

## Minutes

### Primary Care Operational Group Meeting Thursday 3<sup>rd</sup> March 2022 (Joint Microsoft Teams)

<b>Members</b>			
<b>Name</b>	<b>Role and Organisation</b>	<b>Initials</b>	<b>Attendance</b>
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	Present
Alan Cadman	Deputy Chief Finance Officer ( <i>Deputy to KH</i> )	AC	Present
<b>Others: (Standing Invitees or In attendance)</b>			
Dr Raj Bajwa	Clinical Chair, Buckinghamshire CCG	RB	Apologies
Dr Rashmi Sawhney	Clinical Director, Buckinghamshire CCG	RS	Present
Dr Dal Sahota	Clinical Director, Buckinghamshire CG	DS	Present
Gill Dunn	Diabetes Specialist Nurse LTC Team	GD	Present
Matt Mayer	BOB LMC representative	MM	Present
James Fitzpatrick	Senior Digital Programme Manager	JF	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	Present
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	Apologies
Gemma Richardson	Corporate Governance Manager, Buckinghamshire CCG ( <i>minutes completed from recording</i> )	GR	Apologies
<b>Standing Agenda Items</b>			
1	<b>Welcome and introductions</b> The Chair welcomed everyone to the meeting.		
2	<b>Apologies for Absence</b> Noted as above.  The meeting was declared <b>quorate</b> .		
3	<p><b>Declaration of Interest</b> 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.</p> <p><b>The following Conflicts of interest were noted;</b></p> <p>RS declared an interest in the following items as described below;</p> <ul style="list-style-type: none"> <li>• <i>Items 11- paper E- LCS service specification 22/23 for Physical Health and serious mental illness</i></li> <li>• <i>Item 14 – paper H- LCS Service Specification Insulin and GLP-1 therapy</i></li> <li>• <i>Item 10- Resilience spend</i></li> </ul> <p>As a Member GP within a PCN and a as partner of a practice which could stand to benefit financially from proposed funding allocation and service/referral activity, Dr. Rashmi Sawhney is directly conflicted. Dr Sawhney is a standing invitee to the PCOG and therefore holds no voting rights. <b>At the Chairs discretion RS was allowed to remain in the meeting to participate in the discussion but not to participate in the decisions asked of the PCOG.</b></p> <p><b>Declaration of Gifts &amp; Hospitality</b> 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.</p> <p><b>None Declared</b></p>		
4	<p><b>Minutes and Action Log of the Meetings held on 3<sup>rd</sup> February 2022</b> The minutes of the meeting held on the 3<sup>rd</sup> February 2022 were agreed as a true and accurate record of that meeting, subject to the following amendments;</p> <p>The Action Log was reviewed and updated accordingly.</p> <ul style="list-style-type: none"> <li>• The actions noted on the February 2022 log remain ongoing.</li> <li>• <i>Practice Updates- National GP Patient Survey- Action is closed.</i></li> </ul> <p style="text-align: right;"><i>SK joined the meeting</i></p>		

-	<p><b>Due to time constraints the PCOG moved to Item 15- AOB to discuss; “Winter Respiratory Clinics”- a verbal update provided by from Dr Dal Sahota. See AOB.</b></p>	
<b>Risk</b>		
5	<p><b>Primary Care Risk Register and Primary Care Covid-19 Risk Register</b></p> <p>The Primary Care Operational Group were asked to:</p> <ul style="list-style-type: none"> <li>- <b>Review</b> assessment of risk scores on the Primary Care Risk Register</li> <li>- <b>Be assured</b> that the risks on the Primary Care Risk Register are mitigated with appropriate actions in place.</li> </ul> <p>FC advised that there were no changes to the risk register to report since the February reporting. No questions or comments were raised by the group.</p> <p><b>The members of the PCOG NOTED the Risk Register.</b></p>	
<b>Primary Care Operational Performance</b>		
6	<p><b>Finance Report</b></p> <p>AO reported the following highlights from the NHS England GP delegated budget report for Month 10 (see paper C).</p> <ul style="list-style-type: none"> <li>• The position at month 10 is on plan</li> </ul> <p>Overall, the YTD position at month 10 is on plan.</p> <ul style="list-style-type: none"> <li>•GP Contracts £52k overspend Global Sum above plan.</li> <li>•GP Premises £63k underspend GP rates below plan.</li> <li>•GP Other Services £11k overspend GP safeguarding above plan.</li> <li>•All other areas on plan</li> <li>• The forecast outturn 2021-22 is on plan.</li> </ul> <p><b>The PCOG NOTED the report.</b></p>	
7	<p><b>Practice Updates- see paper D</b></p> <p>The report was submitted to inform the 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. The report provided an update regarding the following areas;</p> <p><b>Primary Care Situation report (Sitrep) data February 2022;</b> Overall the picture for practices is starting to improve by comparison to November 2021 to early January 2022, with the balance leaning towards more green rated practices each week, as opposed to amber rated.</p> <p><b>Appointment Data- January 2021</b> Shows the monthly appointment data issued by NHS Digital.</p> <p><b>The PCOG NOTED the report.</b></p> <p style="text-align: right;"><i>James Fitzpatrick joined the meeting</i></p>	
8	<p><b>Advanced Telephony- verbal update</b></p>	

