

Minutes

Primary Care Operational Group Meeting
Thursday 11th November 2021
(Joint Microsoft Teams)

Members			
Name	Role and Organisation	Initials	Attendance
Tony Dixon	Lay Member, Buckinghamshire CCG (Chair)	TD	Present
Jessica Newman	Head of Primary Care, Buckinghamshire CCG	JN	Present
Louise Smith	Interim Director for Primary Care & Transformation, Buckinghamshire CCG	LS	Apologies
Asela Ali	Quality and Patient Safety Manager, Buckinghamshire CCG (<i>Deputy to DW</i>)	AA	Present
Kate Holmes	Deputy Chief Finance Officer, Buckinghamshire CCG	KH	Present
David Williams	Deputy Director of Quality, Buckinghamshire CCG	DW	Present
Alan Cadman	Deputy Chief Finance Officer (<i>Deputy to KH</i>)	AC	Apologies
Others: (Standing Invitees or In attendance)			
Dr Raj Bajwa	Clinical Chair, Buckinghamshire CCG	RB	Present
Dr Rashmi Sawhney	Clinical Director, Buckinghamshire CCG	RS	Present
Sarah Bowe	Transformation Manager for LTC at Berkshire West CCG, and Interim CVD Lead for Transformation across BOB	SB	Present
Peter Redman	Estates & Development Manager, Buckinghamshire CCG	PR	Apologies
Dr Karen West	Dr Clinical Commissioning Director Integrated Care, Buckinghamshire	KW	Apologies
Anna Lewis	Associate Director of Digital and IM&T, NHS Buckinghamshire CCG	AL	Apologies
Simon Kearey	Head of Locality Delivery, Buckinghamshire CCG	SK	Present
Wendy Newton	Primary Care Transformation Manager, Buckinghamshire CCG	WN	Present
Kiera Walker	Primary Care Commissioning Manager, Buckinghamshire CCG	KW	Present
<i>Representative by exception only</i>	Primary Care NHSE/I South East Region	Rep	Apologies
Colin Hobbs	Assistant Director of Finance, Oxfordshire CCG	CH	Apologies
Alan Overton	Finance, Oxfordshire CCG	AO	Present
Gordon Austin	Project Delivery Manager, BCCG (<i>Minutes</i>)	GA	Apologies

Dr Rebecca Mallard-Smith	BOB LMC Representative- Medical Director	RMS	Present
Gemma Richardson	Corporate Governance Manager, Buckinghamshire CCG	GR	Present
Standing Agenda Items			
1	Welcome and introductions The Chair welcomed everyone to the meeting.		
2	Apologies for Absence Noted as above. The meeting was declared quorate . GR reported that NHSE/I have informed the CCG that they will no longer attend the meeting of the Primary Care Operational Group as standard and will only attend by exception. ACTION: GR will update the Terms of Reference to reflect the change to the NHSE/I membership and attendance.		
3	Declaration of Interest The Chair reminded PCOG members of their obligation to declare any interest they may have on any issue arising at PCOG meetings that might conflict with the business of Buckinghamshire CCG. The following Conflicts of interest were noted; <ul style="list-style-type: none"> Jessica Newman, Head of Primary Care and Wendy Newton, Primary Care Transformation Manager have a potential, perceived professional conflict of interest as they will be leaving the CCG at the end of November for new roles under ARC PCN and Aylesbury Vale South PCN. Given that there were no items on the meetings agenda that posed a direct material conflict of interest, JN and WN were allowed to remain in the meeting and partake in discussion at the Chairs discretion. Item 9, Paper F- Heart Failure LCS: As a Member GP within a PCN and a as partner of a practice which could stand to benefit financially from the proposed funding allocation, Dr. Rashmi Sawhney is directly conflicted. Dr Sawhney is a standing invitee to the PCOG and therefore holds no voting rights. At the Chairs discretion RS was allowed to remain in the meeting to participate in the discussion but not to participate in the decision. Declaration of Gifts & Hospitality The Chair reminded PCOG meeting members of their obligation to declare any offer of gifts and hospitality whether accepted or declined and the reason for accepting or declining such offers. None Declared		
4	Minutes and Action Log of the Meetings held on 7th October 2021 The minutes of the meeting held on the 7 th October 2021 were agreed as a true and accurate record of that meeting, subject to the following amendments; The Action Log was reviewed and updated accordingly.		
Risk			

