

# Meeting frontispiece

## Primary care commissioning committee part 1

### Summary sheet

**Date of meeting:** 6 April 2021  
**For:** Public session (Part 1)  
**For:** Information

**Agenda item:** Primary care commissioning committee (PCCC) minutes

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**Presented by:** Melissa Mead

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### 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 10 December 2020 have been submitted to Governing Body members for information.

The PCCC met virtually on 11 February 2021 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
- ☒ Commissioning supports COVID-19, recovery plans and long term plan expectations

**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:** None identified.

**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](mailto:kccg.foi@nhs.net)

## **Main report**

### **Risks**

Each meeting the committee reviews the risks overseen by it. The PCCC currently

has 1 risk rated high, and 5 high amber risks with no significant changes to report since the last meeting. Discussed and of note to the Governing Body are:

- 10648 external pricing risk issues is a red risk owned by the finance and performance committee. This was accepted on the basis it is due to circumstances outside of NHS Kernow's control.
- 10782 GPIT capital primary care 2020 to 2021 has reduced in score. The committee noted that this risk is being mitigated to an extent, by the finance and digital teams working together to gain a better understanding of funding, procurement, and deployment of the GP IT stock. Whilst the short term risk is less critical than it was, in the next financial year the PCCC will remain sighted on the fact that more people are working remotely due to COVID-19 and an increase in recruitment through the additional roles reimbursement scheme (ARRS). The primary care network (PCN) IT estate has increased significantly, so there are additional maintenance costs, subsequent capital replacement cost in years to come and revenue costs in managing licenses.

## **Finance position**

The committee noted that there has been some slippage in some budget lines due to the pandemic, although primary care prescribing is presenting pressures around pricing and volume issues.

There is an ongoing future cost pressure risk around Cornwall 111, which is subject to planning for the next financial year, so there is an underlying risk, although not in this financial year.

## **COVID-19 update and overview**

The committee noted the ongoing work with the vaccination programme. 2 mass vaccination centres have opened in Cornwall, at Stithians and Wadebridge Showground. A new vaccination site has opened in Saltash and more flexibility has been provided due to the increase in the availability of the Oxford Astra Zeneca vaccine.

Vaccination of the first 4 cohorts is almost complete. Clinics are being supported by practices, PCNs, admin staff, volunteers, and a whole range of support staff, including retired practitioners who have returned to provide support.

Discharge to Assess (D2A) is a programme of work to increase the number of people discharged from hospital who have access to reablement either in their own homes or in a residential care setting, to support them to have the best chance to live as independently as possible.

This work will deliver on the requirements of the national hospital discharge policy which requires patients to be discharged from hospital within 24 hours of being medically optimised. It also states assessments of long-term care needs should be

carried out in community environments not in hospital beds. This in turn will ensure that hospital capacity is available.

It was noted the expectation is that people will move on from D2A beds within 6 weeks, but it is too early to tell if this will be the case. Active therapist and medical support are in place to support D2A beds, but it was noted D2A bed capacity has been delayed by outbreaks of COVID-19 in care homes and the impact this has had on staff capacity.

The primary care commissioning committee was appraised of the need for the team to commission medical cover for these beds; something which was not considered in the original plans, and so the committee asked for a future update on the commissioning arrangements.

### **Primary care delegation quality and safeguarding**

The committee noted that there were 4 nominees in Cornwall and Isles of Scilly for the general practice nursing awards.

All 3 practice nurse leads are now in post and will each be assigned an integrated care area (ICA) to support.

Safeguarding payments for GPs remain an ongoing issue. There is no clear process in place. A lot of work is required to provide safeguarding reports and it is a concern that a process is not in place. Work continues to progress round GP safeguarding payments and an overall local authority position is required for both children's and adult social care safeguarding payments.

### **Virtual decisions – COVID-19 expansion fund for primary care**

The committee noted the PCCC virtual decision for the deployment of £1,530,000 of additional funding to support general practice. The money was paid to individual practices rather than PCNs.

### **Primary care digital**

The committee noted that progress is being made in the deployment of Office 365 and additional support has been secured to manage deployment across NHS Kernow and general practice.

There is a national requirement for every integrated care system (ICS) to have shared care record capability in place by September 2021 which will enable healthcare professionals to view a patient's records across any GP or hospital clinical system. A regional procurement process is underway on behalf of the Cornwall system to secure a preferred partner to implement that capability.

Digital First Primary Care (DFPC) is aimed at supporting investment into primary care to increase digital maturity and solutions to support patient care. Funding is non recurrent revenue funding so cannot be used to purchase equipment. The aim is to

use the money to support a digital strategy for primary care and work around population health management (PHM) health inequalities. NHS Digital have stated that any technology solution for the NHS must be compliant with several standards, be completely interoperable and available at point of care.

## **Local enhanced services (LES) review**

The committee noted the LES schemes in Cornwall and the Isles of Scilly and the issues and opportunities identified through the review process. The committee were presented with 6 recommendations for consideration. The recommendations were discussed and amended to the following:

- Changes to LES schemes must promote quality improvement; improve quality of patient care and to improve health outcomes.
- The LES review must recognise the importance of maintaining practice income.
- The funding for a LES will reflect cost incurred to deliver it.
- Changes to LES schemes will be negotiated with practices and the LMC.
- Changes to LES schemes will be subject to equality impact assessments.
- Ensure proposals provide value for money.

The LES review panel membership was discussed, and it was agreed there needs to be adequate patient and key partner representation. It was acknowledged that the local pharmaceutical and ophthalmic committees may need to be involved as locally enhanced services could be commissioned from them. It will be a responsibility of the LES review panel to ensure that any proposals supported for approval will have been developed with appropriate input and engagement of key stakeholders. Proposals supported must also clearly articulate the healthcare provision problem that they are trying to solve.

Engagement with service users will be important when developing the LES scheme proposals. A critical part of the development process will be liaison with all key stakeholder to identify the problems that need to be solved and to shape the solutions for addressing them. Any proposal considered through the review process will need to be supported with a full impact assessment and a clear appraisal of what the outcomes for patients will be.

The PCCC will need to understand the financial consequences of each LES review. There is increased demand for services to be commissioned through primary care and consequently a beneficial or unavoidable cost pressures on financial budgets. Value for money is very important, with clarity needed around both financial and quality consequences.

## **Finance payments 2021 to 2022**

The committee reviewed a proposal to continue with a block payment arrangement for local enhanced services (LES) for the next 12 months, with a planned review in September and at the end of the financial year. This was proposed in order to simplify the payment process for practices in terms of reducing the need to submit

monthly data and invoices while vaccination clinics are ongoing. The intention is to include the personal medical services (PMS) premium within that payment.

The PCCC discussed and felt it did not support the recommendation as written until national guidance is provided, but supported the principle to do all it can to ensure stability and certainty of income for practices. The proposal is to be redrafted and so that the proposal is clear on the intention, provides timescales for review and explains the reasons for doing so, with a preference for a quarter 1 block payment proposed.

### **Probus engagement review**

The committee noted that work is ongoing to work closely with partners, including the citizens advisory panel (CAP) and the local medical committee (LMC) around how to strengthen engagement between GP practices and their communities.

It will be key to have fully functioning patient participation groups (PPGs) across the county, which currently vary, to ensure all PPGs function to the same level. A best practice guide and process framework is being developed to support GP practice engagement and there is hope to hold a PPG conference later this year. It is known that services are most effective when the community informs their development.