

## Minutes

### Buckinghamshire, Oxfordshire, and Berkshire West CCGs Primary Care Commissioning Committees in common Meeting (In public)

Thursday 17<sup>th</sup> March 2022

Microsoft Teams

Members (BOB CCGs)			
Name	Role and Organisation	Initials	Attendance
Dr James Kent	Accountable Officer, BOB ICS and CCGS	JK	<i>Apologies</i>
Others: (Standard Invitees in Attendance)			
Lydia Benedek-Koteles	Primary Care Administrator (BW CCG) Minutes	LBK	<i>Present</i>
Will Johnsen	Executive Assistant to Gareth Kenworthy, Finance Director and Jo Cogswell, Director of Transformation (OCCG) Live event organiser	WJ	<i>Apologies</i>
Ros Kendrick	Live event organiser	RK	<i>Present</i>
BUCKINGHAMSHIRE CCG – All Voting			
Tony Dixon	Chair Lay Member (Bucks CCG)	TD	<i>Present</i>
Dr Raj Bajwa	Bucks CCG Clinical Chair (Bucks CCG)	RB	<i>Present</i>
Kate Holmes	Chief Finance Officer (Bucks CCG)	KH	<i>Absent</i>
Rashmi Sawhney	Clinical Director (Health Improvement) Clinical Director (Bucks CCG)	RS	<i>Absent</i>
Others: (Standard Invitees in Attendance) BUCKINGHAMSHIRE CCG – Non-voting			
Name	Role and Organisation	Initials	Attendance
Adrian Chamberlain	Interim Head of Primary Care (Bucks CCG)	AC	<i>Present</i>
Colin Hobbs	Finance NHSE/I representing (Bucks CCG)	CH	<i>Present</i>
Catherine Williams	Healthwatch BOB ICS Liaison Lead	CW	<i>Absent</i>
Zoe McIntosh	(Chief Executive) Healthwatch Bucks	ZMc	<i>Present</i>
Rebecca Mallard-Smith	Medical Director LMC representing Buckinghamshire	RMS	<i>Present</i>
OXFORDSHIRE CCG – All Voting			
Name	Role and Organisation	Initials	Attendance
Duncan Smith	Lay Member (OCCG) Chair	DSm	<i>Present</i>
David Chapman	Clinical Chair (OCCG)	DC	<i>Present</i>

Jo Cogswell	Director of Transformation (OCCG)	<b>JC</b>	<i>Present</i>
Dr Meenu Paul	Assistant Clinical Director (Quality), Assistant Clinical Director Quality (OCCG)	<b>MP</b>	<i>Present</i>
<b>Others: (Standard Invitees in Attendance) OXFORDSHIRE CCG – Non-voting</b>			
<b>Name</b>	<b>Role and Organisation</b>	<b>Initials</b>	<b>Attendance</b>
Julie Dandridge	Deputy Director. Head of Primary care (OCCG)	<b>JD</b>	<i>Present</i>
Rosalind Pearce	Healthwatch Oxfordshire	<b>RP</b>	<i>Present</i>
James McNally	LMC Representing Oxfordshire	<b>JMc</b>	<i>Present</i>
Julia Booth	NHS E representing Bucks, Oxon and Berkshire West	<b>JB</b>	<i>Absent</i>
<b>BERKSHIRE WEST CCG – All Voting</b>			
<b>Name</b>	<b>Role and Organisation</b>	<b>Initials</b>	<b>Attendance</b>
Wendy Bower	Lay Member, PPE Berkshire West CCG	<b>WB</b>	<i>Present</i>
Dr Abid Irfan	GP Chair (BW CCG)	<b>AI</b>	<i>Present</i>
Debbie Simmonds	Nurse Director (Deputy Chair) (BW CCG)	<b>DS</b>	<i>Present</i>
Dr Kajal Patel	CCG GP Lead (BW CCG)	<b>KP</b>	<i>Absent</i>
<b>Others: (Standard Invitees in Attendance) BERKSHIRE WEST CCG – Non-voting</b>			
<b>Name</b>	<b>Role and Organisation</b>	<b>Initials</b>	<b>Attendance</b>
Sanjay Desai	Interim Director of Primary Care (BW CCG)	<b>SD</b>	<i>Present</i>
Prof. Tracy Daszkiewicz	Health and Wellbeing Representative – W. Berkshire	<b>TD</b>	<i>Apologies</i>
Sushma Acquilla	Health and Wellbeing Representative – W. Berkshire	<b>SA</b>	<i>Absent</i>
Dr Jim Kennedy	LMC representative Berkshire West	<b>JKe</b>	<i>Apologies</i>
Stuart Ireland	Senior Finance Manager (BW CCG)	<b>SI</b>	<i>Present</i>
Andrew Sharp	Healthwatch West Berkshire	<b>AS</b>	<i>Absent</i>
Mandeep Kaur Bains	Healthwatch Reading	<b>MKB</b>	<i>Absent</i>
Neil Bolton-Heaton	Healthwatch Wokingham	<b>NBH</b>	<i>Absent</i>
<b>Others: (in Attendance) – Non-voting</b>			
Rachel Jeacock	Lead Primary Care Manager (OCCG)	<b>RJ</b>	<i>Present</i>
Fergus Campbell	Lead Primary Care Manager ((Bucks CCG)	<b>FC</b>	<i>Present</i>