5	<p>Primary Care Risk Register and Primary Care Covid-19 Risk Register</p> <p>The Primary Care Operational Group were asked to:</p> <ul style="list-style-type: none"> - Review assessment of risk scores on the Primary Care Risk Register - Be assured that the risks on the Primary Care Risk Register are mitigated with appropriate actions in place. - Moderate risk relating to Primary Care Workload and Resilience and the Vaccination Programme as recorded on the Corporate Risk Register <ul style="list-style-type: none"> • <i>Delegated Responsibility for Primary Care</i>; PCOG were informed that JN and WN will be leaving the CCG for roles within the PCN's at the end of November 2021. JN reported that interviews are now scheduled next week for an 8B Lead Primary Care Manager (subject to the expected NHSE business proposal approval), and for an interim Head of Primary Care • The Delegated Responsibility for Primary Care risk should be elevated to escalate onto the Corporate Risk Register for monitoring. <p>The members of the PCOG NOTED the Risk Register.</p>	GR
Primary Care Operational Performance		
6	<p>Practice Updates</p> <p>The report was submitted to inform PCOG members of current practice issues which are known to the CCG and to update the group on measures being taken to support the practices and mitigate risk.</p> <p>KW summarised the updates from the report (see paper F).</p> <p>Point of correction: KW drew the groups attention to an error at paper item 3, which asks the PCOG to approve the merger of Meadowcroft and Berryfields Surgeries. As the PCOG do not hold the relevant authority to approve the merger of the surgeries, the item is submitted for NOTING. The request for approval is to be submitted to the March 2022 meeting of the Primary Care Commissioning Committee in common.</p> <p>JN noted that in order to merge, the surgeries must formally apply to the CCG to merge and the CCG must be able to see evidence that public engagement has been undertaken. The section 106 for the merger has stipulated that there will need to be diversion of existing bus routes to go past the new health centre with bus stops to be added. The intention is to merge from the 1st April 2022.</p> <p>The PCOG NOTED the report.</p>	
7	<p>Finance Report</p> <p>AO reported the following highlights from the GP delegated budget report (see paper D).</p> <ul style="list-style-type: none"> • The Year-to-Date position at Month 6 was on plan, and ends the H1 Notified Envelope budget for the first 6 months of the year. • General Reserves were released in M6 to mitigate overspends in the GP Contracts area and Locums (provisions were made for additional cost during winter) <p>The PCOG NOTED the report.</p>	

Primary Care Transformation	
8	<p>PCC Subscription and Confident Practice Manager Workshop</p> <p>The PCOG is asked to:</p> <ol style="list-style-type: none"> 1. approve renewal of our subscription to PCC and; 2. approve two programmes specifically tailored to support Buckinghamshire practice managers. <p><u>PCC Resubscription</u></p> <p>KW explained that PCC is an independent, not-for-profit social enterprise that supports the development of health and care services; providing specialist advice with a focus on primary care, events, flexible expert support, and personal and team development services.</p> <p>Buckinghamshire CCG subscribed to the service in November 2020 to support resilience in both in the CCG's primary care team and general practice. The initial subscription package had been fully utilised by July 2021. In August we purchased an additional 30 credits (£3,000) to cover our needs until the subscription expires at the end of November 2021.</p> <p>The PCOG was asked to:</p> <ol style="list-style-type: none"> 1. approve renewal of our subscription to PCC; <p>The ask is for approval to purchase 140 credits (£14,000) from the General Practice Resilience Fund.</p> <p>DECISION: The PCOG APPROVED the requested renewal of the subscription to PCC.</p> <p><u>PCC Confident Practice Manager Programmes</u></p> <p>KW advised that in recognition of the increasingly demanding role of a practice manager, particularly in recent times, the CCG has been looking at ways to support practice managers in their development both professionally and with their personal resilience.</p> <p>The CCG obtained proposals from PCC for the provision of bespoke Confident Practice Manager programmes. One tailored to established practice managers and one for newer practice managers which would also be suitable for upskilling deputies.</p> <ul style="list-style-type: none"> • The established PM course would look at integrated systems and partnership working and how best to implement these changes. • The newer PM programme provides more context to the role of a practice manager and would focus on developing the role and consolidating the position, looking at the transition from team member to leadership or coming into the role from outside of the NHS. • The programmes are online and comprise of seven, three-hour sessions delivered over a period of eight months (approx. six weeks apart). <p>The CCG have asked practice managers for expressions of interest scope the demand to run one or both of these programmes. Enthusiasm from the PMs has been identified. To date the CCG has received seven expressions of interest for the established practice manager programme and eight requests for the newer practice manager programme.</p>

