

Minutes

Primary Care Operational Group Meeting Thursday 3rd February 2022 (Joint Microsoft Teams)

Members			
Name	Role and Organisation	Initials	Attendance
Tony Dixon	Lay Member, Buckinghamshire CCG (Chair)	TD	Present
Adrian Chamberlain	Interim Head of Primary Care, Buckinghamshire CCG	AC	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	Apologies
Kate Holmes	Deputy Chief Finance Officer, Buckinghamshire CCG	KH	Apologies
David Williams	Deputy Director of Quality, Buckinghamshire CCG	DW	Apologies
Alan Cadman	Deputy Chief Finance Officer (<i>Deputy to KH</i>)	AC	Present
Others: (Standing Invitees or In attendance)			
Dr Raj Bajwa	Clinical Chair, Buckinghamshire CCG	RB	Apologies
Dr Rashmi Sawhney	Clinical Director, Buckinghamshire CCG	RS	Present
Sophie Hatton	All Age Mental Health Commissioning Manager, Integrated Commissioning	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	Apologies
Fergus Campbell	Lead Primary Care Manager, Buckinghamshire CCG	FC	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
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 .		
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"> • Item 6- Winter Access Fund: 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. • Item 10- Amersham Health Centre: As a patient registered with Amersham Health Centre, KW holds a conflict of interest. The conflict is not material and KW was allowed to remain in the meeting and to report to the item. 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 11th November 2021 The minutes of the meeting held on the 11 th November 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	Primary Care Risk Register and Primary Care Covid-19 Risk Register The Primary Care Operational Group were asked to: <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 		

	<p><i>Resilience within General Practice:</i> FC advised that the enhanced level of risk should be maintained as the pressures on general practice remain considerable.</p> <p>The members of the PCOG NOTED the Risk Register.</p>	
<p>Primary Care Operational Performance</p>		
<p>6</p>	<p>Practice Updates 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>PCOG members were asked to note direction and provide feedback.</p> <p>Vaccination as a Condition of Deployment (VCOD) FC summarised the report and noted that the Governments position on VCOD has changed substantially, in that they have recently proposed not to push forwards with this requirement. The condition had been written into law and so now there is a process to be undertaken in-order to have it taken out of the law.</p> <p>Whilst this is underway, the CCG remains in an interim position whilst there is still the requirement on paper. Feedback received from Buckinghamshire practices highlighted some issues where a very small proportion of practices had started processes to dismiss members of staff, which could now leave some residual difficulties, in light of the repeal of the decision.</p> <p>Primary Care Situation Report (Sitrep)- see paper C KW summarised the updates from the report and advised that the sitrep has had minor amendments in order to align with the rest of BOB. The responses from practices are revealing high levels of stress amongst primary care, with scoring averaging at around 50/50 as Amber to Green rated.</p> <p>Practices can now update the DOS directly, the CCG are working with the LMC to ensure there is a robust process in place for monitoring.</p> <p>Appointment Data- December 2021- see paper C graphs The data indicated a dip in face-to-face appointments in December which is attributed to the Omicron variant and a high level of staff in isolation, however the face-to- face appointments were up when compared against the figures in December in the previous year.</p> <p>Winter Access Fund As part of the WAF programme across BOB ICS, Buckinghamshire CCG has made 31 Winter Access Fund (WAF) allocations to practices or PCNs totalling £1.7M from November 2021 to the end of March 2022. The funding has been used in a wide variety of ways in-order to provide increased capacity. Table in the report summarises the offer made, showing an estimate of appointments which will be delivered by staff type.</p> <p>RS advised that it would be helpful to provide a reminder of the process in the weekly bulletin to practices, highlighting that the fund exists and is there to support practices to provide appointments.</p>	

