

# Meeting frontispiece

## Primary care commissioning committee part 1

### Summary sheet

**Date of meeting:** 10 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 (GB) 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 April 2021 have been submitted to GB members for information.

The PCCC met virtually on 10 June 2021 and agenda items discussed are noted in the main report below.

### Recommendations and specific action 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 5 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.

## **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:

- 10782 general practice information technology (GPIT) capital primary care 2020 to 2021, risk 10783 primary care network (PCN) laptops, additional roles reimbursement scheme (ARRS) and 10730 delegated commissioning capacity risk are closed as they related to 2020 to 2021, agreed by PCCC. New risks will be reviewed for 2021 to 2022.
- 10660 additional emergency preparedness, resilience and response (EPRR) had previously scored 4, is further mitigated as the new head of EPRR has now started.
- Risk being created around eating disorder commissioning for the PCCC to be sighted on due to pressures in the system.

## Finance position

The PCCC noted the system plan still has a deficit and the team are in the process of resubmitting the system plan. The delegated budget will be in line with the allocation, but the plan is split into 2 halves of the year, April to September and October to March.

The key area of risk in the primary care budget continues to be prescribing. The national planning assumption was 0.68% inflation based on last year, whereas growth rate nationally and locally is far higher than this. This has been flagged as a concern to NHS England and NHS Improvement (NHSEI).

Capital approval is awaited, to include minor improvement funding.

The month 2 return has been submitted and showed primary care on balance at month 2 but that is with a degree of caution, as there is limited data to work on at the present time.

It was noted the finance team has been now been expanded to respond to the needs of taking on delegated primary care commissioning and from April 2021, handling the financial transactions previously done by NHSEI regional team.

## Primary care quality and safeguarding

The PCCC noted there have been concerns around peer improvement tips for care and health PITCH and lack of discharge summaries or poor discharge information. A discharge planning group was set up in 2020 but was suspended due to COVID-19 pressures. This group has now resumed, and a new lead has been appointed to the group to be supported by the medical patient safety lead for the trust and a consultant radiologist is joining the group. This group will report through the RCHT quality committee.

It was noted there was a problem with nurse competency in restarting spirometry but it was confirmed that the training hub has been training and supporting nurses, and a standard operating procedure has been created to provide support.

## Primary care operational group

**Grampond branch surgery:** the conditions put in place when this was closed have been addressed. These were discussed at the primary care operational group (PCOG) and it was agreed they had been completed.

**Discharge 2 Assess (D2A):** work is currently underway to review the pilot in place across the care homes, with the aim to inform the plan going forwards from October 2021.

It was confirmed the D2A facility in Penzance that was originally planned for earlier this year with 28 D2A beds, is not yet open and that this was raised at Cornwall Council's Scrutiny meeting recently.

It was noted the delay has been building works and the need for CQC registration, but the aim is to be CQC registered by 21 June. The facility will then be open and able to take patients.

**Gorran Haven branch surgery:** it has been agreed to meet with the parish council to provide feedback on the patient engagement and to seek an update on patient experiences in regard to service provision following the contract changes. An options appraisal will be provided to the August PCCC.

## General practice resilience process

The committee noted there has been recognition that NHS Kernow needs a more formal process for section 96 funding and GP resilience applications. Proposals have been put forward and agreed by the primary care assurance, quality and resilience group (PCAQR) and PCOG.

A very disheartening complaint email which a GP practice received from a patient was read to the committee and which highlights some of the challenges being experienced in primary care on a regular basis. The email highlights the patient's frustrations at not being able to make a face to face appointment with a doctor by a simple phone call without having to be triaged or using the internet.

It was discussed about what could be done in terms of briefings to members of parliament, councillors and members of the public to address the issues that primary care is facing and to highlight that they are, and have been, open to the public.

The committee were provided with assurance that NHS Kernow has highlighted the issue of media messaging and it was flagged by every CCG on a recent regional NHSEI meeting. Primary care has continued to deliver face to face appointments where appropriate and also stood up with the vaccination programme in a very short timeframe under significant pressure. It was made clear to NHSEI that there needs to be both national and local communications, which NHSEI is supportive of. NHS Kernow will need to work with the LMC, NHSEI and neighbouring CCGs to progress this.

The PCCC supported the application process details for both GP resilience and section 96 funding applications.

### **Additional roles reimbursement scheme (ARRS) for PCN update**

The committee noted the ARRS funding is a substantial investment of money coming into Cornwall and the Isles of Scilly for the PCN workforce.

There was a significant underspend of approximately £1.4 million last year, as the pandemic distracted from plans for recruitment. It was noted that 60% of the ARRS funding was provided upfront and the remaining money was held centrally by NHSEI to be drawn down as and when needed, so the underspend was retained centrally.

This year's funding has increased to approximately £7 million and there are plans in place to support PCNs to recruit more people and to obtain a better understanding of their plans. A PCN workforce strategy group has been created to assist in the development of a system wide approach to recruitment.

### **Medicines' optimisation programme board**

The PCCC were asked to approve the medicines optimisation workplan and payment structure for 2021 to 2022. The report was presented to the medicines' optimisation programme board and the business performance and planning group prior to presentation at PCCC.

The aim is to create as little extra work as possible for the practices, through providing as much support as possible, in order to deliver against the quality and financial improvement targets.

The aim is to prioritise patients, with a plan to systematically identify patients in small cohorts, with a view to expanding out and not to increase workload significantly for general practice.

Measured savings include having OptimiseRX switched on which provides savings on a weekly basis and which will help to provide a score card to show savings made. It is hoped to identify a lot earlier, opportunities for practices and PCNs to identify cost efficiencies and to drive their own priorities. Where it is identified that practices are not making the savings required in time, appropriate support can be provided.

The PCCC approved the medicines optimisation workplan and payment structure for 2021 to 2022.

# Minutes

## Primary care commissioning committee

8 April 2021 at 1pm  
Virtually via Teams

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### 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
- Dr William Hynds, chair, Kernow LMC
- Emma Ridgewell-Howard, chief executive officer, Kernow LMC
- Nick Jenkin, head of finance, planning and systems, NHS Kernow

### Attendees

- Rachel Found, corporate governance officer, NHS Kernow (risk register agenda item only)
- Dawn Morse, minute taker, NHS Kernow
- Paula Bland, head of PCN and ICA development, NHS Kernow
- Eunan O'Neill, Consultant Public Health
- Georgina Praed, head of prescribing and medicines optimisation, NHS Kernow
- Jessie Retallick, prescribing support dietitian, NHS Kernow

### Apologies

- Julie Wilkins, PA note taker, NHS Kernow
  - Ann Stone, assistant head of finance direct commissioning, NHS England and NHS Improvement (NHSEI)
  - Kirsty Lewis, deputy director of primary care, NHS Kernow
  - Jessica James, head of corporate governance, NHS Kernow
  - Clare Bryan, chief finance officer, 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 PCCC2021/109 – 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.

### **Item PCCC2021/110 – 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 PCCC2021/111 – minutes and action grid of 11 February 2021**

Minutes of the meeting held on 11 February 2021 were presented for accuracy and reviewed. The minutes were ratified as an accurate record of the meeting.

The action grid was updated.

### **Item PCCC2021/112 – risk register**

10791 delivery of integrated urgent care service (IUCS) which delivers NHS111 and GP out of hours (OOH), score remains unchanged. Andrew Abbott advised 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. Once the business case has been signed off it is to be brought back to PCCC for review. The immediate financial risks of the service are mitigated but will return for half 2 of the 2021 to 2022 financial year.

Nigel Morson raised a concern regarding anticipated increase in workload and financial pressure on the service during the upcoming holiday season alongside the easing of lockdown measures. Andrew Abbott acknowledged the potential risk and reported that this is well planned for. Vocare, who manage the telephony side of the IUCS and Kernow Health, who manage the clinical assessment service, both predict demand based on upon historic activity, patterns of arrival, and forecast growth. Andrew Abbott is confident in the capability of local services to predict this potential increase in demand, but some service standards may suffer, for example, the length of time it takes for call handlers to answer calls. Commissioners request the service providers focus on revalidation of call handler decisions in order to ensure patients get the right clinical outcome for their needs. It was acknowledged that an increase in calls to NHS111 will correlate to an increase in costs for Kernow Health, and subsequently the NHS in Cornwall.

Andrew Abbott acknowledged, as part of the first half year planning, a business case is being developed to ensure the IUCS is a priority and appropriately funded based on actual workload. It was noted that there is increased traffic directed to NHS111 during in hours' time, then previously seen, relieving some of the pressure on GP practices and minor injuries units (MIU), but the potential increase over the holiday period remains a risk.