	<p>The PCOG is asked to:</p> <p>2. approve two programmes specifically tailored to support Buckinghamshire practice managers. Each programme costs £10,750 (exl. VAT) to deliver in 2022, and will be carried over into the ICB.</p> <p>DECISION: The PCOG APPROVED purchase of the two PCC Confident Practice Manager Programmes</p> <p><i>Sarah Bowe, Transformation Manager for LTC at Berkshire West CCG, and Interim CVD Lead for Transformation across BOB joined the meeting</i></p>	
9	<p>Heart Failure Local Enhanced Service</p> <p>The PCOG were asked to:</p> <p>1. Note the proposed approach and funding allocation secured to underpin work across BOB to support increased case finding, optimisation of treatment and improved outcomes for patients with Heart Failure.</p> <p>2. To review the proposed Enhanced Service Specification and approve its use in supporting practices to increase identification of patients with Heart Failure, reduce variation across practices and the system, and to improve outcomes.</p> <p>SB shared a presentation to provide some context “BOB Heart Failure Early Diagnosis Project”</p> <ul style="list-style-type: none"> • Approximately 80% of people with heart failure end up being diagnosed in hospital and around half of these people had symptoms that could have triggered it an earlier diagnosis and management. • Over last few months, funding that is aligned to the Long Term Plan was made available to support more consistent earlier/ accurate diagnosis of heart failure and heart valve disease and support, and improved increased testing around NT Pro BMP and echocardiography. And it also had a focus on inequalities. <p>A successful regional bid was submitted on behalf of Buckinghamshire, Oxfordshire and Berkshire West (BOB) CCGs to secure Long Term Plan funding with a specific focus on Heart Failure (HF) and Heart Valve Disease (LVSD). BOB has been selected as one of 4 Demonstrator sites, with an allocation of £199,406K for 2021/22.</p> <p>Early and accurate diagnosis is critical to ensure that people with HF/LVSD get the care and treatment they require.</p> <p>The funding aims to support earlier identification and diagnosis of Heart Failure to reduce variation in prevalence rates between practices and to ensure patients receive optimal treatments and regular review. This will be achieved through:</p> <ul style="list-style-type: none"> • Proactive identification of undiagnosed patients from a high-risk patient pool • Quality improvement project/s: case-finding or medicines optimisation • Providing additional echocardiography capacity to manage the anticipated increase in referrals • Supporting education resources and quality improvement strategies to ensure that improvements delivered within the project timeframe are sustained once the funding period has passed. <p>In support of these aims, a Local/Community Enhanced Service has been developed in collaboration with colleagues across BOB. This will aim to support Practices to:</p> <ul style="list-style-type: none"> • Pro-actively identify patients at high risk of heart failure 	

