

Minutes of the Meeting (Part A) of the **Somerset Primary Care Commissioning Committee** held on **Wednesday, 8 December 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	
	Michael Bainbridge	Associate Director of Primary Care and Community Care, Somerset CCG	
	Dr Karen Sylvester	Chairman, Somerset LMC	
	Val Janson	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	
	Sandra Wilson	PPG Chairs Network Representative	
	Neil Hales	Director of Commissioning, Somerset CCG	
	In Attendance	Paul Von De Heyde	Somerset Integrated Care System (ICS) Chair and Chair Designate of the Integrated Care Board (ICB)
		Kathy French	Deputy Director of Quality and Nursing, Somerset CCG
		Luke Best	Primary Care Contract Officer, Somerset CCG
Ed Garvey		Primary Care Commissioning Officer, Somerset CCG	
Jacqui Damant		Associate Director of Finance, Somerset CCG	
Tracy Green		Primary Care Project Management, Somerset CCG	
	Jennifer McConnell	Assistant Primary Care Contract Officer, Somerset CCG	
Secretariat	Sarah Matthews-Attree	Primary Care Contracts Officer, Somerset CCG	
Apologies:	Judith Goodchild	Chair of Healthwatch Somerset, Healthwatch	
	Dr Alex Murray	Clinical Director and Clinical Lead: Somerset ICS, Somerset CCG	
	Dr Chris Campbell	External GP Member	

PCCC 079/2021 WELCOME AND INTRODUCTIONS

David Heath welcomed everyone to the Somerset Primary Care Commissioning Committee meeting; highlighting and welcoming those in attendance and observing today's 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.

PCCC 080/2021 APOLOGIES FOR ABSENCE

Apologies for absence were received as shown above.

PCCC 081/2021 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 082/2021 DECLARATIONS OF INTEREST RELATING TO ITEMS ON THE AGENDA

No Interests were declared.

PCCC 083/2021 MINUTES OF THE PART A SOMERSET PRIMARY CARE COMMISSIONING COMMITTEE MEETING HELD ON 29 SEPTEMBER 2021

The Minutes of the Part A meeting held on 29 September 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 084/2021 MATTERS ARISING

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

PCCC 085/2021 GP PATIENT SURVEY UPDATE

Luke Best reminded the Committee of the in-depth summary of results for the latest patient survey which was included in the Primary Care Update Report for the September Committee meeting, noting that the summary benchmarked the results to provide a year-on-year analysis as well as the position at that time. This was now being brought back to the Committee to provide an update on next steps and gain the Committee's support to progress as described. Luke detailed that overall Somerset saw 85% of

patients describe their experience as either 'good' or 'outstanding', higher than the national average.

Ed Garvey identified that one of the aims in Somerset is to improve the overall experience and access for patients through collaborative engagement with the practices to improve output and results going forward. Ed acknowledged that this could not be demonstrated based purely on benchmarking, but the survey can provide a starting point to initiate conversations with providers. Ed outlined the next steps, which included writing to all providers about expectations on patient access and the overall patient experience of the survey. Following analysis of the results, the team will be initially focusing on the 15 practices who fell below the national average on at least 50% of the chosen indicators and will look to invite these practices to discuss results and agree next steps for improvement. There are also plans to identify best practice and disseminate this learning across Somerset. It is recognised that Symphony Healthcare Services Ltd (SHS) hold 15 contracts in Somerset so there are plans to also work directly with SHS to analyse their results and agree an overall action plan as appropriate.

The Committee praised the above average results, though highlighted that we cannot be complacent and should continue to strive for our practices to achieve above average results. The digital aspect of primary care was discussed and how this may be reflected within future surveys. Tanya Whittle highlighted that SHS colleagues are piloting a new GP survey going forward which they believed more accurately reflects current provision of primary care which could be something the team investigate further. The supportive, bespoke approach which was outlined in the report was supported by the Committee, with Val Janson offering support from the quality team as required. The Committee were keen to receive regular updates to monitor the progress made in Somerset. Sandra Wilson also raised that Healthwatch were currently undertaking a continuation of a piece of work from last year looking at various aspects, including digital, of access in primary care and it was agreed that Sandra would link with Ed and Luke to discuss further outside of the meeting.

Action: Sandra Wilson, Luke Best and Ed Garvey to liaise outside of the meeting.

The Somerset Primary Care Committee approved the outlined way forward and next steps.

