker and would be reviewed as appropriate.</p> <p><i>Submit outline business cases for Didcot, Wantage and Bicester to OPCCC and to Finance Committee:</i> Bicester business case was expected soon and may need to be reviewed virtually before the next meeting. Action open</p> <p><i>Add numbers of patients using e-consult service to the next quality report:</i> Use of e-consult had become widespread during the COVID-19 response. Trends would be brought to the August meeting. Action open</p>	
Commissioning		
2.	<p>Primary Care Network (PCN) Contract Directly Enhanced Service (DES) 2020-21 Initial Actions JD presented Paper 2.1, highlighting how OCCG was working with the</p>	

	<p>Local Medical Council (LMC) and practices on the implementation of the PCN DES for 2020/21.</p> <p>The Committee was asked to:</p> <ol style="list-style-type: none"> Note the requirements of the new Network DES Contract for 2020-21 Agree delegated authority for confirming PCN participation in the PCN Network DES within deadlines. Note funding for the Network DES Contract 2020-21 and arrangements for payment. <p>Points of discussion included:</p> <ul style="list-style-type: none"> How the CCG would be able to monitor patient engagement in the PCNs. There was a requirement on practices around patient engagement with PCNs, but no further details in the DES this year. Discussions would be held with the PCN clinical directors, and HealthWatch would be invited to participate. Concern about relationships between some PPGs and practices in the South of the County. The Oxfordshire Primary Care Commissioning Operational Group (OPCCOG) meeting would be on 11 June. <p>The Committee:</p> <ol style="list-style-type: none"> Noted the requirements of the new Network DES Contract for 2020-21 Agreed delegated authority to OPCCOG for confirming PCN participation in the PCN Network DES within deadlines. Noted funding for the Network DES Contract 2020-21 and arrangements for payment. <p>Actions: 20/8: RP to work with JD and a Comms representative on patient and community engagement of the PCNs and practices, with a progress report to the Committee in August. 20/9: Update OPCCC on the discussions at OPCCOG on 11 June.</p>	<p>RP/JD</p> <p>JD</p>
<p>3.</p>	<p>Primary Care COVID-19 response</p> <p>Paper 3.1 explained the actions taken and proposals going forward for the Primary Care and Community Services response to COVID-19. A national command and control structure had been developed for the whole NHS response.</p> <p>It had become apparent that there had been fewer patients than expected presenting with COVID-19 and non-COVID conditions. There would be a national campaign to encourage all patients who needed, at this time, to contact the healthcare system. It was also now time to look at restoration and recovery to begin to safely restore services, whilst recognising that COVID-19 would remain an issue. Models for managing the return of services were being considered across the system.</p>	

	<p>The Committee discussed:</p> <ul style="list-style-type: none"> Concerns about the lack of personal protective equipment (PPE). The national shortage was recognised, but there was now a tracking system in place. RP asked that communications to patients about future plans were provided in a number of languages and were not entirely digitally-based. Any changes to Covid-19 response services should be based on activity data so that services offered could be flexed up or down as required. A centralised model for provision of COVID-19 services had been recommended by the clinical cell to the Primary Care and Community Services Silver Cell. RP asked that patient input could be included in any design changes. This would be welcomed when discussions were underway. Primary Care and Community Services support to Care Homes was to be progressed. Oxfordshire was in a good position because of the services already in place. Practices would be supported to provide the extra services required in the latest letter from the Chief Executive of NHS England. <p>The Committee:</p> <ul style="list-style-type: none"> Noted the Oxfordshire COVID-19 response across primary care and community services Confirmed that it was assured that the approach taken in Oxfordshire was in line with the General Practice Preparedness requirements Delegated authority to the Director of Transformation to ensure a revised operating model, addressing the outstanding issues, for the delivery of CALM services is agreed and implemented. An exception report update would be required between meetings. <p>Actions: 20/10: RP and JC to discuss the possible variety of methods of communication to patients. 20/11: JC to provide update on progress around the revision of the operating model for the delivery of CALM services between OPCCC meetings.</p>	<p>RP/JC</p> <p>JC</p>
Business		
4.	<p>Deputy Director, Head of Primary Care Report</p> <p>In an attempt to reduce workload around paper-writing, brief Quality and Finance updates were included in this report.</p> <ul style="list-style-type: none"> JD noted the Banbury Cross Health Centre merger with Horsefair had been bought forward in order to provide better resilience during the response to COVID-19, thanking the team for all the hard work to achieve this at this time. This was part of the solution for general practice in Banbury previously discussed by 	

	<p>the Committee.</p> <ul style="list-style-type: none"> • There had been good uptake by patients of digital solutions (virtual and online consultation) as implementation had been accelerated by the response to COVID-19. • The Health Informatics Exchange implementation had been accelerated, with Oxford Health Community services to be included in the next phase of shared records. • A paper on additional appointments in the north of the county had been circulated between meetings and was appended to this paper. A virtual agreement had been reached to taper off the service. • MP reported that, although there were no Care Quality Commission (CQC) visits to practices at the moment, the Quality Team was still monitoring and advising the practices in need of improvement. • JS reported that OCCG had submitted its accounts on time. The Primary Care delegated budget had finished the year with a small (£10k) surplus and there was a £66k overspend on CCG primary care budgets. The claim for extra spend on COVID-19 in 2019-20 had been included in the March accounts. • JH welcomed the HIE and asked whether similar work was underway across Oxfordshire's borders. This was being looked at, particularly at the Royal Berkshire Hospital, where the same system was already in use. RW noted that there were still a small number of issues with HIE. However, there was a commitment from OUH and Cerner to address these, which was documented at a meeting last week. <p>The OPCCC noted the Deputy Director, Head of Primary Care Report.</p>	
Governance		
5.	<p>Papers Circulated/Approved Between Meetings The Additional Appointments paper had been circulated and was noted at Item 4.</p>	
For Information		
6.	<p>Confirmation of Meeting Quorum and Note of Any Decisions Requiring Ratification <i>The Committee shall have a Lay/Executive majority at all times. The quorum shall be a minimum of 4 members to include one Lay member, one CCG officer and one clinician.</i> It was confirmed the meeting was quorate and no decisions required ratification.</p>	
7.	<p>Any Other Business No other business was presented.</p>	
8.	<p>Date of Next Meeting 14.30-16.30, 04 August 2020, Venue tba</p>	