

Meeting frontispiece

Primary care commissioning committee part 1

Summary sheet

Date of meeting: 1 June 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 11 February 2020 have been submitted to Governing Body members for information.

The PCCC met virtually on 8 April 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
- ☒ 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 or legislation: NHS five year forward view sets 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.

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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 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:

- 10791 delivery of integrated urgent care service (IUCS) which delivers NHS111 and GP out of hours (OOH). The committee noted that a business case is close to being signed off to demonstrate the investment required to build on the existing benefits of a successful IUCS. The immediate financial risks of the service are mitigated but will return for half 2 of the 2021 to 2022 financial year.
- 10732 delegated commissioning and finance risk can be closed. The budget has been transferred and is sufficient for year 2020 to 2021 which has just ended. The committee noted that more direct commissioning functions may be delegated to clinical commissioning groups (CCGs) such as general dental, general ophthalmic or community pharmacy contracts. The risk remains whilst funding and resources remain unclear.
- 10721 Optimise RX is now used by the majority of GP practices due to a number of technical issues being overcome following clinical system migrations. The remaining cohort of practices not using Optimise RX tend to be dispensing practices, and a project has been initiated to try and address this.

Finance position

The committee noted the report looking at the last half of 2020 to 2021 year spend. There was the expected high prescription spending. The finance team are finalising the year end position and planning for 2021 to 2022. There has been a number of sizable commitments within delegated commissioning and there is an aim to work with primary care commissioning colleagues in order to develop a minimum of a 3 year plan with forward view commitments. This will allow for early sight of how finances may look moving forward and allow assumptions to be made on the levels of funding and plan accordingly.

Deployment of additional funding to support general practice

The committee noted that NHS England and NHS Improvement (NHSEI) has released nationally an additional £120 million of funding for 'supporting general practice'. To support the ongoing response to COVID-19, tackle the backlog of care, and continue to support delivery of the vaccination programme. Currently we do not have the confirmed allocation for Cornwall and the Isles of Scilly. However, it was proposed to deploy this funding at a practice level in the same manner as the original £1.53 million support at a specified rate per weighted patient with the timetable of deployment.

The funding is expected to support further progress on the 7 priority goals:

1. Increasing GP numbers and capacity.
2. Supporting the establishment of the simple COVID-19 oximetry at home model.

3. First steps in identifying and supporting patients with long COVID-19.
4. Continuing to support clinically extremely vulnerable patients and maintain the shielding list.
5. Continuing to make inroads into the backlog of appointments including for chronic disease management and routine vaccinations and immunisations.
6. On inequalities, making significant progress on learning disability health checks.
7. Potentially offering backfill for staff absences where this is agreed by the CCG, required to meet demand, and the individual is not able to work remotely.

The committee notes that there is a requirement for primary care networks (PCNs) to submit plans on how they plan to support delivering annual health checks for patients with learning disabilities. It was agreed that PCCC need to have assurance that these plans are robust and complete, in order to reassure that patients are getting the best value for money from the allocated funds. The committee approved this request with the caveat of measured outcomes of the programme being provided.

COVID-19 update to include discharge to assess

The committee noted the ongoing work with the vaccination programme.

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.

The committee noted that care homes commissioned to provide discharge to assess beds are changing and the model of care is ever evolving, the committee will be regularly updated to keep sight of factors such as where D2A beds are located and the implications on GP practices in terms of support.

Primary care quality and safeguarding

The committee noted of particular importance was the primary care domestic abuse and sexual violence identification and referral pathway (DASVIRP), noting this is currently in the mobilisation phase, local authority is currently recruiting the staff and identifying early adopter surgeries for initial role out. It was anticipated that this would be live from April 2021, it is currently behind schedule by 6 to 8 weeks.

Domestic abuse and sexual violence has increased across Cornwall, and this reflects a national increase during COVID-19 lockdown.

The committee noted that the infection control team has grown in size in order to support both primary care and care homes.

Funding has been received to fund a GP position for adult safeguarding, the position was about to go out to advert.