It was reported that the NHS Kernow communications team will repeat previous programmes, such as from summer 2020, in order to encourage visitors to Cornwall ensure they bring sufficient medication for chronic conditions to avoid the need for emergency prescriptions. Alongside this, the message that if not life threatening, for example an existing condition is exacerbated whilst in Cornwall, patients should call their own GP practice first, who are now well equipped to deliver a remote consultation and can offer the best continuity of care. The request is for visitors to contact NHS111 if their own practice suggests a face to face appointment is needed, or the matter is urgent, and to call 999 if it is a life-threatening emergency.

6062 GP practice resilience to remain an open risk.

10780 primary care recovery and restoration risk remains open but is to be reassessed in light of planning requirements. There remains the pressure for GP practices to deliver business as usual services alongside the COVID-19 vaccination programme. It was agreed for this to be brought back to the committee with details of the risks.

10783 primary care network laptops, additional roles reimbursement scheme (ARRS) remains open. Andrew Abbott reported a push to increase the number of individuals recruited through ARRS in order to secure extra investment into Cornwall for increased workforce capacity. There was an acknowledgement of a risk of staff movement between services rather than additional capacity to the overall system. The risk remains that GPIT and premises capital funding growth does not marry into actual workforce funding.

10782 GP IT capital primary care risk to remain open but to be reassessed for the 2021 to 2022 financial year and create a new risk entry.

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. A new risk for 2021 to 2022. Andrew Abbott anticipates that more direct commissioning functions may be delegated to clinical commissioning groups (CCGs) and subsequent integrated care systems (ICS) such as general dental, general ophthalmic or community pharmacy contracts. The risk remains whilst funding and resources remain unclear.

10693 Windows 7 support is to be closed as there are no remaining Windows 7 PCs or laptops in use.

10730 delegated commissioning, capacity is open to Nick Jenkin in order to look at overall capacity not just funding.

10692 physical monitoring of serious mental illness is 1 of 2 examples of indicators where mental health (MH) commissioning teams are responsible for monitoring patients with serious mental illness (SMI) and or learning disabilities (LD) annual physical health checks. Andrew Abbott reported that the primary care team are working with MH commissioning colleagues in terms of additional GP work required and in partnership with Cornwall NHS Partnership Trust (CFT) who is the MH provider, to ensure as many annual health checks are undertaken in order to address the current health inequalities often experienced by patients with SMI and or LD. This work is linked to the COVID-19 expansion fund to support GP practices to increase the number of LD patients who receive an annual physical health check. It was agreed to review this later in the year. An excellent paper was written by Stuart Cohen, mental health commissioning manager, NHS Kernow.

10648 primary care prescribing remains an accepted risk.

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.

### **Action**

IUCS business case to be brought back for review once it has been signed off.

Stuart Cohen's paper on annual health checks to be shared with committee members.

### **Item PCCC2021/113 – finance report**

Nick Jenkin discussed the report looking at the last half of 2020 to 2021 year spend. There is the expected high prescription spending. The finance team are finalising the year end position and planning for 2021 to 2022. There have 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.

There are currently no areas of financial forecasting concern. Premises are future pressure, rather than an immediate pressure. It was acknowledged that there is a need to maximise ARRS funding through recruiting to these roles, in order to facilitate the best outcomes for patients.

Andrew Abbott noted that enhanced service budget pressures are forecast due to unmet needs from commissioned services due to a growth in population and pressure on commissioning additional services. A review of these unmet needs is currently taking place. The most likely outcome is that more services will require commissioning.

There is a fixed funding envelop for the first half of the financial year. A review is needed to investigate the impact of this moving into the second half of the year to ensure there is not an overcommitment. Minor improvement grants are to progress, but it was acknowledged that this is a finite allocation of funding to cover many priorities. Andrew Abbott commented that the sooner these schemes are underway and delivered upon, it produces the evidence to supporting claiming any additional capital if made available for other schemes.

## **Action**

Financial forecast to be brought back in June for review by Nick Jenkin.

## **Item PCCC2021/114 – deployment of additional funding to support general practice**

Paula Bland presented a paper looking at the newly announced available funding from the COVID-19 expansion fund. Paula Bland noted that this is similar to the funding in 2020 to 2021 of the £150,000,000 released by the government to support GP practices nationally with pressures of the COVID-19 pandemic and vaccine programme, and to allow practices to pick up the priorities that were listed.

There is an additional £120,000,000 released nationally in 2021 to 2022 in order to target the same 7 priorities. Paula Bland is seeking committee approval for distribution of the Cornwall allocated funds to practices, in the same method as previously, with the funds being paid direct to practices, as opposed to PCNs, and based on weighted list size. Paula Bland noted that this time the funds are being released on a monthly basis rather than a lump sum. The monthly payments will taper off and the proposal is for NHS Kernow to release the funds mirroring the monthly, tapering payments.

