

Meeting frontispiece

Primary care commissioning committee part 1

Summary sheet

Date of meeting: 2 February 2021

For: Public session (Part 1)

For: Information

Agenda item: Primary care commissioning committee (PCCC) minutes

Author(s): Melissa Mead, chair of PCCC, NHS Kernow

Presented by: Melissa Mead

Lead director/GP from CCG: Andrew Abbott, director of primary care, NHS Kernow

Clinical lead: Dr Francis Old, Governing Body GP member, NHS Kernow

Executive summary

The primary care commissioning committee (PCCC) provides monthly reports to the Governing Body in order to provide assurance and general updates on the work of the PCCC. The PCCC meets bi-monthly; minutes of the meeting held on 8 October 2020 have been submitted to Governing Body members for information.

The PCCC met virtually on 10 December 2020 and agenda items discussed are noted in the main report below.

Recommendations and specific action the Governing Body needs to take at the meeting

The committee is asked to:

1. The Governing Body is asked to note the range of activity that is being undertaken within NHS Kernow, as overseen by the primary care commissioning committee.

Additional required information

Cross reference to strategic objectives

- Improve health and wellbeing and reduce inequalities
- Provide safe, high quality, timely and compassionate care
- Work efficiently so health and care funding give maximum benefits

- Make Cornwall and the Isles of Scilly a great place to work
- Create the underpinning infrastructure and capabilities critical to delivery

Evidence in support of arguments: Minutes from PCCC.

Engagement and involvement: Engagement and involvement are done on a case by case basis and through the Terms of Reference of the PCCC.

Communication and/or consultation requirements: None.

Financial implications: As indicated in the paper.

Review arrangements: None.

Risk management: As indicated in the paper.

National policy/ legislation: NHS five year forward view set the ambition for the delegation of primary medical services commissioning.

Public health implications: None.

Equality and diversity: None.

Climate change implications:

Other external assessment: None.

Relevant conflicts of interest: Managed by the PCCC in accordance with the NHS Kernow policy.

For use with private and confidential agenda items only

FOI consideration – exemption*: None - item may be published

Qualified/absolute*: None - item may be published

If exemption is qualified then public interest test required. Check to see if the public interest in the information being released outweighs the exemption being used and record your consideration here to justify inclusion on the private and confidential agenda. Note the information commissioner states that there is a general public interest in transparency. For advice, contact kccg.foi@nhs.net

Main report

Risks

Each meeting the committee reviews the risks overseen by it. The PCCC currently has 7 risks rated high, 3 of which were new and were previously presented as draft risks. Discussed and of note to the Governing Body are:

- 10780 primary care recovery and restoration - the rating for this risk increased from 8 to 12 which reflects the move into winter, with the usual pressures that brings, as well as COVID-19 and vaccination work.
- 10791 delivery of NHS 111 and GP out of hours - at the last PCCC held in October, this was a draft risk. However, since that discussion the PCCC were advised approximately £900,000 of non-recurrent additional funding has been secured which mitigates some of the risks in terms of the approximate £1,200,000 gap. The residual risk sits with the contract holder Royal Cornwall Hospitals Trust (RCHT) but the risk has an impact on the system overall. Alternative solutions are being refined, this is a joint piece of work between NHS Kernow and providers.
- 6026 GP practice resilience – this risk has not changed however it was noted that practices are feeling under immense pressure. Practices and primary care networks (PCN) are increasingly struggling due to demand and mobilizing for the COVID-19 vaccination programme.
- 10782 GPIT capital primary care 2020-2021 and 10783 PCN laptops, additional roles reimbursement scheme (ARRS). Some capital has become available to help mitigate this risk when the beneficial impact of that has been quantified, consideration can be given as to whether the risks have reduced or can be closed.
- 10693 Windows 7 – this risk is now flagged for closure as all devices have been migrated.

Finance Position

The committee noted that at month 7 the primary care budget was broadly in balance, however, moving forward there is a significant risk around what may happen in the forthcoming months due to the exit from the European Union market and the impact this may or may not have on prescribing costs.