Virtual decisions – gluten free prescribing

The committee noted that in 2016, based on national guidance and a public consultation, NHS Kernow's Governing Body voted not to support gluten free prescribing. After a national consultation in 2017, guidance followed to gluten free prescribing to bread and flour mixes only. The gluten free prescribing costs are down to £50,000 from £107,000. There are concerns regarding long term health implications for patients who do not comply with a gluten free diet. The Governing Body had recommended a review and that review has now been completed and presented at the Cornwall area prescribing committee, medicines optimisation programme board, clinical directors, local medical committee and local pharmaceutical committee. All agreed to support the current position.

GPs consulted are content with NHS Kernow's stance due to the range of gluten free products available in supermarket stores. Supermarket prices of gluten free foods has lowered over time, with increased online resources available to support patients with alternative diets, not just gluten free.

Dietetic consultations have continued through the pandemic with specialist nurses offering telephone reviews.

The committee agreed to support the status quo of not prescribing gluten free products. This is to be taken to Governing Body in mid-June.

Minutes

Primary care commissioning committee

11 February 2021 at 1pm
Virtually via Teams

Members

- Melissa Mead, lay member for public and patient Involvement, NHS Kernow
- Andrew Abbott, director of primary care, NHS Kernow
- Dr Francis Old, Governing Body primary care clinical lead, 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 and vice chair, NHS Kernow
- Ann Stone, assistant head of finance direct commissioning, NHS England and NHS Improvement (NHSEI)
- Dr William Hynds, chair, Kernow LMC
- Emma Ridgewell-Howard, chief executive officer, Kernow LMC
- Clare Bryan, chief finance officer, NHS Kernow

Attendees

- Jessica James, head of corporate governance, NHS Kernow (risk register agenda item only)
- Julie Wilkins, PA and minute taker, NHS Kernow
- Hollie Bone, engagement manager, NHS Kernow
- Fiona Scott, programme manager, NHS Kernow
- Paula Bland, head of PCN and ICA development, NHS Kernow

Apologies

- Kirsty Lewis, deputy director of primary care, NHS Kernow
 - Nick Jenkin, head of finance, planning and systems, NHS Kernow
 - Helen Charlesworth-May, accountable officer, NHS Kernow
 - Laila Pennington, head of primary care commissioning and transformation, NHSEI
 - Rachel Wigglesworth, director of public health, Cornwall Council
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Minutes from the meeting

Item PCCC202021/88 – welcome and apologies

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

The primary care commissioning committee is a meeting held in public and was joined by 2 members of the public as observers.

Item PCCC202021/89 – 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.

Item PCCC202021/90 – Minutes and action grid of 8 December 2020

Minutes of the meeting held on 10 December 2020 were presented for accuracy and reviewed. The minutes were ratified as an accurate record of the meeting subject to the amendment from Dr Hall to Dr Ball in the penultimate paragraph on page 8.

The action grid was updated.

Item PCCC202021/91 – risk register

Jess James advised the PCCC owns 1 red risk and 5 high amber risks and there are no significant changes to report since the last meeting. The remaining corporate risks owned by the PCCC are not high scoring.

Risk 10648 external pricing 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.

The Governing Body (GB) assurance framework entries contain NHS Kernow's strategic objectives and lists the principal risks to them. None of the entries are specifically assigned to the PCCC but some have areas of interest.

Risk 10782 GP IT capital primary care 2020 to 2021 has reduced in score. Andrew Abbott explained the 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. The short term risk is less critical than it was but in the next financial year the PCCC needs to be 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.

In relation to health inequalities and population health management (PHM), prior to COVID-19 PCNs were supported to better understand their shared populations and were working with community colleagues to actively manage population health. This work has slowed due to the impact of COVID-19 but as a consequence of COVID-19 health inequalities are becoming more apparent. NHS Kernow will be seeking to work with PCNs to provide additional funding to commission capacity to focus on these areas in future, including learning disabilities and people with severe and enduring illness. PHM will be a future agenda item for consideration.

Item PCCC202021/92 – finance report

Clare Bryan presented the report prepared by Nick Jenkin and advised there is some slippage in the budget which is being managed. Primary care prescribing is presenting pressures around pricing and volume issues.

In addition, Andrew Abbott advised 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.

Item PCCC202021/93 – COVID-19 update

Paula Bland explained the report focuses on the COVID-19 vaccination programme and discharge to assess arrangements that are being put in place.

COVID-19 vaccination programme

Since the paper was written, 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, enabling some pop-up clinics to be held. 2 mass vaccination centres have opened in Cornwall, at Stithians and Wadebridge Showground, and east Cornwall residents are also able to attend the mass vaccination centre at Home Park in Plymouth.