Andrea Hollister	Primary and Community Care Workforce Programme Director BOB Integrated Care System	<b>AH</b>	Present
<b>5 members of the public was in attendance</b>			
<b>Standing Agenda Items</b>			
1	<p><b>Welcome and introductions</b> Tony Dixon, convenor, welcomed all members to the Primary Care Commissioning Committees in Common meeting (in public). The meeting was recorded for accuracy of minute taking.</p>		
2	<p><b>Apologies for Absence</b> Noted as above.</p>		
3	<p><b>Declaration of Interest</b> The Chair reminded Primary Care Commissioning Committees in Common meeting members of their obligation to declare any interest they may have on any issue arising at Primary Care Commissioning Committees in Common meetings that might be perceived as a conflict. None Received</p> <p><b>Declaration of Gifts &amp; Hospitality</b> The Chair reminded Primary Care Commissioning Committees in Common 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 Received.</p>		
4	<p><b>Minutes of the Meetings</b> The virtually approved minutes of the 16 Sept 2021 PCCC in public meeting were <b>Approved</b> as a declaration of the minutes content without comment.</p>		
5	<p><b>Action Log</b> Members <b>NOTED</b> the action log</p>		
<b>Risk Management</b>			
14	<p><b>Heads of Primary Care Report with cover sheet</b></p> <p>As part of the PCCC briefing it had been agreed to bring Item 14 'The Heads of Primary Care report' forward in the agenda.</p> <p>JD, Deputy Director, Head of Primary care for Oxfordshire, SD, Interim Director of Primary Care for Berkshire West and AC, Interim Head of Primary Care for Buckinghamshire in turn, provided members with a summary on the heads of primary care report.</p> <p>JD The December meeting of the Primary Care Commissioning Committees in Common was stood down to ease pressures for the team during the accelerated COVID vaccination booster programme in response to the Omicron variant. The agenda had been published and shared publicly.</p> <p>The following papers had been approved virtually by members of the committee and noted in the Heads of Primary Care report.</p> <ol style="list-style-type: none"> <li>1. The Buckinghamshire Primary Care Estates Strategy and</li> <li>2. The Locally Commissioned Services paper</li> </ol>		

The Locally Commissioned Services paper included an error. The error related to the payment rates for (Serious Mental illness Health Checks) SMI Health Checks. The correct position was Buckinghamshire CCG was the outlier paying £25 per health check. To ensure the principles agreed for the future commissioning of locally commissioned services that practice net resources would not be impacted, Buckinghamshire CCG would increase their payment to £30 per health check to align with the payment made in Oxfordshire and Berkshire West CCGs.

The report provided an update of key elements of work and the delegated activity undertaken by the three CCG primary care teams between November 2021 and January 2022. Practices reported Workforces' absences which then generated a red, amber, or green rating. This was reported to region daily. As of 28 February, thirteen practices were rated as red across the ICS. Support was being offered to these practices from all three places.

