

Minutes of the Meeting (Part A) of the **Somerset Primary Care Commissioning Committee** held on **Monday, 7 December 2020** Via **Microsoft Teams**

Present:	David Heath	Chair, Non-Executive Director, Patient and Public Engagement, Somerset CCG
	Alison Henly	Director of Finance, Performance and Contracting, Somerset CCG
	Michael Bainbridge	Associate Director of Primary Care and Community Care, Somerset CCG
	Dr Karen Sylvester	Chairman, Somerset LMC
	Val Janson	Deputy Director of Quality and Nursing, Somerset CCG
	Louise Woolway	Deputy Director of Public Health, Somerset County Council
	Judith Goodchild	Chair of Healthwatch Somerset, Healthwatch
	Sandra Wilson	PPG Chairs Network Representative, Somerset CCG
In Attendance	Adrian Chamberlain	Interim Primary Care Development Manager, Somerset CCG
	Ed Garvey	Primary Care Commissioning Officer, Somerset CCG
	Emily Parsons	Primary Care Administration Apprentice, Primary Care, Somerset CCG
	Lou Evans	Non-Executive Director, Somerset CCG
	Phillip Godfrey	Primary Care Contracts Manager, Somerset CCG
	Robert Moorcock	Primary Care Contracts Officer, Somerset CCG
	Lisa Pyrke	Interim Communications Manager, Somerset CCG
Secretariat	Sarah Matthews-Attree	Primary Care Contracts Officer, Somerset CCG
Apologies:	Sandra Corry	Director of Quality and Nursing, Somerset CCG
	Basil Fozard	Non-Executive Director, Secondary Care Specialist Doctor, Somerset CCG
	Tanya Whittle	Deputy Director of Contracting, Somerset CCG
	Dr Chris Campbell	External GP Member

**PCCC 080/2020 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, it was noted that this meeting was taking place over Microsoft Teams and members of the public are in attendance. It was confirmed there were no questions received in advance of the meeting.

David Heath welcomed observers to the meeting.

**PCCC 081/2020 APOLOGIES FOR ABSENCE**

Apologies for absence were received as shown above.

**PCCC 082/2020 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. David Heath declared that he was now the Independent Chair of Microgeneration Certification Scheme (MCS) Standards.

**Action:** Update the register to reflect the above change.

**PCCC 083/2020 DECLARATIONS OF INTEREST RELATING TO ITEMS ON THE AGENDA**

No Interests were declared.

**PCCC 084/2020 MINUTES OF THE PART A SOMERSET PRIMARY CARE COMMISSIONING COMMITTEE MEETING HELD ON 17 SEPTEMBER 2020**

The Minutes of the Part A meeting held on 17 September 2020 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.

**PCCC 085/2020 MATTERS ARISING**

The Somerset Primary Care Commissioning Committee noted the action log.

**PCCC 086/2020 COVID-19 VERBAL UPDATE**

Michael Bainbridge outlined that both primary care and community pharmacy are seeing an increase in demand, causing pressure on services, though the CCG are working closely to provide support to both and have a good understanding of the situation. The CCG also have an outbreak management process and are seeing a recurrent theme from primary care. Although PPE use with patients is extremely good, practices have been

reminded of needing to ensure PPE use is as diligent with colleagues within the organisation. All incidents of any outbreaks have been managed.

Wave 1 of Covid-19 saw primary care ceasing some services, however, currently primary care is being utilised as usual and ensuring routine primary care is conducted, with emphasis on supporting people with learning disabilities or any additional mental health requirements. Primary care is currently coping well in the circumstances but recognise that the expectation to provide mass Covid-19 vaccinations will cause additional pressure.

The Committee discussed that there is occasionally a mismatch between expectations from the public and the capacity of practices for vaccine appointments. Michael accepted that this was a fair assessment though many practices are taking a proactive approach to communications. It was also recognised that this work is not just provided by primary care but requires a collaborative approach with the wider healthcare services in Somerset.

The Somerset Primary Care Commissioning Committee noted the update.

## **PCCC 087/2020 MINEHEAD MEDICAL CENTRE BRANCH SURGERY CLOSURE**

Phillip Godfrey described that Minehead Medical Centre have applied to close their branch surgery; Irnham Lodge. The application also details their plans to develop the main site at Harley House and deliver all services from this 1 site. Since the application was submitted the CCG have had a subsequent meeting with the practice and have further assurances. There are 4 main areas identified in this paper where further development and evidence is required. These areas are; engagement, sizing, parking and DDA compliance.

Phillip provided an overview of the 4 areas of recommendations, starting firstly with engagement. The practice has been asked to continue their engagement programme based around flu clinics; with any issues being resolved. The practice has also been asked, and committed, to identify other opportunities to engage with non-flu clinic patients. The practice will promote the completion of a patient survey during December and January, responding to any concerns raised. The results will be shared with the CCG by mid-February 2021. The practice also noted that they have created a newsletter which will be sent to all patients; detailing how to get involved with their engagement.

The second recommendation was sizing. The CCG have asked for additional reassurance on how the practice plans to provide their services from 1 site and provide evidence that the reduced clinical area will not impact on delivery. The practice has committed to sharing a proposed delivery plan with the CCG; including any room rotas. The practice will also discuss utilisation of space with the PCN given the additional roles requirements. Should it be required, in addition to the original extension proposal, the practice have obtained permission for a further 2 rooms if necessary.

Parking was the third recommended area, and the practice was asked for assurance on how they would mitigate for the loss of parking at the Irnham

site. The practice noted that some spacing from Harley House will be freed up for patient use instead of staff. The practice also highlighted that there is plenty of on street parking by the surgery and public parking nearby. It was shared that any proposal or plan must have been discussed with and signed off by the PPG.

Disability and Discrimination Act compliance (DDA) was the final area. The District Valuer's (DV) report highlighted that the site at Harley House does not comply with current NHS Standards due to their corridors not being wide enough and the reception desk not being compliant. The desk will be replaced and the CCG sought further information about the corridors. The DV confirmed that although this was included in the report, they acknowledged it was not always possible to change this element. The practice has however provided assurance that the development will be DDA compliant.

Alison Henly confirmed that the Chair of the CCG, Dr Ed Ford, was a partner at Minehead Medical Centre. It was established that Dr Ford has no voting rights within this Committee and has had no involvement in this process. It was also determined that the landlord of the Irnham Lodge site is selling the building; not the practice. There will be no benefit to the practice or Dr Ed Ford.

The Somerset Primary Care Commissioning Committee approved the closure of the branch surgery subject to the 4 recommendations.

## **PCCC 088/2020 LYNGFORD PARK BOUNDARY CHANGE APPLICATION**

Rob Moorcock identified that this application reduced the practice boundary for Lyngford Park allowing for the practice to focus on the local community and improve patient access and travel.

The change will affect 1.6% of the current practice boundary. Any patients that are already registered with the practice but will fall outside of the new boundary will maintain their registration; this totals 86 patients. Any future applications from close relatives, dependants or same households as these patients will be considered on an individual basis and will only be rejected in exceptional circumstances. The 86 patients affected were also contacted about the change with no complaints received. The practice PPG were also included in engagement activities and provided support for the proposal. It was confirmed that majority of the population within the area no longer covered by the practice will still have a choice of 2 practices, with only 500 people now only having a choice of one practice; Quantock Vale Surgery.

Sandra Wilson questioned the relevancy of the application given that it was submitted prior to Covid-19 and the move to digital. The Committee agreed that the boundary for a practice is still relevant as patients will still be required to attend practices at some points and healthcare staffs are still required to do home visits as necessary. Dr Karen Sylvester emphasised that the boundary is still important to practices as continued use of digital is uncertain and a significant amount of time can be taken up when staff are required to undertake visits.

The Somerset Primary Care Commissioning Committee approved the recommendation to reduce the practice boundary.

## **PCCC 089/2020 PRIMARY CARE COMMUNICATION**

Lisa Pyrke recognised that there had been a significant amount of information released over the past few months and that it had been challenging to ensure the information sent out to practices and the public was correct and up to date. Lisa detailed the assistance that the CCG had been giving to practices, with the aim to support practices by providing them with the relevant communications for staff and patients from the national and local campaigns. Lisa emphasised that this work had been conducted in collaboration with others such as, the council, voluntary sectors and PPG groups.

Although the past months have seen various messages around Covid-19 and relevant guidelines, the 'Help us Help You' campaign has raised awareness about the healthcare services available to treat other health issues such as promoting cancer symptoms and encouraging people to seek healthcare as appropriate. This has been promoted through many avenues such as social media, local radio and press activity. It has reminded patients that services are open with safety measures and has helped advise people of what to expect when attending appointments. This has included a lot of work around the promotion of virtual appointments and how these are beneficial.

The communications team have worked closely with the LMC, pharmacy and PPG Chairs group to help identify key concerns and disseminate key messages to the public, whilst obtaining feedback. These exercises also helped create a GP tool kit. This tool kit helped get consistent messages out to all patients. The practices were also supplied with information for websites and their phone lines.

An open letter to the population of Somerset has recently been sent from the CCG. This has been published across many different platforms and provides an update on the current healthcare services, reassurance around services but also thanking the public for the support received during this pandemic.

Lisa Pyrke also noted that the communications around flu vaccinations had also formed a large piece of work. Given the increase in cohorts there had been a large piece of work, alongside other public sector colleagues, to ensure information around eligibility was circulated. Discussion took place around the reported shortage of over 65's flu vaccines. It was clarified that the demand for vaccines had been higher this year but that the stock was available; it was just being used quicker than usual but the central supply is sending out further vaccines as required. The 'Think 111' campaign was also highlighted as a means to help protect people and reduce A&E attendances, with instant advice being offered to patients.

The Committee expressed their thanks to the Communications team, recognising the substantial work they had produced this year and highlighting the importance of this support to practices. It was recognised that the team had recently received a Green Star rating for communications, and the Committee recognised the progress that the team had made.

The Committee discussed an example where practice to patient

communication had not been as organised as hoped and it was recognised that there is not a 'one size fits all' approach to communication. Any issues are not wide spread and seem to be in clusters. Lisa Pyrke acknowledged that, despite the amount of communications done, there will always be further work to do and communications is always evolving. Val Janson offered the support of the quality team to provide any additional help with disseminating communications. Given the size and importance of the communications work, the Committee agreed another update at the next meeting would be required.

The Somerset Primary Care Commissioning Committee noted the report.

## **PCCC 090/2020 PRIMARY CARE APPOINTMENT DATA**

Michael Bainbridge identified that the CCG were still awaiting practice level data from NHS Digital and the report contained the information which the CCG can access. Michael shared that during wave 1 of Covid-19, the guidance was to move to digital appointments first. Generally, Somerset practices responded well to this move and rapidly implemented new processes to ensure digital appointments were available, with face to face appointments still available as clinically required. The swift move to digital did however cause some concerns and anxieties. This data shows that activity levels have mostly either returned to pre-Covid-19 levels or beyond, appreciating that October and November data was not yet available. Michael reiterated that the CCG has requested the practice level data and once this becomes available the CCG will examine it and engage with any practices that appear to be outliers.

Michael accepted that variation between how practices provide care is inevitable but the CCG are keen to understand if the variation was unwarranted. The CCG also want to look at good practice too, recognising that some practices already had a strong digital presence prior to Covid-19 and this should be disseminated amongst practices.

Dr Karen Sylvester agreed that this was a new welcome way of working but that there is not yet any data to show how effective digital appointments are, though they appear to be working well. Val Janson questioned the care home visit figures, which had not yet returned to pre-Covid-19 levels, with Karen acknowledging they were lower as care/nursing home visits are done virtually as required, with actual visits taking place as necessary. Karen reminded the group that visits are still being conducted but as necessary and not as standard.

The Somerset Primary Care Commissioning Committee noted the report.

## **PCCC 091/2020 PRIMARY CARE FINANCE**

Jacqui Damant provided an overview of the report which represents month 7 for primary care finance. Jacqui covered the delegated budgets firstly, noting that the confirmed annual budget for 2020/21 is £80.860 million. As outlined in previous meetings, the CCG underwent a top up reclaim process with NHS England. The top up payment for month 6 of £178,000 has still not been received, but once received will fill the funding gap. For months 7-12, the top up process will cease and a financial envelope will be received. It is expected that the CCG will break even though the finance team will

continue to monitor.

The other primary care services were discussed, with Jacqui Damant highlighting that the CCG received £1million for the primary care development scheme, with non-delegated primary care expenditure expected to break even. For the local enhanced services, there is currently an underspend, though the team are looking into this to understand the full year impact, and whether this underspend is recurrent or due to Covid-19. It was clarified that should there be any underspend in the local enhanced services budget this money will not be clawed back and will be used towards the CCG position at year end.

The Somerset Primary Care Commissioning Committee noted the report.

## **PCCC 092/2020 PRIMARY CARE UPDATE REPORT**

Michael Bainbridge outlined the primary care update report specifically providing an update on the approach to the anticoagulation, initiation, stabilisation and monitoring service (ACISM) audit. This is a high risk service and the CCG require assurance that the practices are providing it safely. For this reason an annual audit is conducted. Majority of the practices were compliant, however for those that were not, the CCG will work with them to ensure the service is compliant and safe for patients. It was recognised that this audit is a significant piece of work for both the CCG and practices, but it is vital in ensuring a safe service for patients.

The flu vaccinations were also discussed, with the higher than regional figures performance noted. Michael noted that there had been a delay in distribution of vaccines for 2-3 year olds which explains the anomaly in the data. The 50-64 year old cohort would now be starting for flu vaccinations, alongside the roll out of Covid-19 vaccinations. It was accepted that this is a demanding piece of work but the CCG continue to provide support to practices. It was clarified that both the flu vaccine and Covid-19 vaccine should not be given at the same time and should have a gap of 7 days between administering.

The Somerset Primary Care Commissioning Committee noted the report.

## **PCCC 093/2020 IMPROVING QUALITY IN PRIMARY CARE**

Val Janson identified that the team will be reviewing the report presented to the Committee to consider how it can better integrate with other standard reports. It was recognised that this may take time and Val invited any comments or suggestions for the new report.

Val Janson explained the information governance section of the report, sharing that an audit had been conducted and some concerns had been found, with 1 significant incident being reported and reviewed. It is expected that there will be some actions requiring progression but this cannot yet be confirmed. There are a couple of practices currently with reduced clinical and leadership staff due to long term sickness and the relevant safety reviews, S92 support packages and support from the LMC are all in place.

Access was discussed, recognising that a significant amount of PALs enquiries were around access. These enquiries had not however translated

into any patient harm incidents and there are no concerns from the CCG.

Quality improvement continues with the team focusing on delivering the quality improvement training to practices and assisting with any projects.

The Somerset Primary Care Commissioning Committee noted the report.

**PCCC 094/2020 ANY OTHER BUSINESS**

There was no other business.

**PCCC 095/2020 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 Thursday 4 March 2021.

**PCCC 096/2020 DATES OF FUTURE PRIMARY CARE COMMISSIONING COMMITTEE MEETINGS**

Future meetings of the Primary Care Commissioning Committee are as follows:

- 9 June 2021
- 29 September 2021
- 8 December 2021

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CHAIRMAN

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