Dr William Hynds noted that a percentage of the 2020 to 2021 funds were held back in order to fund the pulse oximetry at home project, would the same happen with the 2021 to 2022 funding and if so, how would this work with monthly payments as opposed to a lump sum? Paula Bland reported that not all the funding allocated to the pulse oximetry at home project was required. Paula Bland agreed to discuss with Kirsty Lewis on her return from leave next week, but it is expected that there is no current demand over the next 6 months for any costs related to the pulse oximetry at home project. The paper is written with the intention of the full amounts to be paid direct to practices. Funds not utilised in 2020 to 2021 by CFT were refunded centrally. There are conversations with PCN clinical directors and CFT, planned this afternoon, regarding ongoing support to the pulse oximetry at home project and if there is a requirement for additional funding. Any top slice will need to be in agreement with clinical directors, LMC and NHS Kernow.

Andrew Abbott noted that of the original Cornwall allocation of the £153,000,000 there was a requirement for PCNs to submit plans on how they plan to support delivering annual health checks for patients with Learning Disabilities. It was agreed that this committee needs 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.

Emma Ridgewell-Howard asked Paula Bland to check with Kirsty Lewis regarding a reference in the paper confirming a virtual decision by the primary care operational group (PCOG). Emma Ridgewell-Howard does not recall the virtual conversation taking place.

Committee signed off this request with the caveat of measured outcomes of the programme being provided.

### **Action**

Paula Bland to discuss any top slice requirement for pulse oximetry at home with Kirsty Lewis upon her return from leave and ensure the reports are shared with this committee.

Paula Bland to check with Kirsty Lewis regarding a reference in the paper confirming a virtual decision by the primary care operational group (PCOG).

### **Item PCCC2021/115 – COVID-19 update to include discharge to assess**

Andrew Abbott provided a summarised update, thanking GP practices and PCNs as over half the Cornish population has received at least 1 dose of a COVID-19 vaccine. 95% of the early cohorts have received at least 1 dose, with practices and PCNs now looking to deliver on second doses for these initial cohorts, as well as starting to deliver first doses to latter cohort groups.

It was noted by Andrew Abbott that supply of the vaccine has been problematic. Nigel Morson noted concerns regarding more vulnerable categories of patients nearing the 12 week deadline to receive their second dose but have received no contact from their GP or vaccination centre and are finding it difficult to get information via recommended routes such as online, social media, and that this is causing some anxiety for these patients. Andrew Abbott responded noting that the Oxford AstraZeneca (OAZ) vaccine, in particular, has been supplied in lower quantities than previously delivered due to supply issues. The call back for second doses is by vaccination sites based on when the first dose was delivered. The Pfizer BioNtech (Pfizer) vaccine has a short shelf life once defrosted (a maximum of 4 days). There is a real risk of the wrong vaccine being delivered to the wrong site at the wrong time. The PCNs are managing this with short notice mutual aid and movement of the vaccine around the county. We are still working in a push model in that we are provided with the vaccine from central NHS, as opposed to a pull model where we are able to request which vaccine we want, how much we need and, when and where we need it. Nikki Thomas acknowledged that in recent weeks there have been significant logistical problems, far more than previously experienced in the vaccination programme. Late notice deliveries have been utilised with minimum wastage, but it has not been the patient experience we would have liked to deliver.

Andrew Abbott asked the clinical colleagues in the committee how critical the 12-week timeline for second doses was? Dr William Hynds replied that no one can

really say but the programme was following the joint committee for vaccinations and immunisations (JCVI) guidance.

Dr Christine Hunter highlighted that many GP practice phone systems are blocked with staff calling out to book vaccine appointments, which is causing problems for patients trying to contact the practice. Andrew Abbott acknowledged that most practices are managing this with many practices now operating internet based phone systems, as opposed to analogue, following some non-recurrent funding provided, and that it is the responsibility of practices to procure adequate phone systems.

Andrew Abbott to request Kirsty Lewis to provide a post meeting briefing on how practices, PCNs and NHS Kernow are managing these logistical issues and to keep the committee apprised of issues as well as how patients are being communicated with. Emma Ridgewell-Howard asked if this briefing could include the provision of vaccine to the patients in the PCNs who have opted out of delivering the vaccine to cohorts 10 to 12, and the practices not included in a PCN.

