

Minutes

BW Primary Care Commissioning Operational Group (PCCOG) 02 February 2022 Microsoft Teams

Members			
Name	Role and Organisation	Initials	Attendance
VOTING MEMBERS PRESENT			
Saby Chetcuti	Chair and Lay Member	SC	<i>Present</i>
Geoffrey Braham	Lay member	GB	<i>Present</i>
Dr James Kent	Accountable Officer and Executive ISC Lead (BW CCG)	JK	<i>Apologies</i>
Dr Abid Irfan	GP Chair (BW CCG)	AI	<i>Present</i>
Dr Kajal Patel	GP Lead (BW CCG)	KP	<i>Present</i>
Debbie Simmons	Nurse Director (Deputy Chair)	DS	<i>Apologies</i>
Stuart Ireland	Senior Finance Manager (BW CCG)	SI	<i>Present</i>
Jane Thompson-Smith	Deputy Director of Quality & Nursing (BW CCG)	JTS	<i>Apologies</i>
Others: (Standard Invitees in Attendance)			
Sarah Wise	Primary Care Commissioning Manager (Contracts and Quality) (BW CCG)	SW	<i>Present</i>
Sanjay Desai	Associate Director of Medicines Optimisation (BW CCG)	SD	<i>Present</i>
Jo Baskerville	Primary Care Support Manager (BW CCG)	JB	<i>Present</i>
Lydia Benedek-Koteles	Primary Care Administrator (BW CCG) (Minutes)	LBK	<i>Present</i>
Sally Moore	Head of Comms and Engagement (BHFT)	SM	<i>Present</i>
Lisa Trimble	Practice Manager Representative	LT	<i>Present</i>
Dr Jim Kennedy	LMC representative	JK	<i>Apologies</i>
Helen Clark	Representing South Reading PCNs	HC	<i>Present</i>
Dr Bu Thava	CD South Reading PCN	BT	<i>Apologies</i>
Dr Jonathan Millard	CD NWR PCN (Deputising for Dr Anil Chauhan)	JM	<i>Apologies</i>
Dr Anil Chauhan	CD NWR PCN	AC	<i>Apologies</i>
Dr Ellora Evans	CD Newbury PCN	EE	<i>Apologies</i>

Andrew Sharp	Healthwatch West Berkshire	ASh	<i>Present</i>
Pat Bunch	Healthwatch Reading	PB	<i>Apologies</i>
Nicholas Durman	Healthwatch Wokingham	ND	<i>Apologies</i>
Mandeep Kaur-Sira	Healthwatch Reading (Deputising for Pat Bunch)	MKS	<i>Apologies</i>
David Dean	Local Pharmaceutical Committee	DD	<i>Apologies</i>
Graham Bridgman	Health and Wellbeing Representative – W. Berkshire	GB	<i>Apologies</i>
Julie Darroch	NHSE officer	JD	<i>Apologies</i>
Carol Giles	NHSE officer	CG	<i>Apologies</i>
Niall Norbury	CCG Communications & Engagement Team	NN	<i>Apologies</i>
Dr Amit Sharma	CD Wokingham PCN/BWPCN Chair	AS	<i>Apologies</i>
Others			
William Gordon	Primary Care Support Manager (BW CCG)	WG	<i>Present</i>
Mat Chilcott	Primary Care Commissioning Manager (Transformation) (BW CCG)	MC	<i>Present (in part)</i>
Mark Foulkes	MacMillan Lead Cancer Nurse and Nurse consultant at the Royal Berkshire Hospital and Thames Valley Cancer Alliance (TVCA) Secondary Care Clinical Lead	MF	<i>Present</i>
Standing Agenda Items			
1	Welcome and introductions The Chair welcomed everyone to the meeting.		
2	Apologies for Absence Noted as above.		
3	Declaration of Interest The Chair reminded PCCOG members of their obligation to declare any interest they may have on any issue arising at PCCOG meetings that might conflict with the business of Berkshire West CCG. Declarations were noted in each paper that required approval. Declaration of Gifts & Hospitality The Chair reminded PCCOG 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.		
4	Minutes of meeting held: 01 December DRAFT minutes The minutes were APPROVED		

5	<p>Action Log An update on actions included on the action log following the December 2021 meeting were provided.</p> <p>Outstanding Actions:</p> <p>Action 4. PMS transformation fund application PMS transformation funds were on the agenda for discussion</p> <p>Action 5. PCCOG Terms of Reference It was hoped that PCCOG ToR would be considered by PCCC in common at its December meeting but the meeting was cancelled due to Covid. ToR would be considered at March meetings instead. It was noted that the BW PCCOG business cycle was being used to help align meetings.</p> <p>Action 6. Q4 20/21 Quality Report SW informed members that no formal process for the sharing of primary care complaints had been reached with CQC but monthly meetings were taking place where trends were shared. Action: to be removed from action log</p> <p>Action 7. List Maintenance Task and Finish Group was to be established to conclude list maintenance arrangements.</p> <p>Action 8. Winter access fund Push Doctor was not being used for remote consultations therefore action as to whether Push Doctor was able to make CPCS referrals was considered closed. Action: to remove from action log</p> <p>Action 9. DOS RAG rating in Primary Care SW informed members that the draft pathway had been sent out to practices. This would allow practices to make independent 'amber' decisions on their DOS status.</p>
6	<p>Decision Log: November 2021</p> <p>It was noted that the Decision Log was updated to include the Swallowfield boundary change.</p> <p>Members APPROVED the decision log</p>
<p>Contractual</p>	
7	<p>Chair's Update</p> <p>SC notified committee members that from March 2022 she would no longer Chair the Group. No notification of a replacement had been announced. Members expressed disappointments that SC would not be continuing as Chair.</p>
8	<p>Patient Initiated follow-up for Prostate Oncology Patients</p> <p>Mark Foulkes (MS), MacMillan Lead Cancer Nurse, Nurse consultant at the Royal Berkshire Hospital and Thames Valley Cancer Alliance (TVCA) Secondary Care Clinical Lead working alongside KP, one of the Primary Care Clinical Leads for the TVCA in terms of the Personalised Care Programme, presented the Patient initiated follow-up for Oncology patients with prostate cancer paper. The pathway presented was for clarification and only applied to prostate cancer patients receiving oncology treatment. This would contribute to long-term management of cancer survivors and would result in little impact on primary care.</p>

The Long-Term plan ensured after treatment the patients would move to a pathway that suited their needs and were not waiting for an appointment. Both Personalised Stratified Follow Up (PSFU) and Patient Initiated Follow Up (PIFU) were part of the Long-Term Plan, with PIFU being a broader programme used for patients with long or short-term conditions, empowering patients to manage their own condition. PSFU was specific for cancer patients, provided patients with signs and symptoms to look out for and allows rapid access to their cancer team.

The benefits of personalised Stratified follow up and patient initiated follow up included a reliable monitoring system at trust level where patients are on the right pathway, administrative support initiating activities along the pathway and commitment from the CNS team.

PSFU benefits included, increased capacity, patients monitored via an appropriate IT system, patients who are unable to self-manage are seen by trusts, patients are more educated. The benefits for patients included self-managed care, rapid re-access, regular scans and tests with quicker results and access to personalised care and support.

PSFU patients would be placed on three pathways: self-supported, face to face or end of life. All patients would be considered for self-supported management pathway. New diagnosed patients received information about their treatment and support and patients were offered a holistic needs assessment (HNA) when moving onto SSMP.

At the end of treatment all patients were offered End of Treatment OPA (Outpatient patient appointment), patients would be moved to a stratified follow up pathway, would receive rapid access back into secondary care and offered information on Health and Wellbeing programmes.

Prostate cancer patients treated with curative intent was next presented. The Berkshire Cancer centre treated 300 new prostate patients with radical treatment per annum. This would equate to 1 patient per practice. A summary of proposed/implemented patient processes were listed and included patients receiving a 6 monthly review, 5-year follow-up for external beam radiotherapy, nurse-led telephone (virtual) clinics, patient initiate follow-ups and annual PSA blood tests.

Metastatic prostate cancer patients were discussed. These patients remain under the care of TVCA, with no additional ask for primary care. There would be a proposed increase of utilisation of virtual/telephone assessment, regular monitor for PSFU patients and open follow-up with no active follow-up.

MS informed members Stratified follow-up for prostate cancer patients had been trialled in many other parts of the country with Berkshire West benefiting from the learning of these trials.

AI asked were GPs responsible for contacting patients on non-metastatic pathways as this would be a transfer of work with no additional funding to primary care. The number of patients requiring on-going PSA would be very small, one per practice per oncology patient.

The Governance process was discussed. The paper had been presented at the Cancer Steering Group, which reports into the Planned Care Group. At the request of LMC colleagues the paper had been presented at this meeting. MS emphasised there was a need for all practices to buy into this, with GPs agreeing to take on PSA patients. Colleagues were being asked to agree the formulisation process.

It was noted representatives of the LMC and key PCN representatives were not present at the meeting. KP agreed to take the paper to the LMC and one of the PCN meetings to agree buy in. HC requested to include a briefing item on the regular CCG and BWPCN CDs call to check people were satisfied.

	<p>Members endorsed the new pathway which clarified what was taking place with discharged patients. When going out to primary care there is recognition that this had been discussed at the commission committee. There was nothing to approve other than there are on-going discussions and on-going work.</p>
9	<p>Enhanced Services Commissioning 2022/23</p> <p>Conflict of interest noted - GP practice leads</p> <p>Members were asked to:</p> <ol style="list-style-type: none"> 1. Note the approach to alignment of enhanced services across BOB agreed by PCCC in common 2. Note the principles for future commissioning of locally commissioned services agreed by PCCC in common 3. Agree approach to recommissioning Berkshire West enhanced services not to be aligned across BOB initially from the start of 2022/23 4. Agree arrangements to extend Berkshire West enhanced access services to end of September 2022 5. Agree roll out of Oxfordshire oximetry @home service to Berkshire West practices <p>SW provided a summary of the enhanced service work taking place across BOB. The pace of work had been significantly impacted by Covid and the vaccination programme. Two enhanced services, SMI health checks and leg ulcer care, would be aligned and delivered as a BOB service in 2022/23. The new BOB specification would be shared with the Group for comment. As leg ulcer care was currently not commissioned from Berkshire West practices consideration would need to be given to the cost although it was considered a gap locally with other services raising concerns about the lack of a primary care service. The Wokingham leg ulcer pilot and work of the Wound Care Nurse was flagged as needing to be linked with the new CES. HC requested involvement in further discussions around the new CES.</p> <p>Members noted the approach to alignment of enhanced services across BOB agreed by PCCC in common</p> <p>SW discussed point 2 'future commissioning of locally commissioned services agreed by PCCC in common' included in paper.</p> <p>HC advised that she would like engagement with PCN CDs, as part of the development of services, formalised and new services to be priced based on costs of providing service. DD raised need to LPC to also be involved in development discussion.</p> <p>Action: SW to feedback to PCCC in common</p> <p>Point 3 of the paper was discussed and agreement was given to the recommissioning of Berkshire West enhanced services not to be aligned across BOB from the start of 2022/23. The services would be aligned in year where appropriate with cost of delivery reviewed.</p> <p>Decision: Members agreed the continuation of enhanced services not being aligned across BOB from 1 April 2022.</p> <p>SW provided an update on the commissioning of enhanced access. It was noted that proposed PCN contract DES changes would now not take place until October 2022 and current enhanced access arrangements would therefore need to be continue until end of September 2022. It was further noted that one of the APMS FSBH providers had requested a 3% increase in price. It was confirmed that a budget review conducted allowed for a 3% increase to be applied across all elements of the enhanced access arrangements.</p>

	<p>Decision: Enhanced Access arrangements to be extended to end of September 2022 with 3% uplift applied</p> <p>SW took members through point 5 of the patient with regards to an oximetry at home enhanced service which required roll out. It was noted that oximetry at home had formed part of the CO VID expansion fund service which had come to an end in October. Oximetry at home was still used to manage home care for COVID patients and was part of national virtual ward requirements. The intention was to use an Oxfordshire specification across BOB, the specification has been reviewed by Dr Debbie Milligan and Katie Summers who agreed that it alignment with previous Berkshire West arrangements. The Oxfordshire specification had been agreed by the Oxford LMC and has been discussed with PCN CDs.</p> <p>GB raised a question around the scale of the costs and wanted to understand what had been happening to Berkshire West patients in the past 4 months. SW explained oximetry at home arrangements had been delivered without funding and that national funding has been identified to cover cost to service as part of initiative to increase virtual wards.</p> <p>HC asked if there was a cap on numbers under the CES as this impacted on the scale of delivery and identification of patients. SW confirmed that no cap was in place. SW agreed to raise the question around capping, so it was acknowledged across BOB.</p> <p>Action: SW to feedback the discuss regarding capping of patient nos. with BOB leads</p> <p>Decision: Members agreed the roll out of the Oxfordshire oximetry at home service to Berkshire West practices</p>
10	<p>Contractual Actions Report</p> <p>Members noted the routine contract changes that had been actioned since the December meeting which included:</p> <ul style="list-style-type: none"> • Deed of variation to extend the APMS agreement for one further year with South Reading and Shinfield Medical Practice expired on the 30 June 2023 • Swallowfield Medical practice contract variation to change their boundary areas was approved. The new boundary map had been uploaded to the Health GIS website. <p>Members were asked to note Virgin Care, provider of services at Reading Walk-in Centre, was now owned by HCRG as at 1st September 2021. All centre staff and the Virgin Care executive team had been transferred over to the new organisation.</p> <p>Members duly Noted the paper.</p>
	<p>Quality</p>
11	<p>Q2 21/22 Quality Report</p> <p>SW Provided a summary of the Primary Care quality report for Q2 21/22.</p> <p>The report provided updated QOF achievement for 2021. It was noted that service utilisation rates for different services were starting to increase but still below pre-COVID levels. The only practice rated as requires improvement by CQC was noted to now be rated as good.</p>

	<p>Across BOB work continued towards a single dashboard across the ICS. First report on Quality would be taken to PCCC to help align the work Berkshire West primary care are doing. In response to question raised SW confirmed that the practice rated outstanding by CQC was the University Practice. Suggestion was made that digital transformation numbers could be ragged rated.</p> <p>Action: SW to review rag rating of digital indicators</p>
12	<p>Improving Access Action Plan</p> <p>JB provided an update on the actions since November.</p> <p><u>Performance Monitoring</u> A log had been created on partner queries and feedback which will be used to see trends and support performance and engagement visits.</p> <p><u>Building intelligence about activity in primary care</u> Data had been received from RBFT on ED attendance rates by patient with primary care presentations, this data had been shared with the practices concerned. Consideration was being given to whether Connect Care can provide this data going forward.</p> <p><u>Digital</u> Online consultation, video consultation and text messaging service was currently being re-procured to enhance arrangements. GP Connect and EMIS Clinical Services was also being reviewed.</p> <p>AS asked if information could be provided for West Berkshire patients going into Basingstoke and other acutes over the boundary.</p> <p>Action: JB will ask if data could be provided for West Berkshire patients going into Basingstoke and other acutes.</p>
<p>Other Standing Items and AOB</p>	
13	<p>Winter Access Fund</p> <p>SW gave a high-level presentation on the winter access fund. It was noted that the information presented was confidential and indicative summary with many variables impacting the final position. A BOB response on the Winter Access fund would be issued and brought to this group in due course.</p> <p>It was noted that schemes in place across Berkshire West were likely to equate to 2.18m of the 7.4m fund. The schemes included universal arrangements increasing the number of additional GP appointments and Westcall capacity, other practice/PCN schemes included:</p> <ul style="list-style-type: none"> ○ Overflow hub arrangements with some ED booking ○ Respiratory diagnose hub ○ Additional clinical sessions ○ Additional administrative support ○ Remote consultations ○ Vulnerable pt. audit ○ Automation technology processing results/maximising clinical patient-facing ○ Group consultations <p>The Indicative impact was noted to be:</p>

	<ul style="list-style-type: none"> • 61,900 additional appointments until the end of March • 2,400 GP sessions • 5,400 hrs of non-GP clinical time • 3,000 hrs of administrative time <p>Members noted that a review of practice / PCN's ability to deliver was being conducted so any underspend could be redistributed. Outcomes of schemes were also being monitored to support an evaluation of arrangements that may be required post March although funding was nonrecurrent. These discussions were likely to be add at the Reading Same Day Access Group with an extended membership that included Wokingham and West Berkshire representatives.</p>
14	<p>Final Audit Report Annex A</p> <p>The paper was taken as read.</p> <p>SI and SW advised that they had met with the auditors to review the financial sustainability of Berkshire West practices action. The auditors confirmed the ask would only be needed if a cause for concern was raised and it would not have to be done for all practices all the time. To manage this process a section entitled 'financial issues' had been added to the primary care issues log.</p>
15	<p>Risk Register, including Part B risks</p> <p>No changes had been made to the risk register since the November meeting.</p> <p><u>PrC3 Practice sustainability pressures and population growth could lead to a gap in primary care provision in the Whitley area.</u></p> <p>SC questioned the risk increase to 12 and wanted to know whether the timelines were on track. SW advised that the contract had been extended as agreed by members but that the final decision regarding premises remained outstanding.</p> <p>SC stated she was happy to see some of the risk ratings were going down. She requested that the local provider risk report indicate in future whether the risk had increased or decreased.</p> <p>Action: JB to include changes to risk ratings in the provider risk report.</p> <p>Members NOTED the register</p>
16	<p>Primary Care Finance Report</p> <p>SI presented the financial report as of month 09 (December 2021) for noting.</p> <p>Budget was currently standing at a Break-even position for year-to-date and forecasting a breakeven position for the rest of the year. SI wished to highlight under the breakeven section that some of the reserve funds would be used to fund the extra GP capacity using someone of the 400K earmarked for the Walk-in Centre. To date 137K had been used with 260K left for the rest of the year.</p> <p>PCN payments had been paid as normal. SI was not forecasting any variants for the rest of the year.</p> <p>Members NOTED the report</p>
17	<p>PMS Transformation Fund Applications</p>

	<p>PMS transformation fund applications has been received from Whitley and West Berkshire Rural PCNs. It was noted there had been an increase in some of the allocation amounts made to the Whitley PCN and application was resubmitted to reflect this change. West Berkshire Rural PCN application was for 30K and covered purchase of Ardens IT package and care planning work. Members agreed the applications.</p> <p>In response to a question SI confirmed that the CCG was likely to fund Ardens in 22/23 on behalf of all practices.</p> <p>Decision: Approval of Whitley and West Berkshire Rural PCNs PMS transformation fund applications</p> <p>It was noted that not all PCNs had submitted applications and these would be chased and a final outcome report provided at the next meeting.</p> <p>Action: SI to provide and update on final submissions to next meeting</p>
18	<p>AOB</p> <ul style="list-style-type: none"> • SW informed voting members that an email would be sent out for a remote decision on Eastfield House premises and Hungerford list closure. • SW would distribute NHSE letter issued on recover of primary care following COVID booster campaign for Members information.
<p>Date of Next Meeting: 02 March 2022</p>	
<p>Meeting Closed: 14:49</p>	

APPROVED