

MINUTES:

OXFORDSHIRE PRIMARY CARE COMMISSIONING COMMITTEE (OPCCC)

04 August 2020, 14.30-16.30

Virtual meeting

Present:	Duncan Smith (EDS), Lay Member OCCG (voting) – Chair
	Dr Kiren Collison (KC), Clinical Chair OCCG (voting) (from 14.40)
	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) (from 15.00)
	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 Oxfordshire (non-voting)
	Jenny Simpson, Deputy Director of Finance OCCG (non-voting)
In attendance:	Ros Kenrick, Senior Executive Assistant and Board Secretary, OCCG – Minutes
	Sarah Adair, Joint Head of Communications and Engagement, OCCG
	Will Johnsen, Executive Assistant, OCCG

Apologies	Steve Gooch, Director of Finance NHS England
	Ansaf Azhar (AA), Director of Public Health, OCC
	Jo Cogswell (JC), Director of Transformation OCCG (voting)
	Colin Hobbs (CH), Assistant Director of Finance (Primary Care), OCCG
	Val Messenger, Deputy Director of Public Health, OCC

	The Chair welcomed all to this first virtual meeting in public of the Committee and thanked members of the public who had joined the meeting.	
	Declarations of Interest There were no declarations of interest pertaining to agenda items.	
1.	Minutes of the Meeting Held on 07 May 2020 The minutes of the meeting held on 07 May 2020 had been approved by the Committee members in advance of this meeting and were brought for information.	

Action Tracker

Submit outline business cases for Didcot, Wantage and Bicester to OPCCC and to Finance Committee: There would be a workshop in October that would review all the current primary care estates issues. The Bicester business case had been delayed due to the COVID-19 response. This meeting had received a report from the estates sub-group of OPCCC. Action closed

20/4: Add numbers of patients using e-consult service to the next quality report: To be included in the next quality report. Action closed

20/08: Work with a Comms representative on patient and community engagement of the PCNs and practices, with a progress report to the Committee in August: Update provided. Action closed

20/10: Discuss the possible variety of methods of communication to patients: The Comms and Engagement team would be taking forward this work. Action closed

Paused actions update:

Information on what we still need to deliver from the GPFV to be provided: Funding questions remained; the action will be held open. Action owner to be JD. Action remains paused.

Submit a follow up paper on the national access review once results had been published: The national access review has been further delayed. Action remains paused.

Investigate possibilities of applying for funding from the Growth Board: To be discussed at the workshop in October. Action remains paused.

20/7: Add key milestones for PCN development to the forward plan: Awaiting detail of PCN Development fund for 2020/21. Action remains paused.

Commissioning

2. Primary Care COVID-19 response

Paper 2.1 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 instigated for the whole NHS response.

Primary Care had responded quickly to the crisis and had adapted ways of working to suit the new approach. OPCCC noted its thanks to all Oxfordshire Primary Care staff for their hard work and flexibility.

Areas of discussion included:

- Support to shielded patients
- Support to care homes, noting that Oxfordshire already had most

of the support in place before COVID-19.

- General practice situation reporting to understand if there were pressures on services.
- Impact on GP appointments – following a drop in April and May, there had been a significant increase in appointments during June (half of which were face-to-face).
- Support to practices to help with remote working, infrastructure and financial viability. OCCG had done all it could to help at this time.

Practices had been asked to comment on which elements of the new ways of working should be continued post-COVID-19. One area was digital appointments. This needed careful consideration because some patients do not have digital access, see below.

JH asked what arrangements were being made to collect patient views on the way forward. CM replied that there would be a coordinated approach, involving patient participation groups (PPGs), but also through other routes; including working with Local Authorities and other providers. The Committee noted that the NHS had just come out of a Level 4 incident and that no work on non-COVID-19-related work was undertaken whilst in this response mode. The NHS incident level had just been reduced to a Level 3, meaning that the coordination and control of resources was undertaken at regional team level.

A local survey to practices asked which key changes made during COVID-19 should be locked in to future plans. RP advised that substantial changes should not be locked in without first seeking patient and public views.

RP reported that the Healthwatch Oxfordshire report on support to care homes had been positive about general practice. KC recognised the ongoing challenges in general practice of treating COVID-19 patients and non-COVID-19 patients, the coming winter and flu, alongside the continued need to use personal protective equipment (PPE) and capacity issues.

There was a mention of inequalities in the report and this topic would be an item at the next meeting. OCCG had recently received the Phase 3 letter from NHS England in which there were various areas to address. Inequalities should be considered within each area when making plans and should be an integral part of the recovery plan for primary care.

OCCG was currently considering applications from practices for changes to premises. The Committee discussed whether remote working would affect the need for larger premises. This had been considered, but practices needed to allow for social distancing and the issue of impact on space requirements had not yet been concluded.