As part of ongoing scrutiny by NHS England and NHS Improvement (NHSEI), NHS Kernow has been selected for audit to review all COVID-19 claims for the first 6 months of the year. There is a risk there could be some changes as it goes through the rigorous review process. If there was a clawback of any funding, this would result in additional financial pressure in the second half of the year. The audit should be concluded this month, January 2021.

COVID-19 update and overview

The PCCC noted that Cornwall and the Isles of Scilly (CloS) have worked together as 1 team and PCNs have been working together to identify sites for the vaccination programme to be delivered at scale, which is now underway.

NHSEI announced £150,000,000 of funding nationally, of which NHS Kernow has been allocated approximately £1,500,000 to deliver over 7 priority areas.

One of the priority areas is health checks for people with learning disabilities, with a target of 67% to be achieved by March 2021. A meeting was held in December to discuss how best to support that and feedback will be provided at the next meeting.

Primary medical services contract tracker

The PCCC noted there have been some changes around partnerships and partner contract changes. It was noted that a couple of practices could potentially become single handed due to retirements or other confidential issues. Consideration is being given as to whether there are any emerging themes.

Primary care delegation quality and safeguarding

Peer improvement tips for care and health (PITCH) is an electronic form that allows GP practices to raise concerns, celebrate good practice, and share learning from significant events audits (SEA). PITCH has been in place for 12 months. An annual review is to be completed by March 2021 to consider if it fulfils the original commissioner intentions and if it supports the new NHS patient safety strategy. Updates will be provided at future PCCC meetings.

Primary care nursing lead update – 2 part time practice nurse leads have been successfully appointed, 1 for each integrated care area (ICA). This will support the development of practice nursing in the line with the General Practice Nursing 10 point plan.

A number of the safeguarding team have been diverted in their work to the COVID-19 vaccination programme and leading the quality framework for the programme.

The PCCC noted that Royal Cornwall Hospitals Trust (RCHT) and Cornwall Foundation Trust (CFT) are investing in a piece of technology called Docman, which is a cross provider document management platform between clinical systems without the need to rely on emails with scanned copies attached. Consideration is being given as to how beneficial this could be for primary care as a technical enabler.

Primary care network development programme

The committee was presented with an assurance report on the PCN development programme. Highlights that are to be noted:

- Three new specifications commence from 1 October 2020 (enhanced health in care home, early cancer diagnosis and specialist medicines review).
- Phase 3 of the NHSEI response to COVID-19 commenced from 1 August 2020. A primary care recovery plan is being incorporated within a whole system summary plan.
- Clinical directors and PCN strategic managers are working with NHS Kernow's locality development team to support review of escalation plans, consider ways to report pressure and initiatives that could be activated to relieve it. An outbreak management process is in place for notification, reporting and escalation of COVID-19.

Virtual Decisions

It was confirmed that the application for Cape Cornwall surgery and Alverton practice to merge was approved by the PCCC virtually.

The PCCC noted that the minor improvement grant (MIG) funding process is complicated and practices have been engaged to understand their needs and prioritisation process should any extra capital funding become available. The 2020-2021 funding for MIG has been received and the approved schemes need to be delivered by the end of March 2021. Expressions of interest for 2021-2022 have now been submitted to NHSEI as part of a wider capital submission.

NHS Kernow Survey Results

The PCCC noted that earlier this year a survey was undertaken to ascertain people's experiences of both GP and pharmacy services during the pandemic, to understand what worked well and identify areas where there is room for improvement.

Approximately 700 people took part in the survey and there has been a lot of positive feedback since its launch. The survey was created in consultation with the Citizens Advisory Panel and other key partners to ensure the questions were relevant.

Details of the findings are being finalised and will be shared internally with key stakeholders, including GPs, Kernow Local Medical Committee (LMC) and the Local Pharmacy Committee (LPC) to inform how those services are delivered moving forward. The full report will be then be shared with the PCCC.

It was noted that as commissioners, NHS Kernow needs to ensure there is a strong focus on listening to the population and the people who work in services before making decisions.