	<p>JF advised that NHS England have given some funding to all ICS's in order to help General practice to improve their telephone systems. Telephone systems are usually a practice responsibility and not normally under the commissioners, however this is a one-off opportunity for practices across the BOB ICS to access funding and to improve their systems as it has been identified that it is practical to help everyone in the PCN's to get onto the same system if they wish to, and to bring up the level of GP systems for the modern GP practice.</p> <p>A National Assessment Criteria has gone out to market. Two of the leading providers in the country for GP specific phone systems have responded and met the criteria. Seminars and Demos across BOB have been facilitated and have been very well attended. The original cut-off date to spend the funding has been extended by one week in order to devolve the funding down to practices. The advanced telephony system delivers functionality such as patient call backs, integration with clinical systems EMIS and TPP, buttons to bring up patient records, allows practice staff to work from home and still use the telephone system and supports PCN working and call transfers.</p> <p>The team is now chasing practices that have not responded in order to ascertain their interest in the systems, and to articulate the costs and savings to the practices. The take up so far in Buckinghamshire is quite high, with only 6-8 practices who have not responded.</p> <p><b>PCOG Discussion and Comments:</b>          In response to query raised by MM, JF advised;          There is some funding available that can be used for some interested practices to buy-out their current telephony contracts. The amount to contribute to buy-out is capped to a maximum of £10K. Practices would have to liaise with their supplier to identify the cost of breaking the contract, in-order for the CCG to gauge the amount.          There is a contribution that can be made to practices that have already gone ahead with the system, due to their need (in the last 12 months) prior to the funding being made available by NHS England. This contribution is based on what would have been paid to them if they were opting for the new system under this programme.          JF presented the Legacy costs for years 2 and 3 to practices.</p> <p><b>PCOG Noted the update.</b></p>	
9	<p><b>Additional Roles Reimbursement Scheme (ARRS) 2020-21 Underspend- Verbal Update</b></p> <p>AC reported that there is a £400K underspend on Additional Roles Reimbursement Scheme (ARRS) which dates back to 2020- 2021. The underspend was bought forward from that year and is money that should be spent in connection with ARRS staff in PCN's. If the underspend is not spent by the end of March 2022 then it is reclaimed.</p> <p>A number of PCNs wish to go forward with high level HR support through FedBucks via Peninsular, but it has also been agreed with PCN clinical directors and managers that other options will be open to those that do not wish to go through FedBucks. Approximately £30k per PCN is available within the remit of ARRS.</p> <p>AC advised that primary care requires a from PCNs which outlines how they intend to use the money. The bids would be aligned with MOUs with a</p>	

