

Minutes of the Meeting (Part A) of the **Somerset Primary Care Commissioning Committee** held on **Wednesday, 29 September 2021** Via **Microsoft Teams**

Present:	David Heath	Chair, Non-Executive Director, Patient and Public Engagement, Somerset CCG
	Basil Fozard	Non-Executive Director, Secondary Care Specialist Doctor, Somerset CCG
	Alison Henly	Director of Finance, Performance and Contracting, Somerset CCG
	Tanya Whittle	Deputy Director of Contracting, Somerset CCG
	Dr Karen Sylvester	Chairman, Somerset LMC
	Kathy French	Deputy Director of Quality and Nursing, Somerset CCG attending on behalf of the Director of Quality and Nursing, Somerset CCG
	Louise Woolway	Deputy Director of Public Health, Somerset County Council
	Dr Jeremy Imms	Associate Clinical Director – Covid Vaccinations & Primary Care and GP Clinical Lead – Rapid Diagnostic Service, Somerset CCG
	Judith Goodchild	Chair of Healthwatch Somerset, Healthwatch
	Sandra Wilson	PPG Chairs Network Representative
	Neil Hales	Director of Commissioning, Somerset CCG
	Dr Chris Campbell	External GP Member
	Annie Paddock	Primary Care Transformation & Sustainability Manager, Somerset CCG
In Attendance	Grahame Paine	Non- Executive Director, Somerset CCG
	Lou Evans	Non- Executive Director, Somerset CCG
	Wendy Grey	Non- Executive Director, Somerset CCG
	Dr Alex Murray	Clinical Director and Clinical Lead: Somerset ICS, Somerset CCG
	Jacqui Damant	Associate Director of Finance, Somerset CCG
Secretariat	Sarah Matthews-Attree	Primary Care Contracts Officer, Somerset CCG
Apologies:	Val Janson	Director of Quality and Nursing, Somerset CCG
	Michael Bainbridge	Associate Director of Primary Care and Community Care, Somerset CCG

**PCCC 053/2021 WELCOME AND INTRODUCTIONS**

David Heath welcomed everyone to the Somerset Primary Care Commissioning Committee meeting.

The main function of the Somerset Primary Care Commissioning Committee is to provide a forum for commissioning of primary medical services.

David Heath highlighted that meetings and decisions of the Somerset Primary Care Commissioning Committee are held in public to ensure accountability and transparency. Due to the current guidelines on public meetings, this meeting was taking place over Microsoft Teams with members of the public welcome. It was confirmed there were no questions received in advance of the meeting.

David Heath welcomed those in attendance to the meeting and noted that due to NHS Mail issues, invitations were currently unable to be sent to external observers, but they may join later. Members of the public did join the meeting around an hour after the start. Due to connection issues, the meeting would not be recorded.

**PCCC 054/2021 APOLOGIES FOR ABSENCE**

Apologies for absence were received as shown above.

**PCCC 055/2021 REGISTER OF MEMBERS' INTERESTS**

The Somerset Primary Care Commissioning Committee was asked to review the register of interests, check for accuracy and declare any changes. There were no updates or changes declared.

**PCCC 056/2021 DECLARATIONS OF INTEREST RELATING TO ITEMS ON THE AGENDA**

No Interests were declared.

**PCCC 057/2021 MINUTES OF THE PART A SOMERSET PRIMARY CARE COMMISSIONING COMMITTEE MEETING HELD ON 9 JUNE 2021**

The Minutes of the Part A meeting held on 9 June 2021 were reviewed by the Somerset Primary Care Commissioning Committee. The Somerset Primary Care Commissioning Committee approved the minutes as an accurate record of the meeting, and these were subsequently signed by the Chair.

**PCCC 058/2021 MATTERS ARISING**

The Committee reviewed the action log and had no further comments.

**PCCC 059/2021 PRIMARY CARE WORKFORCE UPDATE**

Annie Paddock provided a brief overview of the report, emphasising the successes in the workforce programme. Annie detailed the substantial impact that PCN recruitment has had on the workforce through the Additional Reimbursable Roles Scheme (ARRS) which has allocated

funding allowing PCNs to recruit to a range of healthcare professionals. This has seen the recruitment of 114 FTE healthcare professionals into the primary care sector and it is anticipated that this will increase further over the next 2 years. The challenge remains with the collection of timely and accurate data to allow for trends and projections to be identified. These are national challenges, although the Primary Care Commissioning Team are working with the CSU to try and gather missing data.

The Committee praised the achievement of 114 FTE staffing being recruited, recognising that moving forward the planning guidance for the CCG is underpinned by access, primary care workforce and the need to ensure stability. It was detailed that every PCN had been recruiting under the ARRS scheme, with around 50% managing to utilise their full budget allocation despite national difficulties in recruiting. It was noted that the staff recruited under this scheme are recruited to work across the PCN, so there are limitations to their time at each practice.

The Committee further discussed the difficulties with data collation and the impact that this could have on ensuring appropriate staffing; which could also impact the patient satisfaction reporting. Annie Paddock acknowledged the national challenges with data collection reflecting that Covid has also had an impact on the returns. It is hoped that over the next few months, the national team will be in a position to return to normal reporting arrangements and the CCG will receive data only a month in arrears, but close working is being undertaken with the CSU to support collation of any available data in the meantime, with Alison Henly also offering support to raise the issue nationally. Annie also mentioned the development of a workforce dashboard which, once the data collation issues have been resolved, should provide the CCG with invaluable insight into any areas of pressure or inequalities that need addressing. It was also acknowledged that once the data is received there may be further work required within the CCG to strengthen analytic support for this area as workforce forms such a vital part of primary care provision and sustainability.

Available support to the PCNs around workforce was discussed. It was noted that the Training Hub provides invaluable support to assist with workforce planning, training and wider thinking about how best to utilise roles. The Committee recognised the increased pressure on non-clinical staff too, such as receptionists, and the Committee were reassured that support for non-clinical roles was also available through various routes such as the Wellbeing Project. As well as these, the CCG also offer example job descriptions and specifications, advice around the latest guidance and regulations and each PCN has an assigned 'Locality Lead' from the Commissioning Team.

The Committee agreed that whilst there was support for the PCNs, further development of patient perception of primary care was needed. Patients need to be able to feel confident that a wider range of healthcare professionals are able to assist with a wide range of healthcare needs and that the GP is no longer the main point of care.

The Somerset Primary Care Committee noted the report and requested regular updates. An update on workforce will be included in the December Primary Care Update Report.

## **PCCC 060/2021 PRIMARY CARE NETWORKS UPDATE**

Tanya Whittle outlined that the report covers the Network DES contractual requirements for PCNs for 2021/22 but provided a brief reminder of the current position in Somerset. There are 13 PCNs which fall within 12 neighbourhood teams. 63 of the 64 Somerset practices are participating in the DES which had 7 initial priorities for 2021/22 being Structured Medication Reviews, Enhanced Health in Care Homes, Early Cancer Diagnosis, Anticipatory Care, Personalised Care, Cardiovascular Disease Prevention and Treatment and Health Inequalities. Over the past 18 months the PCNs have developed rapidly and undertake many joint areas of work. For example, during 2020 Covid hot hubs were rapidly implemented and the PCNs were key contributors to the mass vaccinations programme. The PCNs also continue to support resilience and sustainability within the wider healthcare system.

Tanya identified that the CCG have developed a PCN assurance framework which covers the core requirements of the DES and that due to this work, there had been 1 PCN identified as not currently fulfilling the contractual requirements. A CCG team visited the PCN and an action plan has been agreed. It is expected that a rolling programme of visits will be undertaken.

In August 2021, revised national guidance was received regarding the future requirements for the DES. It has been confirmed that further funding will be available for Clinical Director capacity and in recognition of primary care capacity challenges some of the priority specifications are to be deferred or streamlined, with 5 new areas of focus covering the next 18 months. These include Improving Prevention and Reducing Health Inequalities, Improving Proactive Primary Care, Improving Access to GP Services, Improving Medicines Management and Supporting a More Sustainable NHSE; all of which have been integrated into the Investment and Impact Fund, which is an incentive scheme within the Network DES similar to QOF.

Whilst it was recognised that the PCNs have been delivering great results, the aspirations to make the PCNs a central part of the healthcare system was discussed. There will be ongoing conversations with the PCNs who are facing any particular workforce challenges in the coming months to identify how the wider neighbourhood area can assist. Whilst Covid-19 has been challenging, there have been some positives in helping build relationships across PCNs to work as wider networks. There was discussion about the future of the Network DES in ensuring sustainability and impact in the overall health of the population. It was recognised that prevention is a priority for the system and there are workstreams already progressing this area, such as the health coaches, link workers and care coordinators. It was recognised that additional work needs to be done in the community and voluntary sectors, with support from primary care, to enable the population to understand the importance in prevention for their own health.

Discussions were held around PCN staffing and the impact on other health services. Annie confirmed that the CCG has been careful to ensure that the employment model does not destabilise any other areas of the healthcare system. Learning had been taken from other employment models, such as the MSK model, which provides integrated working between secondary and

primary care and streamlined care for patients. The Committee heard that primary care delivery and demand has increased, and although many GPs are not working every day, they are working significant hours in order to allow for patient appointments, reviewing reports and other consultations, i.e., AskMyGP etc. It was also noted that whilst GPs may not be in practice every day, on 'absent' days the majority are also still working within the healthcare system in areas such as CCGs, but that the wider healthcare team are available to provide care for patients.

Linking in with staffing, discussion progressed to engagement with patients and the requirements for a PPG. Tanya Whittle acknowledged that progress had been made in the past year around communicating pressures in the system, but further work was required to advise the public on the natural shift in delivery. Dr Jeremy Imms noted the role of a GP is evolving and that the increased demand on primary care, as well as the removal of a number of national Covid restrictions, lead many to believe Covid is over. This creates a difficulty as patients are expecting to see their GP, however they may be more suited to seeing one of the other practice staff, yet this message does not seem yet to have been ingrained in public perception. Alongside this, the Infection, Prevention and Control guidance to primary care still requires social distancing and limits access which is currently misaligned to the Government and media messaging, creating further tension. PPG Groups were discussed, with it confirmed that it used to be a contractual requirement for practices to have PPG Groups. It was noted that many of the PPG Groups are also practice lead. It was agreed that demand will not change until the public understand how primary care operates, and Sandra Wilson shared that she had been asked to present to some communities and would be looking to how best to also provide wider education around primary care.

The Somerset Primary Care Commissioning Committee noted the update given.

## **PCCC 061/2021 PRIMARY CARE FINANCE**

Jacqui Damant noted that this is the first financial report for the new financial year. It was reiterated that the CCG has only received settlement for the first 6 months of 2021/22 and therefore the reported financial position only covers this half, known as H1. Funding for H2, the second half of the year, is expected to be released today along with guidance for planning. It is expected that there will be a quick turnaround for submission of plans so the next report in December should cover the full financial year. The allocation for H1 is £43.2 million, with an additional £1.2 million allocated for the Primary Care response to Covid-19, giving a total allocation of around £44.4 million for delegated H1. The Finance Team expect to achieve a breakeven position.

The non-delegated other Primary Care Services budget is also expected to breakeven for H1. Funding includes an allocation for the National Transformation fund that has been made available and covers areas such as Primary Care Development, Practice Resilience and Online Consultations. Funding allocated, as of Month 4, totalled of £0.5 million, with the expectation that this will increase to circa £0.8 million for the total of H1. The year-to-date position for the Local Enhanced Services budget is showing a slight underspend, with Tanya Whittle confirming that this is due

to the expected development in the Primary Care Improvement Scheme being paused due to the pressures in Primary Care, but it was envisaged that the funding would be fully utilised to support primary care delivery.

Jacqui Damant and Alison Henly also noted the requirement from NHSEI last month. This stated that CCGs, under the new GP contract, are required to provide the LMC with an annual basis on how Primary Care Medical Allocations are used. The 2020/21 requirement currently invited details around 2019/20 and 2020/21. The report encompasses areas of spend not usually presented to the Committee, i.e., GP IT spend. The Committee agreed that there is a desire for the finance update to mirror the LMC report going forward and as such consideration will be given on how to develop this report moving forward

The Somerset Primary Care Commissioning Committee noted the report.

## **PCCC 062/2021 PRIMARY CARE UPDATE REPORT**

Tanya Whittle provided an overview of the Primary Care Update Report, firstly highlighting several practices with only one GP holding the contract will be changing. The Somerset Foundation Trust (SFT) Practices identified on this list will all be transferring to Symphony Healthcare Services (SHS) from 1 October and going forward will have 2 GPs holding the contract. There is also potential change for Tawstock Medical Centre with another GP looking to join the contract. Tanya shared that the boundary change process for Brent Area Medical Centre had been deferred by the Primary Care Operational Group (PCOG) due to the challenges seen in North Sedgemoor and the lack of information provided about the impact on other practices. It was identified that this is likely to return to a future Committee meeting for decision.

It was recognised that Burnham and Berrow have seen a significant increase in demand which is affecting their ability to provide services. The CCG have therefore been working closely with the practice to understand the issues and provide support, with an action plan put in place. Actions include a temporary list closure, focus on urgent care demand, installation of a new telephony system which will be installed in early October and engagement with the Communications team around patient messaging. Dr Alex Murray has also been providing wider support to the PCN to ensure sustainability moving forward. Victoria Park is another practice who had faced difficulties and closed on 11 August 2021. Patients have mainly been reallocated to Bridgwater practices and the CCG continues to work on a safe close down process. Bridgwater practices continue to receive support to manage this influx of patients and consultation regarding the future use of the Victoria Park premises has now been initiated.

It was recognised that a full report on the GP Patient Survey results had been requested, however due to timing this was not possible and so a detailed summary of results and next steps has been provided. Some statistics from the results were highlighted, noting that overall the Somerset 'good' response to Patient Experience had increased by 2% and continues to be above national average. It was also raised that the survey had not been adjusted to reflect the impact of Covid and contained no Covid related questions. The next steps are outlined in the report and include further analysis, linking with further work programmes and contacting practices to

both congratulate them on their results and develop improvement plans where necessary.

Both the CQRS (Calculating Quality Reporting Service) Local reporting scheme and the General Practice Annual Electronic Declaration (eDec) were extracted from the report. CQRS Local changes and streamlines the reporting process for practices, making it an electronic submission which provides a welcome development in the Primary Care agenda to improve efficiency in the system. The annual eDec was also explained, recognising results have been analysed and a piece of work has been conducted, with practices contacted where further clarification was required. Wording of the questions, which are set nationally, can sometimes cause confusion in responses so do not necessarily reflect practice reality. Work is being done within the Primary Care Contracting Team to assist practices with understanding the ask. The C the Signs Cancer digital tool was also emphasised, noting that funding has been received from the Cancer Alliance. This is now being mobilised to help PCNs deliver the Cancer Specification requirements in the Network DES as well as enable earlier diagnoses of cancer.

The Committee reflected on the positive work that was still being undertaken in primary care and discussed the need to ensure the public were aware of all the work that is being undertaken, recognising the current media scrutiny on primary care. Sandra Wilson noted she was involved in the community work and welcomed assistance in creating presentations that allow for wider understanding of primary care, including the changing landscape and roles within the system such as, the role of receptionists, with Dr Alex Murray agreeing this was important and offering support.

The Somerset Primary Care Commissioning Committee noted the report.

## **PCCC 063/2021 PRIMARY CARE QUALITY**

Kathy French provided the overview for the Primary Care Quality report, reflecting that the number of PALS contacts had reduced, with trends including access and quality of care for patients with long term conditions. Support to practices around leadership and Governance also continued with three practices supported and visited.

Improving assurance in Primary Care Quality Improvement was also noted, and the Quality Team are working closely with the Primary Care Commissioning and Contracting Teams on how to develop and manage areas such as infection control, complaints and safeguarding issues; with a quality assurance template being used for this. The Committee were also updated around other areas of work which include the Quality Team supporting the recruitment of 3 PCN Lead Nurses in Q1, which provides an exciting opportunity for nurses to develop leadership skills and work across PCNs.

Kathy confirmed that a third cohort of Silver QI training has been supported, Restore 2 has been updated and further work has been done to train practices and PCNs, weekly contact has been maintained with CQC and the Infection, Prevention and Control Team support remains constant. The LMC have also recently agreed that a CCG learning page will be included in the next LMC publication.

The Somerset Primary Care Commissioning Committee noted the report.

**PCCC 064/2021 ANY OTHER BUSINESS**

Alison Henly noted the useful discussions in the meeting today and thanked members for their contribution. Alison also expressed her thanks to the Primary Care Team across the CCG, recognising that there is an overwhelming amount of work being undertaken for primary care but that there has been tremendous output under extremely challenging circumstances.

**PCCC 065/2021 DATE OF NEXT MEETING**

David Heath thanked members of the Somerset Primary Care Commissioning Committee for their attendance and confirmed the date of the next Primary Care Commissioning Committee was 8 December 2021.

**PCCC 066/2021 DATES OF FUTURE PRIMARY CARE COMMISSIONING COMMITTEE MEETINGS**

Future meetings of the Primary Care Commissioning Committee are to be confirmed.

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CHAIRMAN

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DATE