Over the next 3 months consideration will need to be given to engagement with the population around people's experiences with technology and access to services in order to create the primary care digital strategy.

Grampound branch surgery closure application

The PCCC noted that Grampound branch surgery enacted a break clause within the lease in December 2019, without applying and potentially being granted permission to close the branch site at Grampound. Whilst this is not in direct breach of their contract currently, the PCCC may in future decide this sort of action warrants a remedial notice to be served. The first formal application received by NHS Kernow was in July 2020, some 7 months after the practice had enacted their break clause. This timescale is not supported by the primary care team and would have expected an application to have been made at an earlier point.

There has however been significant discussion in regards to this application, and whilst initially the primary care operational group (PCOG) did not feel the practice had conducted proportionate engagement, they do accept the additional work undertaken by the practice with patients is more in line with proportionate engagement.

Following a review of patients it is clear there is an under-utilisation of these premises, which may be because the practice is not offering a wide level of service provision but contractually is not required to. Therefore, with the mitigations the practice plan to put in place the PCOG supported the request of the practice to close the branch site at Grampound.

The PCCC considered adding a recommendation around learning from the engagement process. Work has been undertaken to create a benchmark around proportionate engagement, so there is now clear guidance to provide to practices in the future to ensure practices allow sufficient time to conduct both appropriate and proportionate engagement.

Councillor Egerton and Councillor Taylor virtually attended the PCCC and noted their views, noting more specifically their disappointment at the lack of engagement the practice carried out with the public.

No objections to the closure was raised and therefore the PCCC approved the application to close the Grampound branch surgery.

Contract Assurance

NHS Kernow has a statutory duty to annually review the performance of primary care medical services in relation to the contract. The first visit to a practice has been undertaken and a further 3 reviews are planned for 2020-2021 to allow a test and

learn approach as to how best to manage the visits to ensure the approach works for both NHS Kernow and the GP practices.

Practices will be reviewed based on information gathered from a review of the annual GP practice electronic self-declarations (eDec), review of the Care Quality Commission (CQC) framework and soft intelligence gathered. A minimum of 25% of the practices will be reviewed annually, which equates to 15 practices per year.

It is important to support the practices that need it most but also important to visit practices which are high performing to gain valuable insight into what is working well.

Discussion took place around appropriate messaging to practices, to include reassurance it is not a CQC visit. It was agreed clear messaging is vital as to what to expect during the process but also to be clear what support is available to practices to ensure it is a positive process.

Medicines Optimisation Liothyronine protocol

The PCCC noted that NHS Kernow is an outlier, with Devon, in the use of Liothyronine (L-T3) with usage higher than in other clinical commissioning groups (CCG).

In 2017 L-T3 was on the list of drugs with a limited clinical value, with the advice that no new initiations should occur in primary care and prescribing should be under the recommendation of the consultant endocrinologist.

There is a plan to review patients who are prescribed L-T3 and the PCCC noted the approach to reviewing patients in secondary care and to consider what can be done in primary care. There are 212 patients currently using L-T3 and some of those patients are under the care of Derriford.

The PCCC noted that due to the small number of people currently using L-T3, consideration can be given to an approach which is sensitive to the needs of each individual. It needs to be borne in mind this is largely driven from a financial efficiency point of view but it needs to be done properly, sensitively and not rushed. Further assurance will be provided in April PCCC.

Minutes of the primary care commissioning committee – part 1

8 October 2020
1.00pm
Virtually via Teams

Members

- Melissa Mead, lay member for public and patient Involvement, NHS Kernow Clinical Commissioning Group
- Andrew Abbott, director of primary care, NHS Kernow
- Kirsty Lewis, deputy director of primary care, NHS Kernow
- Clare Bryan, chief finance officer, NHS Kernow
- Nick Jenkin, head of finance, planning and systems, NHS Kernow
- Nikki Thomas, deputy director of quality, NHS Kernow
- Dr Deryth Stevens, Governing Body member, NHS Kernow
- Dr Christine Hunter, director, Healthwatch Cornwall
- Nigel Morson, Citizens' Advisory Panel
- Ann Stone, assistant head of finance direct commissioning, NHS England and NHS Improvement
- Dr William Hynds, chair, Kernow LMC
- Dr Francis Old, Governing Body primary care clinical lead, NHS Kernow

