

Minutes

BW Primary Care Commissioning Operational Group (PCCOG) 06 April 2022 Microsoft Teams

Members			
Name	Role and Organisation	Initials	Attendance
VOTING MEMBERS PRESENT			
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>Apologies</i>
Debbie Simmons	Nurse Director (Deputy Chair)	DS	<i>Absent</i>
Jane Thompson-Smith	Deputy Director of Quality & Nursing (BW CCG)	JTS	<i>Absent</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>
Victoria Farley	Primary Care Support Manager (BW CCG)	VF	<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>Absent</i>
Lisa Trimble	Practice Manager Representative	LT	<i>Present</i>
Dr Jim Kennedy	LMC representative	JK	<i>Present</i>
Helen Clark	Representing South Reading PCNs	HC	<i>Present</i>
Dr Bu Thava	CD South Reading PCN	BT	<i>Absent</i>
Dr Jonathan Millar	CD NWR PCN (Deputising for Dr Anil Chauhan)	JM	<i>Apologies</i>
Dr Anil Chauhan	CD NWR PCN	AC	<i>Absent</i>
Dr Ellora Evans	CD Newbury PCN	EE	<i>Absent</i>

Andrew Sharp	Healthwatch West Berkshire	ASh	<i>Absent</i>
Pat Bunch	Healthwatch Reading	PB	<i>Absent</i>
Mike Fereday	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>Apologies</i>
Sushma Acquilla	Health and Wellbeing Representative – W. Berkshire	SA	<i>Present</i>
Julie Darroch	NHSE officer	JD	<i>Absent</i>
Carol Giles	NHSE officer	CG	<i>Absent</i>
Niall Norbury	CCG Communications & Engagement Team	NN	<i>Absent</i>
Dr Amit Sharma	CD Wokingham PCN/BWPCN Chair	AS	<i>Absent</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</i>
Catherine Williams	BOB Lead Healthwatch	CW	<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 would be noted for 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: 02 March DRAFT minutes Action: LBK to add Dr Millar as an attendee The minutes were APPROVED		

5	<p>Action Log An update on actions included on the action log following the March 2022 meeting were provided.</p> <p>Outstanding Actions:</p> <p>Action 1. PMS transformation fund application The formal report was not ready. A full report would be presented at the next meeting.</p> <p>Action 2. List Maintenance A Task and Finish Group meeting took place on the 06 April with LT and JK in attendance. A full report of the meeting would be brought back to the next meeting.</p> <p>Action 3. Enhanced Services Commissioning 2022/23 On the agenda.</p> <p>Action 4. Q2 21/22 Quality Report Action remained outstanding. Will be completed ahead of next meeting.</p> <p>Action 5. Improving Access Action Plan Bath, Swindon and Wiltshire CCG (BSW CCG) chased for a response regarding BW patients turning up at Great Western. No response received yet. A response had been received from Hampshire CCG who had no issue with BW patients attending Basingstoke hospital.</p> <p>Action 6. Risk Register The request to show risk rating changes had been actioned. The risk register was on the agenda. Closed</p> <p>All other actions were reported as closed.</p> <p>Members APPROVED the action log</p>
6	<p>Decision Log: Jul 21 to Mar 22</p> <p>The decision log had been updated to include decisions made at the March meeting.</p> <p>One item remained outstanding:</p> <ul style="list-style-type: none"> The Finance Committee had yet to ratify Tilehurst Partner Surgery. SW meeting with SI to discuss. <p>Members APPROVED the decision log</p>
<p>Contractual</p>	
7	<p>Contractual Actions Report</p> <p>Members were asked to note the actions taken by the Primary Care Team. Any applications still ongoing would be brought to the next meeting.</p> <p>It was noted due to an impending retirement Chatham Street surgery would be applying to change to a corporation. Before agreeing to any change SW had agreed to work with Buckinghamshire and Oxfordshire CCGs to make sure there were no risks approving the approach. This would be brought back to a future meeting.</p>

	<p>Outstanding National Contract Variations had been issued to GMS and PMS practices. The opportunity was used to review contract signatories for each practice.</p> <p>Members NOTED the report</p>
8	<p>General Practice Contract Arrangements in 2022/23</p> <p>No conflict of interest was noted.</p> <p>Members were asked to note changes to GP contracts in 2022/23 and comment on initial plans to implement.</p> <p>The main changes were listed in the paper along with the local implementation plan for the changes. Since writing the paper more information had come through from NHS E around the PCN contract DES and investment and impact changes. SW was currently working through these with a fuller update to be provided at a future meeting as appropriate.</p> <p>Members NOTED the GP contract arrangements</p>
9	<p>Enhanced Service Update</p> <p>Members were asked to note:</p> <ol style="list-style-type: none"> 1. Change in service name 2. Locally Commissioned Services being offered out to Berkshire West practices for 2022/23 3. Extension of SMI Health Checks element of the Quality CES to Q1 2022/23 4. Approach to the two services being commissioned across BOB for 2022/23 5. Oximetry @Home service had been rolled out further into 22/23 <p>JB provided members with the following updates:</p> <ol style="list-style-type: none"> 1. To align with the Primary Care Commissions across BOB the name had been changed from Community Enhanced Services (CES) to Locally Commissioned Services (LCS). 2. As agreed at the February meeting LCS had been rolled forward. It was noted that the Primary Care team had discussed that there would be a review of funding of phlebotomy services with PCNs. 3. SMI Health checks had been extended to Q1 2022/23. This was to allow practices further time to meet targets as they had been affected by increased demand over Covid. 4. Two locally commissioned services had been identified as very similar in delivery across BOB. <ul style="list-style-type: none"> ○ Leg Ulcer Wound Care with Oxfordshire and Buckinghamshire already implementing this. It was being considered to offer this to BW practices. A Task & Finish Group would be set up to look at this in more detail. ○ SMI Health checks had been looked at with all three CCGs offering the same service. The rate for each eligible health check would be £30 across BOB. 5. In March Oximetry @ home Enhanced Service had been rolled out across BW, with 39 practices onboard with a payment rate £150 per patient. <p>Members raised the following questions/comments:</p> <ul style="list-style-type: none"> ● JK Asked whether the services presented would be rolled out across BOB? ● How are LCSs signed off? ● Concern was raised about the limited number of practices who could apply to LCSs and asked should this not be for who has the most need, not first come first served? <p>SW Heart Failure had been the only service developed across BOB and offered out on a first come first served basis. The service had not been included on the paper as it had been managed</p>