PCCC 086/2021 IMPROVING ACCESS TO GP SERVICES

Michael Bainbridge noted the Committee's interest in access to care for patients and confirmed that the CCG have been working on resolving access issues. At the same time, there has also been a national increase in interest in access and CCGs have been asked to consider further access provision over the winter period. Michael presented the current position seen in Somerset, highlighting that 61% of patients are having face to face appointments, with the trend being upwards across the region. It was noted that the demand has increased by 20% when compared to pre-COVID-19 demand. It was also confirmed that more than 60% of patients are being seen within 7 days, with 35% of those patients being seen same day.

Michael reiterated the national ask to consider what further support could be offered to improve access to healthcare to Somerset patients, and although Somerset have activity looked at areas to improve, there are some that are not within our gift, such as resolution of the national shortage of GP workforce. Digital, training, recruitment and retention were all areas that Somerset considered to improve access and ensured that it was as simple as possible for the workforce to be reintegrated into practices. There has also been progress with Devon Doctors providing in-hours paramedics to practices, development of a local urgent care approach in PCNs, increasing community pharmacy provision for minor conditions and individual support for practices when necessary. Michael did cite data as a concern, reflecting we do not currently have the ability to collate and manipulate data and as such, it is difficult to ascertain a true picture of access.

Discussion about the use of paramedics took place with it being confirmed that there is a deficit of all healthcare staff, including paramedics, however Somerset had been an early adopter of paramedics in primary care and continue to link with the South West Ambulance Service to try to increase overall numbers but this, likewise to GP recruitment, is not a quick or easy task.

Discussion took place around the appointments utilised in primary care and whether these appeared to be related to social issues rather than medical, with Dr Karen Sylvester confirming that the workload seen by GPs has seen an upsurge in increasingly unwell, elderly patients with social requirements being directed to other multidisciplinary staff, such as social prescribers and health coaches, who are better able to manage these patients. Dr Sylvester reminded the Committee that whilst access was important, it was vital that this was done ensuring patient safety and not allowing for quality of care to diminish, particularly as GPs continue to be asked to also support the vaccination programme and suspension of certain routine services. It was observed that this national change may also impact on results seen next year and that the Committee members should keep this in mind.

Monitoring the progress made in this work area was also questioned, noting that the funding received was non recurrent. It was noted that although non-recurrent funding, it that the does provide the CCG with an opportunity for this year. Michael agreed that monitoring this work was important and that NHS England and Improvement have set out specific metrics for activity which will enable the impact to be assessed. Michael acknowledged that whilst access is a priority, we want to ensure that the significant beneficial work seen through the past 2 years with regards to digital remains constant.

The Somerset Primary Care Commissioning Committee approved the report.

PCCC 087/2021 PRIMARY CARE FINANCE

Jacqui Damant provided an overview of the report, stating that this report represents the final position for the April – September 2021 (H1) period. Jacqui confirmed that the CCG had now submitted and agreed financial plans for the October – March 2022 (H2) period, with budgets recently being entered into the ledger. It is expected that the next report to the Committee will present a full year. Jacqui noted that the report demonstrated a breakeven position on the delegated budgets for H1 totalling approximately

£44.661m, which included £1.2m for the COVID-19 response and £290k for long covid support. It was noted that there was some variation across individual budgets, for example a decrease was seen in the rents and rates charges although this had been offset against an increase in Section 96 resilience payments. Jacqui further explained that not all H1 funding had been spent during H1, but these commitments would be utilised in H2.

Jacqui discussed the other primary care services budgets, which were also expected to breakeven, with all of H1 allocations being fully committed, though mirroring the delegated budget some of this may materialise in H2. Jacqui confirmed fluctuation in the services, highlighting an underspend in the Local Enhanced Services but that this funding had been ringfenced for reinvestment into the Primary Care Improvement Scheme. Jacqui lastly confirmed that there had been some amendments made to the report following the feedback and desire to align reporting to the annual report which is sent to the LMC.

Alison Henly identified that the finance report is very much reflective of the Committee conversations and the current position of primary care. The demand and complexity of demand has meant that not all services have been operational which has allowed the CCG to reinvest funds to support resilience of primary care. Tanya Whittle further assured that the underspend in relation to the Local Enhanced Services is reflective of the guidance and position that primary care faced during COVID-19 and that, due to the requirement to protect practice income in this period, budgets were not able to be reconciled and adjusted as necessary. It was recognised though that these budgets were to be protected to ensure appropriate funding once usual service provision is resumed.

The Somerset Primary Care Commissioning Committee noted the report.