	<p>RBS thanked the CCG for the support offered to general practice and surgeries directly. The process for deciding which surgeries were to be supported was very efficient. The funding has been very helpful to patients.</p> <p>The PCOG NOTED the report.</p>	
7	<p>Finance Report AO reported the following highlights from the GP delegated budget report for Month 9 (see paper D).</p> <ul style="list-style-type: none"> • GP expenditure for Month 9 full year allocation • Start of funding for winter access fund is part of the delegated budget • As at M9 the YTD position is on plan • GP contracts continue to have slight overspend. The global sum is above plan. • Other services small overspend on Safeguarding • Currently we are still forecasted to be on plan <p>The PCOG NOTED the report.</p> <p style="text-align: right;"><i>Sofia Hatton joined the meeting</i></p>	
Primary Care Transformation		
8	<p>Physical Health Checks for Serious Mental Illness- see report PCOG Members are asked to Approve the Buckinghamshire Proposal for Utilisation of the Mental Health Investment Standard SMI Offer</p> <p>SH advised that based on the same process and funding provided last year we are currently at 42% performance rating against a target of 62 %. Due to this we have been able to secure a similar amount of money for this financial year from the Mental Health Investment Standard, to send out to the PCN's for sign-up again.</p> <p>Recognising the narrow window of opportunity, Buckinghamshire CCG proposes to utilise the existing PCN structures, to facilitate increasing the uptake of flu and Covid vaccination and PHCs.</p> <p>PCNs would be offered a fair share (proportionate to their SMI population) of the £35K. Due to current pressures with the roll out of the Covid Booster vaccine and the impact of Covid on PCNs, the project should start before 31st March 2022, but the funds can continue to be utilised until end of Q1 2022.</p> <p>The PCOG APPROVED the Buckinghamshire Proposal for Utilisation of the Mental Health Investment Standard SMI Offer</p>	
9	<p>Discharge to Assess (D2A)- see report paper F PCOG members were asked to note the update.</p> <p>The report provided an update on the Discharge to Assess (D2A) process in Buckinghamshire and outlined the work undertaken toward an improved system solution, including fundamental principles behind the approach, IT solutions and work that has been done or is planned to address some of the issues experienced.</p> <p>AC advised that this is an ongoing process working with primary care colleagues to refine the process over time.</p>	

	<p>RMS advised that she has been working as an LMC Medical Director with Dal Sahota on the process and noted that one of the issues faced in Buckinghamshire is that there are very few Community Beds which makes Buckinghamshire outliers in BOB. Bucks have to use the D2A beds more than the other counties. Bucks may be seen as a flagship with regards to the development of the pathway, as we have been working on this for longer than other counties. RMS agreed that the pathway needs to be developed as proper intermediate service in the long term, to allow all the patients in D2A beds to receive the right care.</p> <p>The PCOG NOTED the report.</p>	
10	<p>Amersham Health Centre- Equality Impact Assessment Members of the PCOG were asked to confirm the Equality Impact Assessment. KW summarised the paper;</p> <ul style="list-style-type: none"> • A routine inspection of the Amersham Health Centre uncovered Legionella. • The Amersham Health Centre is required to move into temporary accommodation before 14 February to allow remedial works to the building to address the legionella, managed primarily by NHS Property Services- who are the landlords • Clinical services and reception will be provided from temporary buildings (portacabins) sited in the practice car park. Administrative staff will be sited in an adjacent local authority building. • An Equality Impact Assessment has been completed in-order to ensure that this change does not adversely impact service users with protected characteristics. The EIA had identified that the principal challenge will be to ensure access for patients who are unable to use stairs, as some of the temporary consulting rooms must be accessed by steps. KW advised the group that practice plans to ensure that those patients who need ramp access rooms will receive care in those rooms. • NHS Property Services have agreed to pick up the additional costs for the temporary accommodations. Bucks CCG are monitoring the costs. <p>The PCOG noted the update and confirmed the EIA Statement.</p>	
PCN Development		
11	<p>Vaccine Update</p> <p>FC advised that broadly things a quieter following the push in December and January. There are fewer number coming through now for vaccinations. Most of the available clinics currently are in Community pharmacy and these are also reported to be quieter in numbers.</p> <p>The next focus for the vaccination is for 5-11 year olds with particular extra health needs, will start this week. Searches have been run by practices to identify the eligible children in each PCN. All PCN sites will be delivering. There is expected to be an increased number of enquiries coming through from parents ascertaining if their child is effected by this category..</p>	
12	<p>Immedicare online training expanded provision</p> <p>AL advised the group that Immedicare had previously been providing remote support to care homes, and had previously had access to summary care records through System One. There is now record sharing in place between EMIS and TPP System One, which means they can access the wider records of a patient</p>	

	<p>but should mean that GP practices can see what is being recorded in the patient record by Immedicare and the Care homes. AL has been asked by Immedicare to liaise with GPs to find out if this additional visibility is helpful to them.</p> <p>SK was not present to provide the verbal update on the expanded training provision.</p>	
AOB & For Information		
13	None reported	
<p>Date of Next Meeting: PCOG – Thursday 3rd March 2022</p>		

DRAFT