#### Oxfordshire

- Woodlands, Mill Stream and Deddington Surgeries had all requested to close their lists to new registrations. Three practices had closed lists. The main concerns for the closures were estates constraints and workforce issues.
- As part of the delegated responsibility for primary care commissioning each place was required to undertake an internal audit to assess compliance with delegated responsibilities. The audit took place in September. Oxfordshire was found to be fully assured.

#### Berkshire West

- Swallowfield Medical Practice had asked to change their practice boundary as they had achieved their maximum capacity.
- Enhanced Services not to be aligned across BOB from the start of 2022/23 would be recommissioned and aligned in year where appropriate with the cost of delivery reviewed.
- Enhanced service arrangements for the weekend and bank holidays to continue until October this year.
- Oxfordshire Oximetry at home Enhanced service was rolled out to Berkshire West practices to support the Covid pandemic

#### Buckinghamshire

- Sit Reps had been brought into line with the NHS E format.
- Berryfields Medical Centre and Meadowcroft Surgery to merge.
- Awaiting the outcome of an internal audit.
- The financial element of the Outline Business for Lace Hill case had been approved by the Finance Committee

DS congratulated the Oxfordshire Primary Care and Quality team on their work around Botley Medical Practice and the significant improvement reporting from CQC from 'inadequate' to 'requires improvement'.

Further support offered to Botley Medical Practice was outlined:

- JD had attended a meeting with the practice and PPG members to discuss how the practice could improve their communications with patients.
- The practices were now using LIVI (an online GP system for patients booking appointments) helping to improve patient communication and access.
- An action plan had been submitted to the CQC and MP
- Regular meetings with the CCG, NHS E and CQC is taking place to support the practice.
- An inspection from the CQC is expected in the next year

DS Enquired further about Botley Medical Practice. Resilience funding had allowed the practice to achieve its current outcome. How many other practices could potentially require support after the pandemic and is there capacity for the BOB Quality teams to get those practices up on their feet? What assurance had been put in place that provided proactive work being done in terms of risk assessments for practices experiencing issues?

RP Asked were preventative measures of support still in place for Oxfordshire practices? Were GPs comfortable raising concerns for support to the CCG?

DS, MP, RP, JD and JB provided responses:

- DS The CQC provides the practice with a specific action plan to which the CQC and CCG Primary Care Teams offer support and coordinate responses to the practice. Other clinical members, post holders across the ICS in safeguarding roles, medicine optimisation and infection control nurse teams would provide organisation support. Support is tailored for each CQC inspection.
- JD. Financial and resilience support would be offered to all practices experiencing issues in a bespoke manner as well as the expertise of primary care teams and the LMC.
- Committee members were assured the establishment of the Integrated Care Board (ICB) scheduled date of the 01 July 2022 would not result in a net loss of resources in terms of the management of primary care. Those responsibilities currently held by the CCG would be transferred to the ICB and the teams would transfer to the employment of the ICB. The update was provided to assure the committee there would not be a marked change in terms in a reduction of resources. Confirmation of the organisational structure that would support Primary Care would emerge in the coming weeks.
- JD The situation report ('SitRep') looked at what each practice is experiencing in workforce pressures across BOB. Reporting takes place on a weekly basis, and more regularly by exception, taking into consideration staffing numbers, retirees and is regularly monitored. Practices were often reaching out to the primary care teams when requiring support. Work is ongoing across BOB to support Workforce in Primary Care.

DC Raised concerns Primary Care was going to try to continue doing what it has always done. Primary care had changed in the last 6 years from routine services to a more focus on urgent on the day care service, and some patients report they can no longer get routine appointments until 2 weeks away. There was no forward plan to address the issues Primary Care would be facing now and into the future.

**Contractual**

6

**WAF Update**

AC Noted several errors on the report:

- The numbers on the table of how many sessions/hours and appointments were created, the end total is correct, but the number of appointments from other healthcare professionals should be 7,419.
- At the bottom of page 3, before the pie chart, a draft paragraph beginning with the word 'Mobilisation' is still there. It repeats the final paragraph above.

Winter Access Fund (WAF) was a sum of money BOB had drawn down from NHS E to generate additional appointments and access for patients over the winter period. Since the scheme started mid-November 2021, this had led to:

- An additional 1 696 GP Sessions
- 2 473 additional hours from nurses, paramedics, clinical pharmacist, physiotherapists etc
- 34 555 additional patient appointments generated
- Data to showed GP practices are primarily taking face to face appointments.
- BOB primary care appointments had increased during the period April 20 to Jan 22.
- LIVI had been a great success.

AI Moving forward as an ICS a commitment should be made to start planning for increased Winter Access for general practice in June or July for the following winter irrespective of funding.

Future plans for WAF were presented by JC:

- Innovative thinking had been encouraged amongst practices with some projects funded through WAF developing new ways of working.
- The leadership team had discussed the work plan for the coming financial year. These commitments would be included in the emerging new contract for 22/23.
- Reviewed learning would be taken forward into the summer.
- Building relationships with providers of remote services.

DS Welcomed the evolution outcome and planning and looked forward to this coming back for further discussion.

Committee members **NOTED** the WAF report

7

### **Vaccination Report**

Presented by JC, Director of Transformation (OCCG), to **NOTE**

A summary of the COVID vaccination timelines and work that had been done between September and March was provided to members.

- September to November 21 booster doses announced for patients post 6 months after the first dose
- December 21 – accelerated booster dose campaign in response to eh Omicron variant
- January to February 22 was quiet
- Now planning Spring booster campaign in March and offered the vaccine to 5-11 year olds
- December's vaccination booster programme had seen a large peak in vaccinations with all sites successfully delivering. This had been a huge achievement.
- It was noted more community pharmacy were coming on board to deliver the vaccination programme.
- Nearing 4 million vaccinations delivered across BOB since December 2019.
- Nearly half of vaccinations had been given by General practice at local vaccination sites
- Uptake had been good.
- BOB delivered through school immunisation teams 70% of vaccination for 12–15-year-olds
- Now planning for Spring boosters for over 75-year-olds and Autumn boosters for next year
- GP practices and primary care had attained a remarkable achievement

RP Feedback from patients over the vaccination programme had been complementary, mainly the ability to book appointments. It was asked if this could be passed back to the teams.

DC Asked who would be implementing the booster campaign for the over 65-year-olds? Primary Care and PCNs should not be doing any extra work. GPs needed to focus on routine work.



	<p>Committee members <b>NOTED</b> the vaccination report and support from Primary Care</p>
<p>8</p>	<p><b>Primary Care Workforce Update</b> The paper was taken as read.</p> <p>Members of the committee were invited to <b>NOTE</b> the progress of the workforce programmes in the 2021/22 year.</p> <p>AH provided the following summary:</p> <ul style="list-style-type: none"> <li>• New practice fellowships for GPs and nurses new to practice had been implemented.</li> <li>• Supporting Mentors Scheme had been offered to GPs and General Practice nurses. Due to Covid uptake had been challenging but take up was improving.</li> <li>• A PCN Workforce support lead role had been launched across the PCNs</li> <li>• 111 practices had signed up to new funding stream ‘flexible pool of GPs’.</li> </ul> <p><u>Challenges</u></p> <ul style="list-style-type: none"> <li>• Covid had impacted workforce with many primary care staff effected.</li> <li>• Engaging staff remotely with offers had been difficult.</li> <li>• The large turnover of staff.</li> <li>• Workforce shortages in particular paramedics, first contact physiotherapists and pharmacists lead to some services being impacted.</li> <li>• Retention of staff had been difficult due to staff burnout</li> </ul> <p>DS Enquired about vacancy rates and was informed primary care did not currently hold this information. True vacancies were something Primary Care needed to investigate. Future work would be undertaken using base line numbers and in the future this question will be provided to members.</p> <p>JC With specific reference to the additional role reimbursement scheme roles for the development of the workplan, over the coming months the CCG would work with PCNs to understand the barriers to employment for employing ARRS roles to ensure as an ICS going forward the funding is maximised. Funding is allocated and drawn down but if not used is lost.</p> <p>SD It was noted a more holistic approach to recruitment was needed to avoid depleting staff from elsewhere in the system.</p> <p>Committee members <b>NOTED</b> the Primary Care Workforce updates</p>
<p>9</p>	<p><b>Draft PCCC 21/22 Annual reports</b></p> <p>Both annual reports were taken as read.</p> <p>JD, Deputy Director, Head of Primary care for Oxfordshire CCG, took members through the PCCCs in Common annual report. As a formal sub-committee of the Governing Bodies this group were required to submit an annual report of the work of the Primary Care Commissioning Committees (PCCCs) in Common undertaken throughout the financial year. The discussions of the meeting undertaken this day were not included in the report. The final sign off would take place by the Chair and then taken to the Governing Bodies. It was noted the terms of reference would normally be reviewed in line with the annual report, but it was thought it was premature to do so until the formation of the new ICB and when the delegated responsibilities for primary care commissioning was understood.</p>

	<p>SD, Interim Director of Primary Care (BW CCG) summarised the Berkshire West PCCC annual report. Prior to the formation of the BOB PCCCs in Common Berkshire West had undertaken 2 meetings.</p> <p>The Draft PCCCs 21/22 Annual reports were <b>NOTED</b></p>
10	<p><b>Quality</b></p>
	<p><b>BOB Primary Care Quality Report</b></p> <p>Committee Members were asked to note the content of this paper, details of which would be used in conjunction with other supporting information to aid quality improvement work with practices at place.</p> <p>The report was taken as read.</p> <p>MP, Assistant Clinical Director (Quality), (OCCG) provided members with a brief overview of the report.</p> <ul style="list-style-type: none"> <li>• The new dashboard now contained CQC ratings, QOF outcomes and the patient survey</li> <li>• With all the demands faced, good outcomes with the metrics were still achieved</li> <li>• Members would be provided with updates of CQC ratings and any work with individual practices at future meetings. It was noted changes would not be as frequent as they would be with the secondary care dashboard.</li> </ul> <p>DS Informed members the report was for noting.</p> <p>The report goes to each of the placed based operational groups, and an update is provided to each of the placed based Quality committee's covering any Primary Care issues.</p> <p>A further meeting was planned with Quality and Primary Care colleagues across the ICS to further develop the report as progression is made towards an ICB.</p> <p>The BOB Primary Care Quality report was <b>NOTED</b></p>
11	<p><b>Risk Management</b></p>
	<p><b>Primary Care Commissioning Operational groups – roles and responsibilities</b></p> <p>RJ, Lead Primary Care Manager for Oxfordshire CCG provided an update on the roles and responsibilities for the new committee.</p> <p>When the PCCCs in Common Terms of Reference (ToR) was agreed in September 2021 the Primary Care Operating Groups were confirmed as a sub-group of those committees in common. It was agreed a consistent approach should be implemented as each committee held a different ToR. The review outlined differences within the membership of each group, which therefore affected the quoracy. It was suggested there was little merit in changing the membership ahead of the establishment of the ICB in July. A full review would be undertaken at the formation of the ICB when clarity around governance arrangements was known.</p> <p>JD thanked RJ for her work.</p> <p>Members were informed Item 7 of the paper, 'Key responsibilities' noted PCCC in Common would delegate some of its responsibilities to the Operational Groups at place. We would then report into the PCCCs in Common as an assurance process.</p> <p>Committee members <b>NOTED</b> the Terms of Reference for the Primary Care Operational Groups and the action to review again following creation of the Integrated Care Board.</p>