	<p>commitment to feedback on what has taken place with the funding after it is allocated.</p> <p>FC advised that the underspend has been discussed in a meeting of the PCN Clinical Directors and in a meeting of the PCN Managers. <b>ACTION: A communication in writing is to be developed very soon to publicise the request for funding bids from the PCNs. FC &amp; AC to liaise with RS on some wording.</b></p> <p>RS asked if consideration had been given with regards to utilising the underspend toward some of the Population Health Management work being undertaken by and within the PCN's, as resource support (workforce) is needed in this area. FC and AC agreed to look into this as an option.</p> <p>MM advised that the National perspective from the GPC and BMA is that the ARRS a funding can be used for anything at Network level in order for PCN services to deliver services as part of the PCN DES. A broader approach on granting funding is justifiable.</p> <p><b>PCOG Noted the update and the direction of travel.</b></p>	<p>FC &amp; AC</p>
<p>10</p>	<p><b>Resilience Spend-</b> <i>verbal for discussion</i></p> <p>AC reported from 2020-21 the CCG is carrying approximately £328K of Resilience funding which needs to be spent as a one-off spend by the end of March 2022.</p> <p>AC advised that it is sensible to invite Practices and PCNs to submit proposals for use of the money for a range of measures which may be sensibly achieved (e.g. equipment and buildings). The money can be distributed through MOU's, subject to agreement of the amounts of money with Finance.</p> <p>The group advised that a priority list of the proposals should be drawn up for PCOG approval.</p> <p><b>PCOG Noted the update</b></p>	
<p><b>Primary Care Transformation</b></p>		
<p>11</p>	<p><b>LCS Service Specification 22/23 for Physical Health and Serious Mental Illness.-</b> <i>see paper E</i></p> <p>SK advised that a detailed report was submitted to the January PCOG. For Buckinghamshire, PHSMI service specification is rolling over for 22/23, as detailed in Paper E. The Oxfordshire service specification is being aligned.</p> <p><b>PCOG Noted the report.</b></p>	
<p>12</p>	<p><b>Lace Hill Build Project &amp; EIA-</b> <i>See paper F</i></p> <p>PCOG Members were asked to note and confirm the Equality Impact Assessment for this proposed building project.</p> <p>FC summarised that BCCG has been working with The Swan Practice (also a PCN) to submit an Outline Business Case for new premises at Lace Hill on the edge of Buckingham to replace 3 practice buildings in the town centre. BCCG needs to confirm an Equality Impact Assessment (EIA) for this significant proposed change in service provision.</p>	

	<p>This paper and decision is solely about the EIA, rather than the wider business case for this project for which the governance sits under PCCC.</p> <p>RS highlighted that the EIA does not state information with regards to the transport links to the new build. This is significant as the EIA states that all services will be maintained for the elderly. <b>ACTION: FC to flag this up as something that needs to be mitigated within the EIA.</b></p> <p><b>PCOG Noted and APPROVED the EIA.</b></p>	<p>FC</p>
<p>13</p>	<p><b>Meadowcroft and Berryfields EIA and Merger</b></p> <p>The PCOG were asked to <b>note and confirm the EIA of the merger</b>. FC clarified that the previous consultation was previously focused on the Building issues and did not address the Merger impact which is ongoing more recently.</p> <p>The paper is submitted to seeking confirmation from PCOG of the merger of Berryfields Medical Centre and Meadowcroft Surgery with effect from 1 April 2022.</p> <p>The two practices are already working closely together under a single organisation (BK Health). The novation of Meadowcroft Surgery's GMS contract to Berryfields Medical Centre (BK Health) was reported to Primary Care Commissioning Committee on Thursday 3 December 2020. Formal merger of the practices will complete that process.</p> <p>Following consultation with patient groups and staff the practices propose to name the new merged practice as Berrycroft Community Health Centre. They will move into a new, purpose-built surgery during the summer of 2022 when construction is complete. The practices advise that "Until the relocation, there will be very little change to the way patients use their practice – they will be able to see the same staff in the same way."</p> <p><b>DECISION: The PCOG noted the update and <u>APPROVED the EIA Merger statements in principle</u>, subject to reports/feedback to be received by the group of any concerns that are raised in the last stages of the consultation.</b></p>	
<p><b>PCN Development</b></p>		
<p>14</p>	<p><b>LCS Service Specification Insulin and GLP-1 therapy- See paper H</b></p> <p>SK summarised that Buckinghamshire CCG are rolling over the LCS's, with most only requiring updated to links and minor changes regarding NICE guidance. It was felt that the work completed by GD and the team on this warranted an update to be noted at the PCOG.</p> <p>GD presented paper H and explained that the team decided to propose to change the Direct Award which is currently a joint direct award for insulin and for GLP-1, and instead have decided to separate them as separate awards;</p> <ul style="list-style-type: none"> <li>• To separate and re word GLP-1 and Insulin Service Specifications to increase initiations in primary care: 2022-2023 Promote as a primary care drug and thereby hopefully increasing initiations in primary care and reducing referrals to CDSN team.</li> <li>• To start to align with Oxford and West Berks CCG.</li> <li>• Bucks Formulary wording to correspond with service specification.</li> </ul>	