	<ul style="list-style-type: none"> Carry out a desk top review of all patients on the heart failure register and where required optimise medication according to NICE guidance. Patients who are not on optimal therapy will require a clinical (face to face or virtual) review. <p>The broader details are set out in the attached Service Specification. This Enhanced Service aligns to the BW Prescribing Quality Scheme, however, avoids duplication and/or overlap. It is also recognised that Heart Failure management is a key component within the PCN Network DES from April 2022 onwards.</p> <ol style="list-style-type: none"> There is a set allocation of funding available and based on two thirds of the practices across BOB signing up. Indicative payments are outlined within the paper. <p>SB advised that engagement with LMC colleagues from which feedback is awaited. The LES has been discussed at the Berkshire West CCG PCOG last week and it is due for discussion at the Oxfordshire CCG PCOG next week.</p> <p>Comments raised by RS;</p> <ul style="list-style-type: none"> What is the funding formulae? Does this ensure practices are not double paid under the Prescribing Quality Scheme. <p>SB advised that practices would not be doubled paid under the PQS.</p> <ul style="list-style-type: none"> Equalities: funding in the proposal is currently based on list size, when it may be better to base it on prevalence/expected prevalence of the population it needs to target. This would better identify the amount of work a practice would need to do as deprived areas tend to have a higher prevalence of Heart disease and Heart failure. Deprived areas could end up doing significantly more work for the same amount of funding compared to practices in more affluent areas with where there is less prevalence of heart disease within the populations they serve. <p>ACTION: SB advised she will take back the comments to explore remodelling the funding based on practice prevalence/population need rather than population size. The overarching intentions and any differentials from across the 3 CCGs will be submitted to the next PCCC in Common.</p> <p>The PCOG NOTED the report.</p>	SB
10	<p>Winter Access Fund (Improving Access Supporting General Practice document)</p> <p>JN provided a verbal update; Two weeks ago the ICS submitted a high level proposal to use £7.4M (which has been allocated to BOB) for the Winter Access Fund divided into several categories;</p> <ul style="list-style-type: none"> Descriptions of how we will use the various national initiatives that are being accelerated as part of this Online consultation platforms such as Livy or Push Dr. The Community Pharmacy Consultation Services has been of particular note for Buckinghamshire as WN has been the lead for the ICS. Work with Practices is divided into two; <ol style="list-style-type: none"> Practices in the bottom 20% of data targets (identified by NHSE): 20 Practices across BOB, 13 of which are in Buckinghamshire. 	

	<p>B) All practices have been invited to submit proposals for the fund. Next week the CCG will collate and do a prioritisation process which will go to the ICS for discussion.</p> <p>JN reported that the ICS will also be looking at increasing capacity across the system, particularly for urgent care and out of hours. Discussions have commenced with FedBucks with regards to increasing capacity within the respiratory hubs and winter pressure clinics. PCNs will also be given opportunities to provide alternative plans.</p> <p>Due to the urgency, it is expected that the proposal will go to James Kent for sign off, and to the PCCC meeting in December.</p> <p>The PCOG noted the verbal update.</p>	
PCN Development		
11	<p>Patient Engagement</p> <p>SK provided a verbal update;</p> <p>Healthwatch are planning to set up two workshops in December. The PPG have suggested that they would like someone to attend to represent the context of the ICB/ICS. Availabilities are currently being checked.</p> <p>The workshops will aim to identify what Healthwatch and the PPGs see as the priorities that need to be worked on for PPG development.</p> <p>The engagement steering group has recommenced with updated terms of reference. A meeting is due for December.</p> <p>JN reminded the group that the Primary Care Recovery Group was stood down and it was agreed that any patient engagement items that required discussion as part of recovery would be submitted to the patient engagement group.</p> <p>The PCOG NOTED the update.</p>	
AOB & For Information		
	<p>Community Medical Examiner;</p> <p>DW advised that from April next year all community deaths will need to be reviewed by a medical examiner and for Bucks this would go through the medical examiner office at BHT. Andrew McLaren and Helen Pegrum have been in discussions with DW and the BCCG Clinical Chair with regards to finding a PCN area to explore piloting the process, and are looking to recruit GP's to support the process. Funding is attached to recruit the medical examiners, but not to support the wider piece of work.</p> <p>The group advised that this is a question that should be presented to the PCNs. DW to link in with the PCN Clinical Directors in order for Helen Pegrum to attend and present the pilot proposal to the PCNs/ ACDs.</p>	
	<p>Date of Next Meeting: PCOG – Thursday 2nd December 2021</p>	