Attendees

- Jessica James, head of corporate governance, NHS Kernow (risk register agenda item only)
- Julie Wilkins, note taker/PA, NHS Kernow
- Councillor Bob Egerton, Councillor
- Samantha Southey, primary care commissioning manager

Apologies

- Emma Ridgewell-Howard, chief executive officer, Kernow LMC
- Rachel Wigglesworth, director of public health, Cornwall Council
- Laila Pennington, head of primary care, NHSE England and NHS Improvement
- Helen Charlesworth-May, accountable officer, NHS Kernow

Minutes from the meeting

Item PCCC2020/045 – welcome and apologies

Melissa Mead, Chair, welcomed everyone to the meeting and noted apologies as above.

This is a meeting held in public. The meeting was joined by Councillor Bob Egerton as an observer.

Item PCCC2020/046 – declarations of interest

Melissa Mead reminded members of their obligation to declare any interest they may have in relation to items arising at committee meetings which might be a perceived or actual conflict with the business of NHS Kernow. Declarations made by members of this meeting were circulated with the agenda and supporting papers. The full Declarations of Interest Register is available via the Corporate Governance Team.

Andrew Abbott and Melissa Mead both declared a conflict of interest as they are patients registered with Probus surgery, which is in relation to item PCCC2020/055 of these minutes and it was confirmed they would have no input into that agenda item.

Item PCCC2020/047 - minutes and action grid of the previous meeting held on 13 August 2020

The minutes of the meeting held on 13 August 2020 were presented for accuracy and reviewed. The minutes were ratified as an accurate record of the meeting.

The action grid was updated.

Item PCCC2020/048 – risk register

Jess James referred to her report and noted there are a number of risks deemed confidential which will be reported in part two.

In relation to risk 10648 external pricing issues, Jess James advised the Governing Body agreed to accept this as a red risk on the basis that external forces cannot be controlled by NHS Kernow but can only be managed and mitigated through savings elsewhere.

The two drafts risks in appendix four relate to IT and funding. Both are currently listed as operational risks and are included as relevant to the PCCC, they could be changed to be corporate risks if felt appropriate by the PCCC.

Andrew Abbott explained there is a perennial problem around purchasing sufficient IT equipment for practices, exacerbated by an increase in workforce and need to work remotely. The PCCC should therefore be sighted on the risks, which should be corporate and should progress to being 'live'.

Andrew Abbott noted that the risk around 6026 GP practice resilience is increasing due to the pandemic, ongoing risks of workforce being ill or needing to isolate and the demands of 'business as usual'.

In response to the work undertaken in Mevagissey, the Governing Body (GB) has asked that a framework or policy be developed which has pre-agreed approaches as to how to support practices that are on the cusp of failing or have handed a contract back and to have local partners who can step in to assist so there is not the sole reliance on national providers for this.

Ongoing developments include creating a dashboard of available information to give a 'practice profile', which may be useful for PCCC members to use in understanding practices being discussed. It will be used to understand some of the key drivers for practice resilience. It is not a performance management tool but a tool to help identify where practices can be proactively supported by system partners to avoid future crises.

It was noted it needs to be done in a way that does not increase the burden on general practice and that the details of struggling practices should be carefully controlled.

Andrew Abbott suggested there could be a standard agenda item in part two of the PCCC to discuss confidential practice insights where there were concerns.

Andrew Abbott explained PCN directors are trying to develop a series of asks of the system if, hypothetically, a PCN is struggling; what support is needed from community colleagues, specialist colleagues, Cornwall 111, etc.

Nikki Thomas stated it can also be about how to do things differently or how to obtain access to information they have not got, helping to provide solutions.

Recommendation

Draft risks 10782 – GP IT Capital and 10783 – Additional Roles Reimbursement Scheme were both approved as corporate risks.

Action

Andrew Abbott to provide an update on the proposed GP resilience support framework/policy at the December meeting.

Item PCCC2020/049 – finance

Nick Jenkin advised the key area of pressure remains in prescribing and is a challenge for the rest of the year when NHS Kernow has to operate within a fixed financial envelope. Additional cost pressures continue due to changes in generic drug prices and drugs classed as 'No Cheaper Stock Obtainable' (NCSO).

NHS Kernow has been notified of the fixed funding for the second half of the year and local expenditure plans are being considered. Clarity is being sought on non-recurrent allocations expected during the latter half of the year.

A Cornwall and Isles of Scilly system wide finance plan covering the remainder of the year (months 7-12) was submitted to NHS England and NHS Improvement (NHSE/I) on Monday 5 October but the outcome is not yet known.

An area showing pressure is the growth rate chart where NHS Kernow is above the NHS England and NHS Improvement average.

It was noted that the planned for growth rate is significantly below the actual growth rate, which is an issue but the national assumption is set by NHSE/I and cannot be changed. It is clearly flagged as an issue in the system plan, as it presents a significant challenge going forward.

Ann Stone noted that NHS Kernow is below the average trend and is doing well at mitigating and managing prescribing costs.

Nick Jenkin advised that it is not yet known what impact Brexit will have on prescribing and other areas of the budget but is flagged in the submission.

Clare Bryan explained the national assumption cannot be influenced but NHS Kernow needs to ensure as much best value as possible in terms of prescribing and to ensure best outcomes for the local population.

Andrew Abbott noted there are some key strands in the medicines optimisation workplan, including the prescribing of over the counter medicines and the use of OptimiseRX to keep on top of prescribing safety and cost-effectiveness.

Nikki Thomas advised she has an excellent update on the Medicines Optimisation Workplan which she will share with PCCC.

Action

Nikki Thomas to share the Medicines Optimisation Workplan update with the PCCC.

Item PCCC2020/050 – COVID-19 update

Kirsty Lewis confirmed the reimbursement scheme was extended to the end of August but there remains some confusion as to whether hot hubs should continue to be supported, for which clarification is awaited.

The Quality Outcomes Framework (QOF) national guidance was recently received for 2020/21. Some indicators will continue to be paid based on achievement, the quality improvement domain has been amended to focus upon care delivery and restoration of services, the remaining indicators will be protected and paid based on previous achievement.

There have been three substantive changes to the Primary Care Network (PCN) Directed Enhanced Service (DES) 2020/21 as noted in the report.

Item PCCC2020/051 – primary medical services contract tracker

Kirsty Lewis confirmed the tracker was presented to the Primary Care Operational Group (PCOG) meeting in September and is provided to the PCCC for information.

It was noted that the North Kerrier West Improving Access to General Practice (IAGP) proposal was approved by the PCOG.

Item PCCC2020/052 – primary care delegated quality and safeguarding

Nikki Thomas advised that PITCH updates will be provided for the GP and LMC bulletins following PCCC. Feedback was given on actions from PITCH regarding discharge summaries and ICE. Dr Allister Grant gave a presentation at the RCHT Quality Assurance Committee on work undertaken on improving the discharge summary process including reporting to primary care. Nikki Thomas has requested for a briefing for the bulletins. ICE concerns via PITCH were reported to RCHT (pathology ordering solution in case of emergency) and an update has already been shared with GPs directly.

The weekly patient safety incidents calls have now been joined by some GPs from across the system to address specific issues. There is a focus on urgent care and mental health planned.

NHS Kernow will be recruiting to the two Lead Practice Nurse posts to create three posts in total and each will be allocated to an Integrated Care Area (ICA).

Item PCCC2020/053 – primary care network development programme

Fiona Scott reported that three new DES specifications commence from 1 October 2020.

- Enhanced health in care homes: The specification is very similar to the LIS that PCNs have been delivering as part of the COVID response.
- Early Cancer Diagnosis: The commissioning lead is working with cancer charities to support PCNs with the early cancer diagnosis specification. Significant support is on offer
- Structured Medications Review: Clinical pharmacists are being employed through the Additional Roles Reimbursement Scheme (ARRS) to support this specification, but some PCNs are having difficulty recruiting.

Recovery plans have been drafted and included in the wider system recovery plan submitted to NHSE/I last week. Practice and PCN escalation plans are being reviewed. A healthcare setting COVID-19 outbreak management process is in place and guidance has been sent to practices.

The primary care team was notified of a COVID-19 outbreak in a primary care setting on Wednesday 7 October; the situation has been managed; the outbreak is under control and is not affecting business continuity at this time. It was noted that practices are operating with infection control and social distancing protocols to minimise risk of on-site outbreaks. Some practices have formed bubbles of teams working together to further minimise risks of whole team contamination.

NHSE/I have published a framework, describing roles and responsibilities. It includes a list of people who should be contacted as soon as an outbreak is identified and includes NHS Kernow's executive, Emergency Preparedness Resilience and Response (EPRR) and communications teams. The Cornwall Council Public Health lead is the first point of contact and would take the lead on outbreak control and public communications.

In relation to workstream 10, working in partnership with people and communities, Fiona Scott explained a communications plan has been drafted to identify ways in which to cover adequate community engagement.

Item PCCC2020/054 – unclaimed ARRS fund process

Kirsty Lewis advised that the ARRS paper has been agreed virtually by PCOG.

PCNs are expected to apply for any unclaimed funds via a template before the end of November 2020. There is a range of criteria for approval and claims will be distributed on a first come first serve basis.

Claims will go to the PCOG for approval and regular updates will be provided to PCCC for oversight.

It was noted there could be a difference between how much PCNs budget to recruit, what they actually recruit and what claims are agreed. Funds need to be used

effectively and appropriately managed. Kirsty Lewis and Ann Stone will discuss this further after the meeting.

Melissa Mead stated her support for the ARRS process and all present agreed.

Recommendation

The PCCC agreed to adopt the process.

Action

Kirsty Lewis to provide a verbal update via the action grid in December.

Item PCCC2020/055 – Grampound branch surgery closure application

Kirsty Lewis advised that a formal application was received requesting approval to close the Grampound branch surgery and was discussed at the July PCOG. The outcome was that additional patient engagement was required in order to ensure proportionate engagement had taken place and the practice was provided with a range of additional suggestions to improve engagement, to include public consultation. It is understood that a public meeting is to be held on 19 October 2020.

A decision cannot therefore be made until a revised application has been received following completion of the suggested work.

Item PCCC2020/056 – Mevagissey contract award recommendation paper

Kirsty Lewis explained the process followed for the Mevagissey contract handback, as detailed in the report, and confirmed that a procurement assurance process was undertaken with a local provider. The recommendation was made to the PCCC virtually that they be awarded the contract, which was supported.

A full communication plan was instigated, patient and stakeholder communications undertaken and an APMS premium was added to the contract value for two years to assist the new provider in undertaking the backlog of reviews.

Will Hynds stated it would be helpful to see the workings out of the APMS contract value when looking at procurement for practices and it was agreed that this could be discussed outside of the meeting.

Item PCCC2020/057 – general practice IT update

Andrew Abbott advised Dr John Garman is the new board level GP Chief Clinical Information Officer (CCIO) and thanked Dr Matthew Boulter for his past service.

It was reported that Paul Hayes, head of strategic Information management and technology is retiring this month. Work is underway with Cornwall Information Technology Services (CITS) to address the gap that will be left by Paul's departure and is being overseen by Andrew Abbott.

The procurement of N365 licences was approved by the Finance Committee but the financial consequence was that money had to be taken from the GPIT capital allocation to make up the shortfall, which has depleted the funds used to purchase laptops and hardware for general practice. Work is ongoing as to how to reallocate capital funds. It was noted demand is increasing due to additional workforce and need to work remotely.

Investment funding is being made by Digital First Primary Care (DFPC) but is revenue funding, so cannot be spent on laptops. A report will be provided in due course around funding to demonstrate it is being used appropriately and to manage any risks regarding unspent revenue.

Christine Hunter asked if there are plans for health and equality improvements using the money and Andrew Abbott advised there is a task around population health management and understanding inequalities of access or outcomes. Work is being undertaken with business intelligence (BI) colleagues and Public Health to create a single system approach to BI provision and some of this funding has been offered to help that development work.

Item PCCC2020/058 – Flu immunisation programme update

Lisa Johnson advised there are significant challenges within the flu programme but the biggest challenge is the lack of certainty regarding ongoing vaccine supply and where the next batch of vaccine will come from; national guidance is awaited.

The three drive-through vaccination sites have been a success and have delivered significantly over and above the anticipated vaccination targets. The sites (Stithians, Wadebridge and Eden Project) were chosen in conjunction with Cornwall Council as able to accommodate the large volume of traffic. Individual practices are also carrying out vaccinations on practice sites.

There have been reports of people who work in care and residential homes struggling to access vaccinations, which has not yet been resolved as the priority for vaccines is people in clinical risk groups. It was noted there has been confusion around the definition of shielding; who is clinically vulnerable and whether family members living with clinically vulnerable people should be vaccinated.

It was highlighted there is significant variation in vaccination uptake between practices.

Currently over a third of the over 65's population from available data, has been vaccinated.

It was reported that NHS Kernow has an occupational health contract with RCHT and CFT but the focus is on frontline staff to be vaccinated first.

Item PCCC2020/059 – Medicines Optimisation Programme Board Update

Paper provided for information only and no questions were raised.

Item PCCC2020/060 – Cornwall 111

Cornwall 111 (C111) is on part two of the agenda as the update contains some commercially sensitive information in relation to underlying financial and commercial risks to the service and providers who deliver it.

NHS Kernow has a block contract with RCHT. RCHT deliver the service through a sub-contract with Kernow Health Community Interest Company (KHCIC), who in turn has a sub-contract for the telephone service with Vocare (a limited company).

Current activity flowing through C111 is significantly higher than the indicative activity plan.

Reimbursement for additional costs during COVID-19 has so far been met by RCHT COVID-19 reimbursement processes. However, during July and August there was approximately a 50% increase of activity flowing through Cornwall 111.

Andrew Abbott is working with system lead, Karen Kay, to obtain funding to cover the rest of the year through a bid to the system COVID-19 funds. An options' appraisal and outline business case is being prepared to consider the longer term options.

C111 is a great success which has been recognised nationally, however, the increase in demand is unsustainable. On top of the financial consequence, there are operational and workforce consequences for the teams providing clinical triage in the clinical assessment service.

Evidence is being sought in relation to the number of people calling both C111 and their practice to access primary care. It was agreed it would also be useful to have the data to understand if people are self-presenting to the minor injuries unit (MIU) or emergency department (ED) if they are not getting the response they want from C111.

It was agreed that there needs to be agreement during the in hours period as to whether people should call their practice or C111, or both as per national messaging.

C111 has supported the ED and MIU by reducing walk-in footfall, and has some of the highest 'heralded' rates compared to other services in the country and also has a low proportion of people just turning up who would be better treated elsewhere. However over the last month and a half the demand in ED has increased and is getting back to the same rates as for this time last year. C111 is helping the emergency system to cope but it is not sustainable.

The recommendations contained within the paper presented to PCCC were all agreed, with a corporate risk to be created and escalated to governing body and finance committee. The outline business case will be brought back to the PCCC when available.

Item PCCC2020/061 – Any other business

Councillor Egerton confirmed there is a public meeting regarding Grampound branch surgery due to be held on 19 October 2020 at 6.00 pm and suggested it may be interesting for member of the PCCC to join the meeting. It was confirmed that representatives of NHS Kernow will be present at that meeting. Nigel Morson confirmed that he will also attend.

Councillor Egerton confirmed that he has written to NHS Kernow regarding his unhappiness at the way the whole process of closing Grampound branch surgery has been put forward by the doctors and is therefore pleased that NHS Kernow has requested further engagement.

Final copy for ratification

Signed by the chair: Melissa Mead
Date: 10 December 2020