	<ul style="list-style-type: none"> <li>• The Proposal was presented to the Medicines Value Group on 24th February 2022.</li> <li>• There is currently no change in the payment.</li> </ul> <p>RS noted that although the proposal sets out to make things easier for practices to operate and to align with the rest of BOB, this is not part of the core GMS and advised that some practices may therefore decline to take part.</p> <p>PCOG Members were asked to <b>note</b> the update for GLP-1 and Insulin Service Specifications.</p> <p><b>The PCOG Noted the update and report.</b></p>	
--	--	--

**AOB & For Information**

15	<p><b>Acute Respiratory Assessment Hubs- verbal update provided by from Dr Dal Sahota</b></p> <p>DS Clarified that in conjunction with all the services provided by FedBucks over the last two years of the pandemic, some have fallen under the auspices of Urgent Care such as Discharge to Assess (D2A) and the Covid Hubs (which are now the Acute Respiratory Assessment Hubs), along with Winter Pressure/Primary Care Support clinics to provide additional appointment to support Primary Care.</p> <p><b>Acute Respiratory Assessment Hub- Update;</b>          DS explained that the contracts for this service are coming to their end at the end of March 2022. Previously Buckinghamshire had a hub in both High Wycombe Hospital in Stoke Mandeville Hospital. Over the last year the Acute Respiratory Assessment Hub has only been operating from the Wycombe site, as we were unable to find premises to continue the hub in Stoke Mandeville.</p> <p>Since December usage has gone down by approximately 30% and remains variable between 20-30 patients being seen a day which are predominately patients from the southern practices. It is becoming clear that the hubs are becoming non-respiratory conduits for primary care and are therefore not being used for auspices in which it was set up.          Compounded with the change to the Covid isolation legislation and the commissioning cycle responding to the National directive for virtual wards and subsequent funding to set them up, it leaves the CCG without a mandate to continue to provide or to re-commission the Acute Respiratory Assessment Hubs.</p> <p><b>Discharge to Assess (D2A)-Update</b>          DS reported that FedBucks and SCAS have now serviced notice on the D2A beds. Therefore there could be a backlash of workload that may come to primary care if there is not some clarity as to what the Improved Access or Primary Care support appointments are.</p> <p><b>DS is seeking clarity from the PCOG with regards to confirming;</b></p> <ol style="list-style-type: none"> <li>1. the decommissioning of the Acute Respiratory Assessment Hub at the end of March 2022 and,</li> <li>2. if we will be re-commissioning the services from FedBucks and SCAS which are providing additional in-hours and out of hours appointments and other services to support Primary Care.</li> </ol>	
----	---	--

	<p><b>PCOG Discussion and Comments:</b></p> <p>In response to TD raising surprise at the use of the respiratory assessment hub being used a conduit for other appointments, DS advised the Buckinghamshire were the only county across BOB that continued the service and therefore the Hot Hub funding stopped, and the same need to re-commission a Respiratory service can no longer be argued a year later, due to the National Mandates and the current public health data.</p> <p>RS suggested that the Primary Care bulletin should be used to explain/refresh how to refer to/ access the Primary care support services as this is not clear to GPs.</p> <p>DS advised that if these primary care support services are re-commissioned, then vigorous monitoring of the referrals needs to be reinstated.</p> <p>RB noted that some of the clinics are part of Improved Access Provision on behalf of the PCNs. The funding stream is from the Improved Access Provision and is not something that the CCG has commissioned. It is important that this is understood going forwards in planning.</p> <p>MM agreed the steer to decommission the Acute Respiratory Assessment Hub is reasonable but noted that it is important that the funding streams for Improved Access funding are not mixed up. The concern would be to ensure that we are not left with significant gaps in support to General Practice.</p> <p><b>DECISION:</b> PCOG <b>APPROVED</b> the decommissioning of the Acute Respiratory Assessment Hub the end of March 2022.</p> <p><b>ACTION: Primary Care Team to clarify;</b></p> <ul style="list-style-type: none"> <li>• what the other additional primary care support services are being provided</li> <li>• how the clinics/services are accessed</li> <li>• to give assurance to the providers, if the clinics/services are to be continued.</li> <li>• To link in with DS with regards to the Comms Bulletin to practices, which explains and clarifies how to refer to/ access the primary care support services provided by FedBucks and SCAS.</li> </ul>	<p><b>FC &amp; KW</b></p> <p><b>FC/KW &amp; DS</b></p>
<p><b>Date of Next Meeting:</b> PCOG – Thursday 7<sup>th</sup> April 2022</p>		