PCCC 088/2021 PRIMARY CARE UPDATE REPORT

Tanya Whittle provided an overview of the Primary Care Update Report, firstly highlighting item 5 which reported the historical difference in Brent Area Medical Centres' practice boundary understanding compared to their contract. Tanya shared that the CCG had delayed their request to amend the boundary formally in light of the challenges seen in that geographical area. Conversations with the practices are ongoing and further information has been requested with the intention to agree a mutually agreeable solution, which will be presented to a future Committee.

Tanya secondly highlighted the work achieved around implementation of the community pharmacy consultation services in Somerset, updating the Committee that the number of practices participating increasing to 51, with benefits now being witnessed in primary care. Tanya gave an overview of the flu vaccination figures noting statistics provided are the position at mid-October.

The final two items that were highlighted from the report included workforce and mass vaccinations. Tanya reminded the Committee of the thorough workforce report presented in September and that workforce numbers had since increased further, with the anticipated projection of roles demonstrated in the report. Tanya noted that the situation regarding mass vaccinations had progressed at pace and that there are currently 5 PCNs

opted in to provide the mass vaccinations enhanced service, though all practices are impacted by an increase in workload from this work programme. Tanya highlighted the new messaging from the Joint Committee on Vaccination and Immunisation which looked at the booster programme and extending the vaccination programme to new age groups. As part of this increasing work area, a national letter has since been received about changes to the GP contract to support delivery. This letter outlines income protection for some services such as QOF and the Investment and Impact Fund. The CCG are currently working through the implications of this letter and plan to release a letter to practices later this week outlining the impact and any expectations. It was agreed that the national letters and CCG letter would be circulated to the Committee members following circulation to practices.

Action: Circulate both national and local letters regarding the contractual change to support the roll out of the booster programme.

The Committee once again recognised the amount of work being undertaken in primary care and expressed thanks for the ongoing commitment to care as well as flexibility in supporting the vaccination programme.

Discussion took place around the suspension of certain services detailed in the national letter, with Tanya confirming this was an area that the team would consider, however, as the contract for GPs is a national one the CCG must follow the details given however will remain pragmatic in our approach to support Somerset practices.

The Symphony Healthcare Services and Somerset Foundation Trust integration was noted with it being confirmed that the integration had taken place and that the Contracting Team continue to meet with SHS to gain a better understanding of their operational and strategic issues, though there are no immediate concerns following the integration.

The ambitious figures provided in the workforce update were discussed, and although the challenges around recruitment are recognised, it is anticipated that this will be met. Michael Bainbridge confirmed the Commissioning Team do monitor this work area, however, as the funding is an entitlement, rather than contractual requirement, there is an element of risk that it may not be met. Nonetheless, there are regular reports provided to NHS England and Improvement which ensure that the Commissioning Team are regularly reviewing the data and able to liaise with PCNs as necessary.

The Somerset Primary Care Commissioning Committee noted the report.

PCCC 089/2021 PRIMARY CARE QUALITY

Val Janson passed thanks onto Jonathan Davies, the usual author of the Quality report, for his work to date and advised that he had been successful with a secondment opportunity. Kathy French then provided an overview of the Primary Care Quality report, reflecting that the team continue to monitor the PALs contacts, Healthcare Professional Feedback and Complaints. Q2 saw some concerns around access and some formal complaints around the attitudes of primary care staff. The quality team are also looking at their involvement with other directorates of the CCG and are now setting up

regular meetings to ensure a jointly developed process to monitor practices. Fortnight meetings with CQC are also ongoing and there are consultations with the wider CCG on further Quality Improvement cycles of primary care quality assurance and safety monitoring.

Kathy outlined the PCN lead nurse role, noting that there has been ongoing confirmation about in-year funding to continue from date of appointment. It was also highlighted that a newly appointed 'Head of Quality Improvement and Patient Safety' will be working with the primary care team, and across the system, to embed patient safety and quality improvement methodology.

For the wider quality directorate, the Infection, Prevention and Control team continue to support primary care, working with practice leads on providing further education on official advice from the UK Health Security Agency and identifying areas for improvement for the Vasectomy Clinics in Somerset, such as PPE usage, hand hygiene and decontamination.

The Somerset Primary Care Commissioning Committee noted the report.

PCCC 090/2021 ANY OTHER BUSINESS

Alison Henly noted Sarah Matthews-Attree was shortly going on maternity leave and expressed thanks for her work on the Committee to date.

PCCC 091/2021 DATE OF NEXT MEETING

David Heath thanked members of the Somerset Primary Care Commissioning Committee for their attendance and shared that new dates will be confirmed shortly.

PCCC 092/2021 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