<p>10</p>	<p><b>Finance Reports</b></p> <p>The Finance reports were taken as read and were presented for <b>NOTING</b></p> <p>CH, Assistant Director Finance for Primary Care in Buckinghamshire and SI, Senior Finance Manager Berkshire West provided highlights from both the Buckinghamshire, and Oxfordshire finance reports.</p> <p>The 3 reports across BOB would be standardised once becoming an ICB.</p> <p><u>Buckinghamshire Finance Report</u> Noted</p> <p><u>Oxfordshire Finance Reports</u></p> <ul style="list-style-type: none"> <li>• Primary Care and the CCGs positions were covered.</li> <li>• A move from 0.9 million deficit to reporting breakeven for month 10.</li> <li>• Variances to plan were reported, they included overspend against contact payments of £1 million. This was mitigated by releasing some prior year accruals.</li> <li>• An overspend related to the PCN additional roles and winter access funds was demonstrated. The funding would be drawn down to cover the forecasted overspends. This was a notional overspend.</li> </ul> <p>DS again asked about the next financial year. CH reported that the allocation for next year had been received. Next year we would be 4<sup>th</sup> year of the 5-year financial settlement. The 4<sup>th</sup> year is when the national team adjust the funding formula to take into account actual population growth Unfortunately this had not taken place and had been fed back to the director of finance who will link with NHS E. The funding formula gap for Oxfordshire is now £4 million.</p> <p>DS noted the potential significant pressure on the primary care budget and a couple of capital schemes which will be completed in the next financial year and requested this be added to the risk register.</p> <p><u>Berkshire West Finance Report</u></p> <ul style="list-style-type: none"> <li>• The paper covered some of the delegated and PCN budgets.</li> <li>• There was an overall year-to-date breakeven position being reported as at month 09</li> <li>• A forecast outcome position was reported as breakeven</li> <li>• No issues for the final quarter</li> <li>• No issues were raised for forecast out turn</li> </ul> <p>Members <b>NOTED</b> the Finance Reports</p>
<p>11</p>	<p><b>Risk Register</b></p> <p>The paper presented was for <b>ASSURANCE</b></p> <p>JD had noted the request from DS to consider including financial risks on the risk register. Three risks were noted:</p> <ul style="list-style-type: none"> <li>• GP resilience</li> <li>• Workforce and</li> <li>• Estates</li> </ul> <p>JD was waiting for the final formatting of the risk register from the new ICB Governance structure.</p> <p>DS</p>

	<ul style="list-style-type: none"> <li>• There is currently a gap in Workforce controls with data not available to members. It was suggested adding this to the risk register</li> <li>• It was suggested the risk around GP Primary Care Resilience be brought to the Risk Committee or a Workshop should be set up for urgent discussions</li> <li>• It was also suggested the risk around estates required an investment plan for all three CCGs.</li> <li>• It was noted the finance team Capital update should be shared with members</li> </ul> <p><b>Action: Workforce controls with data to be added to the risk register</b>  <b>Action: DS to set up a Workshop with the Risk Committee for an urgent discussion around GP Primary Care Resilience</b>  <b>Action: Include an estates investment plan for all three CCGs</b>  <b>Action: Finance team to share the Capital update figures at the June PCCC meeting for discussion.</b></p>
13	<p><b>Subgroup minutes</b></p> <p>The subgroup minutes were taken as read and were presented for information.</p> <p><b>November to January PCCOG 2021/22</b></p> <ul style="list-style-type: none"> <li>• Buckinghamshire <ul style="list-style-type: none"> <li>○ Nov</li> </ul> </li> <li>• Oxfordshire <ul style="list-style-type: none"> <li>○ Nov</li> <li>○ Jan</li> </ul> </li> <li>• Berkshire West <ul style="list-style-type: none"> <li>○ Nov</li> <li>○ Dec</li> </ul> </li> </ul> <p><b>November and January Estates 2021/22</b></p> <ul style="list-style-type: none"> <li>• Oxfordshire <ul style="list-style-type: none"> <li>○ Nov</li> <li>○ Jan</li> </ul> </li> <li>• Buckinghamshire <ul style="list-style-type: none"> <li>○ Nov</li> </ul> </li> </ul> <p>No comments or questions were received for the PCCOG or Estates minutes.</p>
	<p><b>AOB and Other Standing Items</b></p>
14	<p><b>Questions received in advance from members of the public</b> None received</p>
15	<p><b>AOB</b></p> <p>The Chair thanked everyone for their input and attendance. The meeting was closed.</p>
<p><b>Date of Next Meeting:</b> Thursday 16<sup>th</sup> June 2022 Microsoft Teams</p>	
<p><b>Meeting Closed: 11:29</b></p>	