Andrew Abbott to ask Kirsty Lewis to add to the above-mentioned briefing how practices are managing the demand on their phone systems.

NHS Kernow does not receive data regarding the volume of calls to and from practices but have received the feedback from practices and PCNs that they have a “swamped” feeling, but NHS Kernow is unable to quantify this. Melissa Mead acknowledged that the increased use in practices and PCNs using social media, email and text messaging services, to help mitigate demand has been successful. Andrew Abbott noted NHS Kernow has data relating to the use of text messaging services as there is a relatively small cost pressure to support this, though a significant increase has been seen in telecoms spends during the vaccination programme.

Andrew Abbott noted that many volunteers, including NHS Kernow staff, have been deployed to practices in order to facilitate the calling of patients to book vaccination appointments, with the intention to help alleviate the pressure on practice staff. Volunteers have also been utilised at vaccination sites to help with booking in of patients, car park attendants and temperature checking on the doors. The COVID-19 vaccination programme might not have been as successful as it has been without the help and support from volunteers across all sectors.

Concern was raised regarding the vaccine recording IT system following an experience of a patient who booked to attend a mass vaccination site (MVS) via the NHS119 service. When she attended the Wadebridge MVS, she was advised there was no booked appointment and was sent away. When the patient called NHS119 again to book another appointment, she was informed that the system showed that she did not attend (DNAd) the appointment and needed to rebook.

Following an emergency NHSEI webinar last night, MVS sites are cancelling patient appointments for under 30s booked to receive the OAZ vaccine and are advised to go back to their GP to discuss potential effects and efficacy. There is currently no national solution other than contact GP and it is appreciated that this is extra work on top of an already busy service. Andrew Abbott noted that Cornwall is great at finding

local solutions, but these have a cost factor. Vaccine confidence issues is going to impact on patient confidence in the vaccination programme as a whole.

Over the past few months, Andrew Abbott noted, that care homes commissioned to provide discharge to assess (D2A) beds are changing and the model of care is evolving. Andrew Abbott asked for the action log to be kept open to allow the committee to keep sight of factors such as where D2A beds are located and the implications on GP practices in terms of support, for example not commissioning these beds where there are known GP resilience issues, as well as the operational pressures for practice and financial pressure for NHS Kernow in relation to these beds.

### **Action**

Andrew Abbott to request Kirsty Lewis provide a post meeting briefing on how practices, PCNs and NHS Kernow are managing these logistical issues and to keep the committee apprised of issues as well as how patients are being communicated with. Emma Ridgewell-Howard asked if this briefing could include the provision of vaccine to the patients in the PCNs who have opted out of delivering the vaccine to cohorts 10 to 12, and the practices not included in a PCN.

Andrew Abbott to ask Kirsty Lewis to add to the above-mentioned briefing how practices are managing the demand on their phone systems.

### **Item PCCC2021/116 – primary care quality and safeguarding**

Nikki Thomas presented her paper which provided an update to safeguarding in primary care. The paper specifically relates to 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.

Many nurses across Cornwall have recently won or been nominated for south west nursing awards. All winners and nominees have been contacted with congratulations. Nikki Thomas noted that this has been a real morale booster during these difficult times.

Nikki Thomas reported 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 is about to go out to advert.

### **Action:**

Nikki Thomas to bring a more detailed briefing back to this committee when all positions are recruited to.

### **Item PCCC2021/117 – gluten free prescribing**

Georgina Praed and Jessie Retallick attended to discuss a review of gluten free foods being prescribed. 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.

Dr Francis Old asked if there was a lot of correspondence from practices regarding gluten free prescribing. Jessie Retallick replied that they had only received the odd query. GPs consulted are content with NHS Kernow's stance due to the range of gluten free products available in supermarket stores now. Supermarket prices of gluten free foods has also lowered over time, with increased online resources available to support patients with alternative diets, not just gluten free.

Dr Deryth Stevens noted that dietician and nutritionists have been undertaking annual dietetic reviews with patients and ask how successful has this been? Dietetic consultations have continued through the pandemic with specialist nurses offering telephone reviews. More funding would allow for more regular follow up however.

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.

### **Item PCCC2021/118 – medicines optimisation programme board update**

Paper provided for information only and no questions were raised.

### **Item PCCC2021/119 – primary medical services contract overview and tracker**

Paper provided for information only and no questions were raised.

### **Final copy for ratification**

Signed by the chair:

Date: