

Primary care commissioning committee part 1

Meeting front sheet

Summary sheet

Date of meeting: 5 October 2021

For: Public session (Part 1)

For: Information

Agenda item: Primary care commissioning committee minutes

Author: Melissa Mead, chair of PCCC, NHS Kernow

Presented by: Melissa Mead

Lead director 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 10 June 2021 have been submitted to Governing Body members for information.

The PCCC met virtually on 12 August 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. Note the range of activity that is being undertaken within NHS Kernow, as overseen by the PCCC.

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 PCCC 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 NHS 111 and GP out of hours. This risk after reassessment is likely to be reduced. However, there may be a different risk as the provider is finding demand from the public through NHS 111, both in and out of hours, is continuing to rise and whilst some financial risks have been mitigated, some contractual risks may be out of date due to demand. Demand has increased across the system, including 999, minor injury units (MIU) and the emergency department (ED).

People have been advised to call 111 or their GP for minor injuries but it was noted most GPs are not paid in their contract to deal with minor injuries. There is a minor injury local enhanced service (LES) but not all practices are signed up to it.

The ambulance service has struggled significantly with the amount of demand and there has been a knock on impact across the rest of the system.

- 6026 GP practice resilience. Despite national funding and opportunities around workforce, there is still a lot of vulnerability in certain practices. With the concurrency of the ongoing pandemic, vaccination programme, flu programme and growing demand, this is unlikely to reduce.
- 10780 primary care recovery and restoration. This risk has increased and in context is around the ability of practices to deal with current demand. There will be a specific decision from the Joint Committee on Vaccination and Immunisation (JCVI) as to whether practices and primary care networks (PCN) will be able to deliver COVID-19 and flu vaccinations at the same time. If they cannot administer both at the same time, it will further increase demand on practices.
- 10648 external pricing issues. This continues to be a risk as the prescribing spend remains volatile but there may be a beneficial adjustment of category M prices which should flow through reporting from July onwards. There may be a lessening of this risk if prices reduce rather than increase and this will also impact 10808 medicines optimization cost growth.

Medicines optimisation

The PCCC were asked to consider early commissioning of adalimumab for the treatment of moderate rheumatoid arthritis. Current treatment is through another drug that costs just under £3,000 a year but adalimumab costs around £1,300, which would provide an early cost saving. There is a 90 day clause applied to all National Institute for Health and Care Excellence (NICE) recommendations to allow for financial modelling and this has been identified as a potential cost efficiency.

The improvements for patients through the switch of drugs was questioned. It was explained the expectation from clinicians is there will be better patient outcomes and the head of prescribing and medicines optimisation offered to provide a post meeting note confirming the process followed, and assurance, has been significantly robust.

PCCC were advised there have been a lot of cases of strokes with a subsequent diagnosis of undiagnosed atrial fibrillation (AF) so there is a query around the correlation between undiagnosed AF and strokes. PCCC would therefore like to understand how prescribing the new anticoagulants has changed and the impact, if any, starting to be seen. There could be an increased spend on anticoagulants in order that it provides beneficial protection for a cohort of patients who might have gone on to have a stroke. If there is a reduction in the number of AF related strokes, savings would likely be made elsewhere across the system.

The PCCC accepted the recommendations in the report.

Primary care update

Pressures: Due to pressures in the primary care system, a meeting was held with general practice on Wednesday 11 August, with most practices represented. Messaging to the public was a recurring theme, as system escalation continues, with a lot of pressure on general practice.

It was agreed a paper should be presented to the next meeting detailing the communications issues and what is available to improve understanding of how busy general practice is.

It was explained that when RCHT is in escalation, it uses the operational pressures escalation levels (OPEL) framework and has empirical data from the ambulance service, NHS 111 and both the community and main hospitals to evidence that level. However, a quantitative insight is not available into how staggeringly busy general practice is and so work is being undertaken to gain a better understanding to be able to show how busy the primary care system is. There is a need for general practice to have an OPEL escalation framework which agrees in advance what practices can do to reprioritise their clinical workload and be clear to the rest of system what general practice needs to do when it is in a high state of escalation. Practices want to be honest with the public about how busy the system is at the moment and remind them how they can self-help.

It was highlighted it is not just a shortage of clinical staff which is an issue, admin staff self-isolating is also having a knock on effect with booking appointments, etc. A lot of calls are being received that could be dealt with by self-care and a lot of frontline staff are experiencing abuse.

It was noted there has been difficulty accessing services and packages of care to discharge people from hospital, which results in them staying in hospital for longer.

Finance position

PCCC were advised that the core area of primary care spend, excluding prescribing and delegation, is more or less in balance. Prescribing is reporting an overspend, largely due to the national planning assumption of growth of 0.68% but it is hoped to see a slight benefit in the second quarter due to the category M prices.

Primary care is reporting an overspend, this is related to the way funds are allocated this year, particularly for the additional roles reimbursement scheme (ARRS), as approximately 60% of the ARRS budget is held locally. The balance is held centrally by NHS England and NHS Improvement and can only be accessed when NHS Kernow has spent the full years' worth of the local held element. There has been more local spending than budget available in the first half year, which is causing a technical overspend, but this is expected to come back into balance as the year progresses.

With regards to payments to practices, there have been a number of teething problems due to Primary Care Support England changing systems, but any issues have been swiftly identified and NHS Kernow is in the process of trying to resolve these as quickly as possible. Included in this were issues with the quality outcomes framework (QOF) aspiration payments. A manual solution has been put in place and payments approved with payment to go out to practices at the end of September to bring them up to date. NHS Kernow is doing everything it can to support general practice and make sure funds flow as quickly as possible.

Primary care quality and safeguarding

The PCCC noted that peer improvement tips for care and health (PITCH) entries continue but there are delays in getting some responses out due to competing priorities, as some members of the nursing and quality team have been deployed elsewhere due to the current pressures in the system.

A named GP has been successfully employed for adult safeguarding and once due diligence has been undertaken the PCCC will be notified.

The named GP for children's safeguarding is supporting practices involved in a themed review of child deaths by suicide, with a wider piece of work around suicide in adolescents which will hopefully include primary care as well.

Primary care digital update

The PCCC noted that a digital strategy workshop took place in July, with a follow up to take place in September 2021. The PCCC should be sighted on the key themes and priorities emerging from the workshops and also a self-assessment of the general practice information technology (GPIT) operating model service levels to see if there are any gaps and to provide support to priorities.

At the September event, providers will demonstrate some of the digital first solutions available in order to gain a consensus from general practice as to which systems should be procured. Alongside this, the plan is to instigate a digital forum with similar attendees to be able to communicate and capture feedback to inform the programme of work going forward.

Minutes

Primary care commissioning committee

10 June 2021 at 1pm
Virtually via Teams

Members

- Melissa Mead, lay member for public and patient Involvement, NHS Kernow
- Kirsty Lewis, deputy director of primary care, 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
- Lisa Nightingale, head of clinical quality, NHS Kernow
- Ann Stone, assistant head of finance direct commissioning, NHS England and NHS Improvement (NHSEI)
- Elaine White, operations manager, representative for west integrated care area
- Michelle Pratley strategic manager, representative for integrated care area
- Rachel Brobin, deputy head of finance, NHS Kernow

Attendees

- Julie Wilkins, PA and business support officer, NHS Kernow
- Jessica James, head of corporate governance, NHS Kernow
- Paula Bland, head of PCN and ICA development, NHS Kernow
- Georgina Praed, head of prescribing and medicines optimisation, NHS Kernow

Apologies

- Nikki Thomas, deputy director of quality, NHS Kernow
- Helen Charlesworth-May, accountable officer, NHS Kernow
- Laila Pennington, head of primary care commissioning and transformation, NHSEI
- Dr Francis Old, Governing Body primary care clinical lead, NHS Kernow
- Andrew Abbott, director of primary care, NHS Kernow
- Eunan O'Neill, consultant public health

Minutes from the meeting

Item PCCC2021128 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 PCCC2021129 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.

Nigel Morson advised he has been invited to become a patient and public voice partner by NHS England and NHS Improvement (NHSEI) South West (SW) with specific involvement on the primary and community regional programme board, their direct commissioning committee and the SW recovery network. It is not, however, deemed to be a conflict of interest but is noted for information.

Elaine White advised she was involved in the closure of the Grampound branch surgery.

Emma Ridgewell-Howard advised that her partner is working at Old Bridge Surgery, Looe and will be a partner in the practice from 1 January 2022.

Item PCCC2021130 minutes and action grid of 8 April 2021

Minutes of the meeting held on 8 April 2021 were presented for accuracy and reviewed. The minutes were ratified as an accurate record of the meeting.

The action grid was updated.

Item PCCC2021131 risk register

Jess James referred to appendix 1 in relation to risks owned by the PCCC. There has been a suggestion that risk 6026 practice resilience needs to be reviewed in terms of reported pressures across the system.

Kirsty Lewis advised this risk score has just been updated to red due to increased pressures across primary care.

Emma Ridgewell-Howard suggested there should be a risk specifically around eating disorder commissioning for the PCCC to be sighted on as there is a significant possibility of something going wrong due to pressures and issues raised previously.

Melissa Mead and Kirsty Lewis supported this suggestion and Kirsty confirmed that eating disorders commissioning is regularly being discussed at the primary care operational group (PCOG).

Risk 10782 general practice information technology (GPIT) capital primary care 2020 to 2021 and risk 10783 primary care network (PCN) laptops, additional roles reimbursement scheme (ARRS) are flagged for closure. This was agreed by the PCCC.

10730 delegated commissioning capacity risk has been flagged for closure since the report was written. This was agreed by the PCCC.

10648 external pricing issues is an accepted risk and conversations are taking place as to whether to reduce the risk for 2020 to 2021 and rescore for 2021 to 2022.

10660 additional emergency preparedness, resilience and response (EPRR) which has a score of 4, is further mitigated as the new head of EPRR has now started.

10692 physical monitoring of serious mental illness. Kirsty Lewis advised that more information will be provided at the August meeting, as the primary care team is working with the team around serious mental illness and the PCCC should be aware of the work being undertaken as it links to primary care.

Action

Kirsty Lewis to liaise with Jessica James to create a risk around eating disorders.

Kirsty Lewis to provide more information relating to the work being undertaken around serious mental illness.

Item PCCC2021132 finance report

Nick Jenkin advised 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. It is assumed there will be more spend in the second half of the year, but they are working to the delegated allocation.

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 and this has been flagged as a concern to NHSEI.

Capital approval is awaited, to include minor improvement funding, and should be available in the next few weeks.

The month 2 return has been submitted today to show 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 upscaled to respond to the needs of taking on delegated primary care commissioning.

Item PCCC2021133 primary care nursing and quality update

Lisa Nightingale advised there have been concerns around 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.

Will Hynds noted his disappointment at the lack of appropriate feedback as to what action has been taken to address the issues raised, which is leading to a lack of confidence and reporting in the PITCH system. There needs to be a push on how to report into the system and a clear chain of feedback provided throughout the system. The LMC offered to include an item in their newsletter.

Need to create capacity within the quality and nursing team to respond and link with providers to obtain feedback for the wider system. Some of this work is already being undertaken through the fortnightly multi agency system meeting which looks at patient safety incidents, but it is wider than that. Feedback is sent out currently through the GP newsletter.

Lisa Nightingale advised she will look into the possibility of NHS Kernow collating more feedback and disseminating accordingly.

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.

Action

Lisa Nightingale to look into the possibility of NHS Kernow collating more PITCH feedback and disseminating accordingly.

Item PCCC2021134 primary care operational group

Kirsty Lewis advised the paper is to fully sight the PCCC on issues discussed at PCOG and highlighted issues contained in the report under the following headings:

- contract assurance process
- Grampound branch closure update
- contract update
- COVID-19 update
- COVID-19 vaccination fund
- discharge to assess (D2A) beds
- PCN orphaned practices update
- Gorran Haven branch surgery

- Clinton Road boundary change

Grampound branch surgery: the conditions put in place have been addressed. These were discussed at PCOG and it was agreed they had been completed.

Concern was raised that letters have not been sent direct to people regarding some of the changes, as there are a number of people in the community who are not able to access the information on the website as referred to in the actions table.

Discussion took place as to whether there is a way to filter the practice list to confirm those who are unable to access the internet, such as those who have not provided email addresses, so that a letter could be sent to those specific individuals, to ensure everyone receives the information. It was however noted that if some individuals do then receive a letter, they are likely to advise others in the area who have not received a letter, which can then cause further issues.

Kirsty Lewis advised she will arrange for this to be discussed with the practice.

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 that 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 this week.

Kirsty Lewis advised that 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.

It was noted the terms of reference for the PCOG has been reviewed and is available to PCCC members for information.

Action

Kirsty Lewis to arrange for discussion to take place with Probus surgery as to whether the practice list can be filtered to identify those who are not able to access the internet so that they can be issued with a letter.

Gorran Haven branch surgery to be added to the August agenda.

Item PCCC2021135 general practice resilience process

Kirsty Lewis advised 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 and quality resilience

group (PCAQR) and PCOG. Support is now sought from the PCCC in order to share with general practice and upload to the GP Zone.

Emma Ridgewell-Howard raised an issue which had been raised with her by a GP and which raises serious concerns around resilience in general practice, which is a clear challenge. Emma read an extract of a very disheartening complaint email which a GP practice received from a patient 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.

ERH asked 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.

It was agreed that it is disheartening to hear such a complaint when people are working so hard across primary care.

Kirsty Lews provided 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 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 NHSE is supportive of but this does not appear to have progressed in the last 2 weeks ago. Kirsty will pick this up as a matter of urgency, as it was noted that CCGs have received GPs resignations over this issue.

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

Action

Kirsty Lewis to seek urgent feedback from NHSEI regarding appropriate communication campaigns on both a national and local basis.

Item PCCC2021136 additional roles reimbursement scheme (ARRS) for PCN update

Paula Bland advised the ARRS funding is a substantial investment of money coming into Cornwall 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 encourage PCNs to recruit more people and to obtain a better understanding of what their plans are. A PCN workforce strategy group has been created to assist in the development of a system wide approach to recruitment.

It was noted lack of affordable housing due to significant price increases is a major contributor to the difficulty in recruiting to roles. NHS Kernow has requested from NHSEI a Cornwall weighting to recognise housing prices, but no response received as yet.

It was also highlighted that even if recruitment is successful there is a lack of equipment and space in practices for new staff. The national formula for premises, however, does not reflect the increase in workforce through the ARRS.

Paula Bland advised that the GPIT budget has increased slightly, and efforts are being made to try to release some money for IT equipment..

Item PCCC2021137 medicines optimisation programme board update

Georgina Praed advised that final approval of the medicines optimisation workplan and payment structure for 2021 to 2022 is required, the details of which are contained in the report. The paper has been 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 work as possible for the practices, whilst providing as much support as possible.

A concern was raised that if the process is made too onerous, people will disengage and it was asked whether payments could be safeguarded.

Georgina Praed explained 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.

It was noted the paper also provides an update on cardiovascular disease.

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

Item PCCC2021138 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: