

Minutes

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

| Members | | | |
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| 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> |
| Jane Thompson-Smith | Deputy Director of Quality & Nursing (BW CCG) | JTS | <i>Apologies</i> |
| Stuart Ireland | Senior Finance Manager (BW CCG) | SI | <i>Present</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>Present (in part)</i> |
| Helen Clark | Representing South Reading PCNs | HC | <i>Apologies</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>Present</i> |
| Dr Anil Chauhan | CD NWR PCN | AC | <i>Apologies</i> |

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| Dr Ellora Evans | CD Newbury PCN | EE | <i>Apologies</i> |
| Andrew Sharp | Healthwatch West Berkshire | ASh | <i>Present (in part)</i> |
| Pat Bunch | Healthwatch Reading | PB | <i>Present</i> |
| Nicholas Durman | Healthwatch Wokingham | ND | <i>Present</i> |
| David Dean | Local Pharmaceutical Committee | DD | <i>Present</i> |
| Tracy Daszkiewicz | Health and Wellbeing Representative – W. Berkshire | TD | <i>Present (in part)</i> |
| Sushma Acquilla | Health and Wellbeing Representative – W. Berkshire | SA | <i>Present</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> |
| 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 would be noted for each paper that required approval. KP requested it be noted in the minutes a comment on papers 22.03.05 and 22.03.05a South Reading Premises Development SRS Report Recommendation. Milman Road and Kennet partners are completing the premises development with South Reading was not correct. Millman Road and Kennet Partners are 5 partners who run the practise, there are 2 partners, Dr R Mittal and Dr B Thava, who independently and separately were engaged with the CCG on the development. The paper was a misrepresentation as this had nothing to do with the Milman Road and Kennet Surgery. NOTED | | |

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| | <p>SC KP comments were noted and changes would be made to the paper.</p> <p>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.</p> |
| 4 | <p>Minutes of meeting held: 02 February DRAFT minutes</p> <p>The minutes were APPROVED</p> |
| 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 1. PMS transformation fund application SI still awaiting outstanding applications, which would be received at the end of the month. An update would be provided at the April PCCOG meeting.</p> <p>Action 2. PCCOG Terms of Reference (ToR) Work was still ongoing across BOB to finalise these. The approach taken was to have a single ToR with some separate at place arrangements. The ToR would be brought to the 17 March PCCC in common meeting. Removed from the log.</p> <p>Action 3. List Maintenance To remain on the log. A Task and Finish Group was scheduled for April.</p> <p>Action 4. DOS RAG rating in Primary Care The DOS RAG rating looked at the process to allow practice's individual status on the DOS to be changed. A draft process was in place with a meeting scheduled for the 7th of March with the LMC to finalise. Closed</p> <p>Action 5. Enhanced Services Commissioning 2022/23 Work was still ongoing. A meeting had taken place on 1 March across BOB regarding the single specification for SMI Health checks and leg ulcers. The arrangements for Enhanced Access had been finalised. JB was working on comms to practices around 22/23 commissioning arrangements. Oximetry at home had been rolled out to Berkshire West practices.</p> <p>Action 6. Q4 20/21 Quality Report – Request for more RAG rating around digital indicators was still to be completed.</p> <p>Action 7. Improving Access Action Plan JB provided an update on patients attending Great Western. Relevant CCGs have been approached for data; no responses received to date.</p> <p>Action 8. Risk Register Not on the agenda. Changes to risk ratings would be included in the April register.</p> <p>Members APPROVED the action log</p> |
| 6 | <p>Decision Log: Jul 21 to Mar 22</p> |

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| | <p>The decision log had been updated to include decisions made at the February meeting.</p> <p>MC provided an update on the remote decision taken on Eastfield House premises, which had not been included on the decision log. Four positive responses had been received, making the decision taken quorate. This would be added to the log for the April PCCOG meeting.</p> <p>Members APPROVED the decision log</p> |
| <p>Contractual</p> | |
| <p>7</p> | <p>Tilehurst Surgery Partnership Discretionary Payment / Locum Cover</p> <p>No conflict of interest was noted</p> <p>Members were asked to ratify resilience funding provided to Tilehurst Surgery Partnership to support practice pressures and to consider making discretionary payments to support GP health absence.</p> <p>Members were asked to:</p> <ol style="list-style-type: none"> 1. Ratify the discretionary funding agreed to support additional locum sessions to end of March 2022 to the value of 32k 2. Agree that reasonable financial support for backfill to support protected time be allowed. 3. Agree that discretionary funding be provided to cover locum costs when partner is absence from the Practice for cancer treatment in accordance with SFE rates. <p>SW provided members with a summary of the paper. Tilehurst Surgery Partnership had requested a meeting with the CCG and LMC on 9 December 2021 to raise concerns regarding the pressure they were under in managing their patient population and the future sustainability of the practice. The meeting resulted in financial support being offered, subsequently to this a further practice request had been received for additional support to cover GP absence for health treatment. A summary of the meeting held and agreements included:</p> <ul style="list-style-type: none"> • 32k would be used to obtain locum support instead at a capped session rate of £333 per session. • The CCG would fund backfill to allow the partners to have time away from the Practice to review operational arrangements and its future business model. <p>The Practice had been asked to identify locums that could help provide the partners with the protected time they require and the cost of this as Westcall has not been able to support. The 21/22 primary care budget currently has 72k, together with 68k carried forward from 20/21 (140k in total), to support primary care resilience. This budget could be used to cover such practice support costs.</p> <p>With regards to supporting locum costs due to health absence of a partner, Members noted that the SFE, after a 2-week non-paid qualifying period, practices can claim up to £1,751.52 per week for 26 weeks, then after a further 26 weeks at £875.76. Members were asked to agree that discretionary payments for locum cover should be allowed in this case in line with SFE rates.</p> <p>DD The LPC would offer support and training towards the GP CPCS referral pathway. The support offered was in place to elevate workload in practices and train teams in practices to refer patients to community pharmacy.</p> <p>Action: SW agreed to pass on DDs details to the practice.</p> |

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| | <p>SW informed members that the funding offer had been calculated based on Winter Access fund rates, which the practice had not applied for. JK advised that the practice had raised concerns about future sustainability of the contract which had been viewed as an exceptional need. JK suggested some of the funding could come from resilience funding as well as the PCN development fund. It was recognised that all practices were under pressure and could do with protected time after the pandemic. SW would investigate this further and suggested TIPS could be used.</p> <p>SI informed members that GP resilience funding was available but had not yet been accessed. Development money to free up time was also available for the PCNs with applications coming in for this year's money. Any ideas from applications for protected time would be positively received.</p> <p>Action: SW to look into protection time for practices.</p> <p>Decisions: Ratify the discretionary funding agreed to support additional locum sessions to end of March 2022 to the value of 32k. RATIFIED</p> <p>Agree that reasonable financial support for backfill to support protected time be allowed. APPROVED</p> <p>Agree that discretionary funding be provided to cover locum costs when partner is absence from the Practice for cancer treatment in accordance with SFE rates. APPROVED</p> |
| 8 | <p>Hungerford List Closure Application</p> <p>No conflict of interest was noted</p> <p>Members were asked to consider agreeing the request to temporarily suspend practice registrations at Hungerford Surgery, providing the Practice could evidence that any patient refused registration was able to register elsewhere, for a 3-month period or for a shorter period if the Practice's workforce pressures were resolved.</p> <p>Hungerford Surgery had made an application to close its list to new patients. The Practice was experiencing workforce constraints impacting on its ability to continue to register patients.</p> <p>At the Practice's request SW, MC and AI had met with the practice in January to discuss service delivery pressures being experienced. Several suggestions were made at the meeting as to how the practice might manage current pressures including a possible list closure. As a result, the practice had made a formal application to close its list which required PCCOG consideration / agreement.</p> <p>SW informed members having reviewed the boundaries of neighbouring practices, including Wiltshire practices, it would not be possible for the practice to fully close its list as there may be an area that was not cover by other practices. If members agreed to the list closure it would be necessary to place conditions on the agreement. The following options open to the practice were presented by SW for discussion:</p> <ul style="list-style-type: none"> • Request refused • List closed to inter practice transfers for patients who have not moved address |

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| | <ul style="list-style-type: none"> List closure agreed but would exclude a caveat being added to say if any patient with no alternative to registering with Hungerford Surgery should be included on the list. <p>A housing development is planned for Hungerford in 23/24 with an additional 670 patients needing to be registered in the area.</p> <p>Members discussed what could have been done to avoid the practice reaching crisis point. The practice had contacted the CCG to say they were under pressure. Due to the pandemic regular visits to practices had ceased and the quality dashboard had not identified the practices as an outlier therefore issue with the practice had not been picked. It was agreed the quality framework needed to be re-implemented. The LPC offered to provide help and AS requested serious pressures from practices be escalated to system partners who could also offer help.</p> <p>Concerns were raised over the overall shortage of GPs; the pressure practices were under recruiting salaried doctors and Locums and GPs increased working hours to meet demand. High quality communications to manage patients' expectations in finding a local GP was requested by AS. Members did not agree three months was sufficient time for the practice to make changes and that the timescale may need to be extended.</p> <p>Decision: Initial 3-month list closure with appropriate caveats agreed with practice that ensured patients with no alternative were still able to register with Hungerford Surgery.</p> |
| 9 | <p>South Reading Premises Development - SRS Report Recommendation</p> <p>The paper was NOTED</p> |
| <p>AOB and Other Standing Items</p> | |
| 10 | <p>BW PCCC Annual Report</p> <p>The annual report brought for approval was for the April and May PCCC meetings which preceded PCCOG. PCCC ToR required for an annual report to be provided even though it had only met twice in 2021/22. The report was brought to PCCOG for approval as the group's membership was the same as PCCC. The report would be taken to Primary Care Committees in Common and then to the Governing Body. The report summarised the work of the Committee at both the April and May meetings.</p> <p>SC noted typos in the report</p> <p>JK had lost connectivity and returned to the meetings at 14:16. SC updated JK as to where the meeting was and would provide JK with an update after the meeting.</p> <p>Decision: Voting Members APPROVED the report.</p> <p>SC noted this would be her last meeting. Members thanked SC for all her work.</p> |
| <p>Date of Next Meeting: 06 April 2022</p> | |
| <p>Meeting Closed: 14:18</p> | |