	<p>separately. It was taken firstly to PCCOG and then to the December PCCC meeting for ratification to be rolled out on 01 April. The LMC had also been consulted as had the PCNs. SW agreed to feed back JKs concerns to the Lead Commissioner for the service.</p> <p>It was noted the services listed were approved only for Berkshire West practices.</p> <p>SW will be working with SI, HC, AS and the LMC around over price reflecting cost of delivery which will form part of the work to align services across BOB taking finances into account.</p> <p>HC Asked what was the purpose of the dressing T&F Group?</p> <ul style="list-style-type: none"> • To allow members to think about other areas of work, building outcomes for dressings. • To think about activity around the RBH. • Discuss leg ulcer dressings and surgical dressings, looking at an outcome that would be beneficial for our population. • Aligning with Buckinghamshire and Oxfordshire leg specification, not to impact on what others had commissioned. <p>SIM Health Check as part of the Quality CES was still being finalised to align with Buckinghamshire and Oxfordshire.</p> <p>AI requested</p> <ul style="list-style-type: none"> • Going forward, as a principal, all providers should be treated equally with prices reviewed annually. • A solution was needed within this quarter for phlebotomy and leg ulcer LCS. <p>SD Informed members Primary Care were not only experiencing workload pressures but were going through a transitional period. SD, SW to talk to AI to discuss any support needed for Primary Care.</p> <p>JB was happy with the feedback provided by members to allow amendments to the paper.</p> <p>The paper was NOTED</p>
	<p>AOB and Other Standing Items</p>
<p>10</p>	<p>Confidential Practice Risk Register and Corporate Risk Register</p> <p>JB provided members with a summary.</p> <ul style="list-style-type: none"> • Changes made since the April meeting were shown in red. • No changes had been made to the ratings. • Recruitment and retention – the current forecast spend for 21/22 was 74%. • All PCNs had been asked to complete the ARRS finance tracker for 22/23. <p>Included with the Risk Register was the new Confidential Practice Risk Register displaying CQC changes to risk ratings.</p> <p>It was noted the improvements made at Theale Medical practice had now been removed from the confidential practice risk register. The practice had been contacted and congratulated on the CQC change.</p> <p>Members NOTED the risk registers</p>
<p>11</p>	<p>South Reading Premises Development</p>

	(Paper was discussed and actions agreed)
12	<p>Winter Access Fund and continuation of key schemes post Mar22</p> <p>Members were asked to agree in principle the continuation of overflow hubs and additional appointment arrangements in Q1 22/23 whilst evaluation of on the day demand and appropriate modes of access was conducted.</p> <p>SW provided members with a summary of the paper. The Primary Care team had been working with Urgent Care on the strategy for Same Day Access for the population of BW. The timeframe provided in Annex A set out an evaluation of current services put in place to help manage Same Day Access, which would help inform a future decision around the use of urgent treatment centres and having a walk-in service provided at the Reading Walk in Centre. In the meantime, Same Day Services and how these were supported needed to be addressed whilst this work took place.</p> <p>Consideration had been given at the June 2021 PCCOG meeting for what should be put in place whilst walk in services were suspended. These included additional appointments from GP practices and the Whitley pilot for overflow arrangements. Additional Winter Access Funds previously used were now no longer available. Winter monies were used to also commission Reading Central PCN to put in place overflow arrangements which ED could book into. It was considered that key services should not be stepped down but kept running at a reduced scale for 22/23 whilst future needs assessment takes place. A small pot of money had been identified to continue the overflow hubs and commission additional appointments with GP practices. Discussions were taking place with overflow providers over the scale of their delivery to help reduce costs and release funds for additional GP practice appointments.</p> <p>Healthwatch Reading had received reports patients were not getting through for dental services but had heard little in the way of complaints about GP access, suggesting measures put in place were proving helpful.</p> <p>Any ability to continue to commission the additional capacity was welcomed by HC. It was requested the details of the evaluation be shared with the PCNs.</p> <p>It was agreed to understand what else was taking place in other schemes and to build any learning into the process.</p> <p>SI agreed to report any potential underspend from winter access funds not clawed back by NHSE so consideration on use to support primary care demand can be given.</p> <p>SD requested AI send any patient feedback about the service provided and Livi to SD and SW so this could be passed to NHS E</p> <p>Decision: Members agreed SW to further explore Same Day Access for Q1 22/23 with the budget available.</p>
13	<p>AOB</p> <p>The Chair thanked everyone for their participation.</p>
<p>Date of Next Meeting: 04 May 2022</p>	
<p>Meeting Closed: 14:32</p>	