General practice is doing an incredible job of prioritising work to organise vaccination clinics and 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.

It was highlighted that cohort 4 was incorrectly recorded in the paper. This will be amended, and the published paper replaced so accurate information is provided.

It was noted there has been some confusion over booking systems and duplication of work. Paula Bland advised the invitations to the mass vaccination centres are handled centrally on a national basis and invites to PCN sites are handled by GP practices. It has been difficult for GP practices to obtain information as to who has attended the mass vaccination sites, so there has been duplication, but GP practices are seeking to obtain this information in an attempt to reduce duplication. This should improve over time but has happened due to the pace of the vaccination programme.

Discharge to assess

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.

Care home beds have been commissioned; some of which are already occupied, and further beds will be commissioned in the coming weeks. Discussions are ongoing with the GP practices neighbouring the care homes to provide support.

A joint service specification for medical cover for the D2A beds is being drawn up with support from the LMC and the neighbouring practices. Those discharged from hospital are often frail and could deteriorate on discharge, so additional medical support may be needed. There is an additional cost pressure, and a paper will be provided to PCCC for consideration when the cost pressure has been quantified in due course.

Andrew Abbott will provide a post meeting briefing providing further information on D2A beds and progress.

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.

Continuing healthcare nurses have been redeployed to the D2A programme to ensure assessments happen within the timeframe and to source appropriate care.

Action

Cohort 4 to be amended in the paper and amended paper published.

Andrew Abbott to provide a post meeting briefing with further information on D2A.

Item PCCC202021/94 – primary care quality and safeguarding

Nikki Thomas advised there are 4 nominees in Cornwall and Isles of Scilly for the general practice nursing awards. It is great that Cornwall has so many nominees - congratulations to all.

All 3 practice nurse leads are now in post and will each be assigned an integrated care area (ICA) to work with and support, which is positive progress.

Safeguarding payments for GPs remain an issue. There is no clear process in place and not all GPs are submitting invoices for this work. Of the invoices submitted, some are paid but not all. 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 around GP safeguarding payments and an overall local authority position is required for both children's and adult social care safeguarding payments. A paper will be provided to the primary care operational group (PCOG) in due course for update.

Action

Update on safeguarding payments to be presented to PCOG in due course.

Item PCCC202021/95 – virtual decisions - COVID expansion fund for primary care

Andrew Abbott confirmed the PCCC virtual decision for the deployment of £1,530,000 of additional funding to support general practice.

There was some confusion around the payments due to being presented at PCN level, but a breakdown of monies was provided by Paula Bland and it was confirmed that money was paid to individual practices rather than PCNs.

Item PCCC202021/96 – primary care digital

Andrew Abbott confirmed 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.

Plans are on track for the remaining practices to migrate from Microtest to an alternative system by early March but has required a lot of support across the board.

There is a national requirement for every 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 procurement process is underway 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 PHM health inequalities. It is hoped to secure further DFPC funding in the next financial year and an updated paper will be presented to PCCC in due course.

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.

Action

Updated primary care digital paper to be presented to PCCC in due course.

Item PCCC202021/97 – local enhanced services review

Fiona Scott provided a brief overview of the paper which describes the LES schemes in Cornwall and the Isles of Scilly and the issues and opportunities identified through the review process. The report presented 6 recommendations for consideration.

It was noted that the proposed must do review principles should include one for value for money. It was also acknowledged that there should be reference to improved health outcomes.

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.

Fiona Scott advised 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.

It was highlighted that there is a need to ensure the scope of the LES review is not limited to reviewing what is already in place but is also open to new opportunities that could be presented in developing the broader models of care.

With reference to contracting, Clare Bryan advised that the LES contracts are only exempt when linked to registered lists. That would need to be evidenced to avoid contestability.

The impact of COVID-19 on LES schemes was discussed, noting that support needs to be considered for general practice as it emerges from the pandemic to help catch up with business as usual and the significant impact that will have on workload. Fiona Scott advised that while the impact of COVID-19 was not factored within the LES review and the proposed review framework, it will be important for LES review priorities and proposals to be mindful of this.

Fiona Scott confirmed she will ensure thorough representation on the LES review panel to ensure appropriate engagement and will add a principle regarding value for money. The impact on primary care of COVID-19 and delayed work was outside the scope of this report but is an important focus for the primary care directorate and the LES review process will be mindful of this.

Nikki Thomas asked if the impact on patients of the LES' was considered during the review and if the stakeholder workshop included patients, their families and patient participation groups (PPGs). Fiona Scott advised representatives from the voluntary representatives from the voluntary sector were invited to the LES review workshop but none attended, and work will be done to address this for the future.

The LES review has not yet involved a detailed scrutiny of individual schemes. Focus has been on devising a suitable approach for detailed scheme review and

considering general issues and opportunities to inform agreement of priorities for review.

Fiona advised that 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.

Andrew Abbott explained that 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.

Ann Stone welcomed the LES review report, noting that good quality data about the schemes is very important. This year LES payments were protected but it is not clear what has been provided during this time in terms of activity data. This may have implications for assumptions for the next financial year. It was noted that the guidance so far issued by NHSEI covers allowance for quarter 4 and has not gone into 2021 to 2022.

It was acknowledged that there are provision gaps which the LES review needs to consider in terms of what services are required as opposed to what services are desired.

Fiona Scott was thanked for the work undertaken so far on the LES review.

Recommendation 1: The PCCC ratified the LES review principles with 2 amendments. The must do principles should include a further principle to ensure proposals provide value for money and the principle for quality improvement should be amended to include the need to improve health outcomes.

Recommendation 2: The PCCC supported a framework and rolling programme for the LES review, subject to amendment of the review panel membership to ensure adequate patient and key partner representation.

Action

Fiona Scott to add a principle in relation to value for money and ensure reference to improved health outcomes.

Fiona Scott to develop the LES review panel terms of reference with membership to ensure appropriate representation.

Item PCCC202021/98 – finance payments 2021 to 2022

Paula Bland advised the proposal is 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.

The question was raised as to why block payments should be continued for the whole financial year and not for the first quarter and then reviewed, particularly as no instruction has been received from NHSEI.

Paula Bland explained it is to try 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.

Clare Bryan stated NHS Kernow needs to be clear exactly what the PMS premium is paying for to be able to justify value for money.

It was highlighted that the main principle of supporting block payments is to ensure stability and certainty of income for practices, and to reduce the administrative burden of data collection and invoicing. Practices should continue to be given some discretion to determine priority of work over the coming months.

Andrew Abbott advised he would not support block payments for the next 12 months at this stage until national guidance is provided but supports the principle for the PCCC to do all it can to ensure stability and certainty of income for practices.

As part of the LES review and principle of securing income for practices, consideration could be given as to how data is collected for activity payments.

Ann Stone stated she does not support block payments for 12 months and that NHS Kernow was an outlier last year as it made payments for the whole year rather quarters 4 and 1 only as per national guidance. National guidance for the next financial year is not yet available and it needs to be clear what the payment is for.

Emma Ridgewell-Howard was present at the PCOG when this paper was presented and advised there was appropriate check and challenge at that meeting, with reviews built in twice during the financial year. General practice is not likely to get back to business as usual for a long time due to the vaccination programme and for practices to invoice monthly would be a challenging position for them to be in. A clear message and some stability would be welcomed by GPs.

The PCCC does not support the recommendation as written. Paula Bland will redraft the proposal so that it is clear on the intention, provides timescales for review and explains the reasons for doing so. This will then be sent to PCCC members for virtual ratification.

Action

Paula Bland to redraft the proposal to cover the concerns raised over a long-term block payment plan.

Item PCCC202021/99 – Probus engagement review

Hollie Bone explained she will continue to work closely with partners, including the Citizens Advisory Panel and the LMC around how to strengthen engagement between GP practices and their communities.

Going forward it will be key to have fully functioning 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 we also hope to hold a PPG conference later this year. It is known that services are most effective when the community informs their development.

Andrew Abbott thanked Hollie Bone and the engagement team for a detailed paper with a lot of learning to be gained.

Item PCCC202021/100 – primary medical services contract overview and tracker

Paper provided for information only and no questions were raised.

Item PCCC202021/101 – medicines optimisation programme board update

Paper provided for information only and no questions were raised.

Item PCCC202021/102 – GP and pharmacy services during COVID-19 survey report

Paper provided for information only and no questions were raised.

Final copy for ratification

Signed by the chair:

Date: