Paper A 22.06.09b

Minutes

Primary Care Operational Group Meeting
Thursday 7th April 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 *(Deputy to DW)*	AA	**Present**
Fergus Campbell	Lead Primary Care Manager, Buckinghamshire CCG (*Deputy to AC- co-opted for quoracy*)	FC	**Present**
Kate Holmes	Deputy Chief Finance Officer, Buckinghamshire CCG	KH	**Present** *(joined at item 14)*
David Williams	Deputy Director of Quality, Buckinghamshire CCG	DW	**Apologies**
Alan Cadman	Deputy Chief Finance Officer (*Deputy to KH)*	**AC**	**Apologies**
Others: (Standing Invitees or In attendance)			
Dr Raj Bajwa	Clinical Chair, Buckinghamshire CCG	RB	**Present** *(joined at item 14)*
Dr Rashmi Sawhney	Clinical Director, Buckinghamshire CCG	RS	**Present**
Zahra Mckinstry	Infection Prevention and Control Lead, BCCG/Buckinghamshire Healthcare NHS Trust	ZM	**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**
Fergus Campbell	Lead Primary Care Manager, Buckinghamshire CCG	FC	**Present**
Kiera Walker	Primary Care Commissioning Manager, Buckinghamshire CCG	KW	**Present**
Representative by exception only	Primary Care NHSE/I South East Region	Rep	**Apologies**
Colin Hobbs	Assistant Director of Finance, Oxfordshire CCG	CH	**Present**
Alan Overton	Finance, Oxfordshire CCG	AO	**Present**

Dr Rebecca Mallard-Smith	BOB LMC Representative- Medical Director	RMS	**Present**
Steve Goldensmith	Head of LTC, Ill Health Prevention, Personalisation and End of Life Care, BCCG	SG	**Present**
Gemma Richardson	Corporate Governance Manager, Buckinghamshire CCG *(minutes completed from recording)*	GR	**Present**

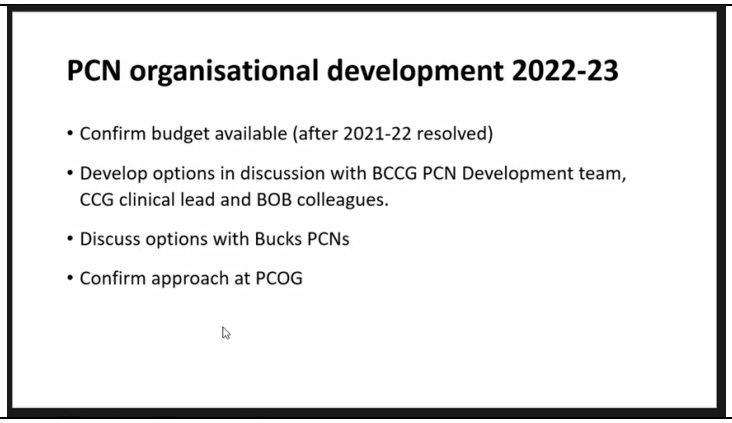
Standing Agenda Items		
1	**Welcome and introductions** The Chair welcomed everyone to the meeting.	
2	**Apologies for Absence** Noted as above. The meeting was declared **quorate**, retrospectively, given that KH joined the meeting later at Item 14: LCS Activity. All Decisions asked of the PCOG voting members up until this point were outlined to KH who then agreed with the decisions already taken.	
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;** • Item 8: Diabetes Inequalities & Recovery Fund (Paper E) • Item 10: Additional Roles Reimbursement Scheme- Deployment of 2020/21 funding bought forward (Paper G) Practices are the beneficiary of the funding outlined in Paper E and Paper G. Practices are awarded more funding depending on their circumstances. • As Member GP's within a PCN and a as partner of a practice which could stand to benefit financially from proposed funding allocations, Dr Raj Bajwa, Dr. Rashmi Sawhney are directly conflicted. • As a representative of the LMC and a Member GP within a PCN, Dr. Rebecca Mallard-Smith could stand to benefit financially from proposed funding allocations and are directly conflicted. Dr Bajwa, Dr Sawhney and Dr Mallard-Smith are standing invitees to the PCOG and therefore holds no voting rights. **At the Chairs discretion, RS, RB and RMS are allowed to remain in the meeting to participate in the discussion from a clinical perspective but not to participate in the decisions asked of the PCOG.** **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 3rd March 2022**	

	The minutes of the meeting held on the 3rd March 2022 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** The Primary Care Operational Group were asked to: - **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. FC advised that there were no fundamental changes to the risk register to report since the March report. FC proposes to submit the register to the Primary Care Working Group to review the risks and mitigations especially regarding the risks linked to pressures on Primary Care and practices, and with a look toward organisational change to the ICB. No questions or comments were raised by the group. **The members of the PCOG NOTED the Risk Register.**	
Primary Care Operational Performance		
6	**Finance Report** AO reported the following highlights from the NHS England GP delegated budget report for Month 11 (see paper C). The current month 11 position is £67k above plan. **Year to Date Position** Overall, the YTD position at month 11 £67k is above plan. •GP Contracts: £80k overspend- Global Sum above plan. •GP Premises: £93k underspend- GP rates below plan. •PCN ARRS: £67K overspend- Awaiting additional funding from NHSE/I. •GP Other Services: £13k overspend- GP safeguarding above plan. •All other areas on plan The forecast outturn 2021-22 is £871k above plan. For month 12 the CCG is expected to be on plan. **The PCOG NOTED the report**. RMS noted that GP Seniority and Locums is mentioned in the report, but Seniority has now gone. AO clarified that this category refers to Locums and the heading is as title for the area to differentiate from admin (there is no seniority).	
7	**Practice Updates** The report was submitted to PCOG to **inform** 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.	

	KW drew attention to the Primary Care Situation Report (sitrep) which in March has showed an increasingly high number of practices who reported as amber or red. One practice became critical (black) for one day, with only one GP available by telephone. The practice was taken off the Directory of Services for that day. The Covid Response Team continue to meet weekly at a huddle to review the sitrep and identify where support could be provided by the CCG. Appointment Data comparing February 2022 against February 2021 and 2020 was outlined in the report. It was noted that the February 2022 appointments were almost back to 2020 (pre-Covid) levels, which is an achievement for general practice considering the pressures they are were facing and managing through staff sickness. **The PCOG NOTED the report**.	
Primary Care Transformation		
8	**Diabetes Inequalities and Recovery Funding** SG summarised the report (see Paper E); *See Conflict of interest declaration noted in paper for RS and RMS* In 21/22 a limited amount of additional **Diabetes Funding** was secured from NHS England to promote Diabetes Recovery following the pandemic and to support areas of inequality in BOB. The funding is one off funding and is for use within General Practice . Two sources of funds for BOB have been combined into a single pot of £245K. It is proposed that the funds will be allocated to General Practice following a simple formula that reflects (set out in the paper) a level of diabetic concern and provides additional funding to those practices in areas of increased inequality. It's felt that this simple formula supports the requirements required for both sources of funding, i.e. targeted to patients in highest need and supporting practices that have additional challenges of inequality in their area. The formulae proposed is: • £10 per patient with HBA1C greater or equal to 86 • £25 per diabetic patient identified as living within 20% nationally most deprived areas • £5 per diabetic patient living within place based 20% most deprived areas. With a minimum payment per practice of £200. Buckinghamshire LMC have been consulted prior to the submission of the proposal and have provided feedback. The PCOG Members were asked to Support and **Approve** the Grant Fund Distribution from NHSE Diabetes Program **DECISION:** The PCOG **APPROVED** the proposal of the Grant Fund Distribution from NHSE Diabetes Program	
9	**Pulse Oximetry@Home-** *verbal*	

	KW advised that the item is brought to the group for discussion to decide if the Pulse Oximetry@Home service is needed, and if it is deemed to be needed then a specification will be compiled for approval. KW summarised the background of Pulse Oximetry@Home; Pulse Oximetry@Home was part of the COVID Capacity Expansion fund. A condition of receiving the funding for CCEF was that practices would take part in delivering the service, which it involved people with COVID who are at risk, being identified and given an oximeter device to use at home to monitor their oxygen levels. Monitoring would either keep these at risk patients out of hospital or it would ensure that they get into hospital at the right time if it became necessary. The funding for the COVID Capacity Expansion Fund ended in October 2021 and since then practices have not received any additional payments for continuing the Pulse Oximetry@Home service. Oxfordshire CCG wrote a new specification last year and started to pay the Oxfordshire practices in November last year. Berkshire West took a more involved funding specification to their PCOG which was approved, and now Buckinghamshire CCG are doing the same. The specification involved patients collecting and dropping off their own devices and more contacts from the practices. The payments were £150 per patient on the programme, and coding/monitoring was through Arden's. The PCOG was asked to discuss if a specification is needed for a Pulse Oximetry@Home service to run in Buckinghamshire. It was noted that Covid testing has stopped and so it would be harder to identify patients with Covid. RS and RMS felt that it is even more important for pulse oximetry monitoring to continue, in order to protect staff and patients. This given the fact that the support and respiratory hubs have gone and that the regulations for testing have changed. SK clarified that BOB now has paediatric pulse oximeters that can be given out. **DECISION:** The group felt that a Pulse Oximetry@Home service is needed for Buckinghamshire. **ACTION: KW to write a service specification for Buckinghamshire, to include changes regarding GP diagnosis without tests and inclusion of paediatric oximeters. AC to assist in identification of a budget.**	**KW/AC**
10	**Additional Roles Reimbursement Scheme: • *Deployment of 2020/21 underspend-*** *See paper G* *See Conflict of interest declaration noted in paper for RS and RMS* FC summarised the background of the item; PCOG on 03.03.21 discussed a way forward with £400k of underspend from primary care network (PCN) indicative allocations which CCG must allocate as part of 2021-22 accounts.	

	As a result, CCG invited the 13 PCNs to submit proposals for equal shares of the funding as a one off payment. These proposals account for the full funds which PCNs may spend over the coming year and represent a range of PCN activities. PCOG were asked to **confirm** the allocation of £30,769 to each PCN for the range of purposes/activities listed in the paper. **DECISION:** The PCOG **APPROVED** the funding allocation to each PCN for the purposes listed in paper G.	
11	**GPFV: Deployment of 2020/21 funding bought forward-** *verbal* PCOG on 03.03.21 discussed a way forward with regards to GPFV accrual of £908K from 2020/21 to look at ways in which the underspend could be spent/utilised by PCNS and practices. £629K of this money is to be allocated the Digital /IT Team. Proposals were the sought and submitted for allocations of the remaining £279K, however not many schemes were found to be achievable or able to be implemented within the short-term time constraint. Some of the schemes are to be looked into further with regards to allocation of the current years GPFV. From the submissions and proposals for the 2020/21 GPFV only £30K worth of schemes are able to be achieved in time- ranging from; • Competent PCN Manager training • Xytal support for consultancy and training to practices **The proposal is to allocate the remaining £249K towards Livey Consultations for a long term support tool for practices, along with monies allocated from Oxfordshire CCG and Berkshire West CCG.** RS requested that the process/arrangements be clarified with regards to how practices would use Livey for certain instances. AC to work through these arrangements with input from the LMC. **ACTION: AC will finalise a report for circulation to PCOG members and virtual approval.**	
PCN Development		
12	**PCN Organisational Development Funds- Residual-** *verbal* FC presented a slide to provide the following status update to the group; **PCN organisational development 2021-22 funds** • Budget for 2021-22 was £134,000 • 2 PCNs each paid £10,307.70 (1/13 of the budget) • 1 further PCN has made a recent claim for this amount. • Carry-forward of underspend to 2022-23 confirmed • ACTION: Establish terms and conditions of the 2021-22 offer. • ACTION: Ensure payment to the remaining PCNs where conditions and requirements met	

		
13	**Funding Schemes 2022/23-** *verbal* AC advised that some schemes which were put forward under the GPFV 2020-21 underspend proposals can be looked at further in-order to prioritise and put forward schemes to aid practice and PCN resilience for 2022/23. AC asked the group to consider and put forward instances for minor improvement opportunities, both practice and PCN based. RMS advised that resilience funding should be at practice level, and clarification publishing how to apply for the funding should be given. RS suggested that a dashboard of different funding streams should be collated for Clinical Directors in order to help verbalise what is available for practices.SK advised that a dashboard had previously been kept in the CCG and would like to work with FC and AC in order for this to be resurrected for use in primary care as a database of need.	
14	**LCS Activity-** *verbal* SK reported that an early cut of activity data from GP systems has shown that activity (depo neuroleptics and near patient testing) is approximately of 1/3 of what the CCG are currently paying practices for. However as it was expected that activity would be down in a number of area, the CCG will still honour the activity levels and will reimburse any practices who have done more activity than what was agreed. This is a concept that is accepted for 2022-23 and SK noted that this is not the comprehensive year end activity. ***RB Joined the meeting*** GR queried if this needs to be considered as a risk for the Risk Register. RS queried if this could be a coding issue. It was agreed that once the comprehensive year end activity was compiled, the next step could be determined and practices could be phoned for any further information if required. ***KH Joined the meeting***	
AOB & For Information		
15	**Infection Prevention and Control Policies for GP Practices-** *verbal* ZM advised that the IPC policies became lapsed past their review date in November 2021. Oxfordshire are currently using a suite of IPC policies from Harrowgate infectionpreventioncontrol.co.uk that continually update and are fit for use in General Practice. ZM has already reviewed the policies and has	

	deemed that they are fit for purpose and would like to recommend that these be rolled out across Buckinghamshire. Medicines Management will also be consulted as two of the policies relate to MRSA and Scabies but these do link into following local advice and guidance. These policies are all free to download from any practice, and amendments can be made by the practices if they need to. As the previous governance route for IPC policies was through Quality and Performance Committee, it was recommended that the policies should be reviewed by the Quality and Performance Committee, with copy to the Medicines Management Team for comment. RS advised that any significant changes should be highlighted to practices when they are adopted and circulated.	
Date of Next Meeting: PCOG – Thursday 5th May 2022		