The Committee was asked to approve the plan to have three COVID-19

	<p>clinics across the county. ICS funding for these had not yet been confirmed, but support in principle was confirmed by the Committee, in order that OCCG could start to gear-up ready for winter. Staff would likely be drawn from practices, but it was acknowledged that successfully staffing the new clinics was a risk.</p> <p>Actions: 20/12: Bring a paper on the patient and public views on the Healthwatch survey of practices' COVID-19 changes to a future meeting 20/13: KC to lead item on inequalities at the next meeting</p> <p>The OPCCC:</p> <ul style="list-style-type: none"> • Noted the Oxfordshire COVID-19 response across primary care and community services. • Noted the steps taken for recovery and restoration of primary care. • Supported the proposal for dedicated additional clinics and visiting service capacity to support winter and any future COVID-19 surge, noting that funding was likely to come via the ICS when the next phase of funding for the NHS was announced. OPCCC agreed that provision of these clinics was a priority for primary care. 	<p>RP</p> <p>KC</p>
<p>3.</p>	<p>Primary Care Networks</p> <p>Paper 3.1 had been presented to the OCCG Board on 30 July. Oxfordshire now had 19 Primary Care Networks and 1 Network (referred to locally as 20 PCNs). The new Bicester Network was too small to be considered as a PCN. OCCG would commission this Network independently, to ensure that patients would not notice any difference in levels of service.</p> <p>RP noted that some of the PCNs had already held PPG meetings where PPGs were working together across the PCN. HealthWatch was hoping to support PCN/PPG relationships. The engagement between a PCN and patients/public was different from that of a practice and PPG, with the PCN involvement more around community involvement to support the PCN services.</p> <p>Oxfordshire would be offering PCN services to all its population. OPCCC would expect to receive assurance reports on progress.</p> <p>The OPCCC noted the Primary Care Networks report.</p>	
<p>Business</p>		
<p>4.</p>	<p>Deputy Director, Head of Primary Care Report</p> <ul style="list-style-type: none"> • This month's report gave an update on non-COVID-19-related work. There had been two contract changes approved: a boundary change at Cropredy and; a branch closure in Banbury. The latter had been taken to the Health Overview and Scrutiny Committee (HOSC), because the branch was in a deprived 	

	<p>Ward. Public engagement had been difficult, but only a few patients used the branch surgery. HOSC and Healthwatch Oxfordshire supported the decision given the circumstances.</p> <ul style="list-style-type: none"> • The GP access survey appeared to give a positive picture for Oxfordshire, but would be analysed in detail. OCCG should send a message of appreciation to practices on the overall result achieved for patients. RP supported this and suggested that the information be circulated to PPGs so that they could also show their appreciation to their practices. NHS provider trusts should also be informed of the results in due course. MP advised that any issues noted in the survey would be picked up early by the Quality Team. • Estates would be discussed in detail at the workshop in October. • A Healthwatch Oxfordshire survey of PPGs had received a low response but further feedback would be received at the forums. PPGs were concerned at the lack of communication from the practices and Practice Managers would be sent a short survey to ask how they are engaging with their patients. • Concern expressed that support for PPGs was ebbing away was challenged. Healthwatch Oxfordshire were commissioned by OCCG to provide support to PPGs. CM and RP were discussing how to encourage PPGs to work together on areas of common interest. There was support for PPGs available on the Healthwatch Oxfordshire website and RP invited input from PPGs. EDS noted that commissioning lines had changed, but that PPGs needed assurance of their continued support. OCCG was committed to improve the new way of working with PPGs, but also to encourage their working together. The Patient and Public Involvement Annual Report demonstrated the huge range of engagement over the year. The discussion would be added to the October workshop agenda. <p>Action 20/14: Ask OCCG Comms team to pick up GP Access Survey results for cascade</p> <p>Action 20/15: Add patient and public engagement to the agenda for the workshop in October.</p> <p>The OPCCC noted the Deputy Director, Head of Primary Care Report.</p>	<p>CM</p> <p>RK</p>
<p>5.</p>	<p>Finance Report</p> <p>JS reported that there had been a temporary financial regime across the NHS since April 2020 to enable cash-flow during the pandemic. All NHS organisations would be brought back to break-even for the first three months. Not all funding had been received to date.</p> <p>The NHS England Phase 3 letter had extended the temporary regime to month 6, after which there would be further guidance.</p> <p>The OPCCC noted the Finance Report</p>	
<p>6.</p>	<p>Quality Report</p>	

	<p>The paper presented had been discussed at Quality Committee, but had been updated for this meeting. The Care Quality Commission (CQC) had suspended inspections, but would restart them remotely from September. The preliminary Quality Outcomes Framework (QOF) results for Oxfordshire had been positive, with 5 practices achieving 100 per cent. The dashboard would be presented to the Committee when available.</p> <p>The problem for some patients over digital appointments was again highlighted. MP explained that where appropriate, OCCG was encouraging more face-to-face appointments; however, practices were triaging with phone calls. MP would discuss this with the Primary Care Team.</p> <p>RP reported that the HealthWatch care homes survey did give some assurance to the Quality Team, but, for instance, access to mental health services was a challenge. Issues were raised at the bronze cell (part of the Covid-19 response governance arrangements).</p> <p>The OPCCC noted the Quality Report</p>	
Governance		
7.	<p>Papers Circulated/Approved Between Meetings No papers were circulated between meetings.</p>	
For Information		
8.	<p>Sub-Committee Briefings</p> <ul style="list-style-type: none"> • OPCCOG May and June 2020: The briefing was noted. • Primary Care Estates Group May and June 2020: Issues would be picked up at the workshop. The Committee discussed the request for new premises in Summertown and the 2013 guidelines on practice space. It was noted that these guidelines were outdated, but there was nothing newer. EDS said that the Finance Committee had been asked to discuss several business cases and that it would be useful for this Committee to receive a more strategic paper on the issues of funding for estates in order to develop an investment framework over the next 3-5 years. <p>The OPCCC noted the Sub-Committee Briefings</p>	
9.	<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>	
10.	<p>Any Other Business Review of Incentive Schemes JD asked that the Committee reviewed and approved the proposals to review incentive schemes in light of COVID-19. This paper would be</p>	

	<p>circulated after the meeting.</p> <p>Estates Strategy and Priorities RP, on behalf of HealthWatch, requested a public message on OCCG's estates strategy and priorities.</p>	
11.	<p>Date of Next Meeting 14.30-16.30, 01 December 2020, venue tba</p>	