

NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP PRIMARY CARE COMMISSIONING COMMITTEE

ACTION NOTES OF THE MEETING HELD ON 06/10/2020 AT 11AM

MEMBERS PRESENT:

Mark Webb	NELCCG Chair
Philip Bond	Deputy Chair, PPI member of Governing body
Stephen Pintus	NELC Director of Public Health
Dr Sinha	NELCCG GP Clinical Lead
Laura Whitton	NELCCG Chief Finance Officer
John Berry	NELCCG Quality Assurance Lead
Margaret Cracknell	NELC Counsellor

ATTENDEES PRESENT:

Lezlie Treadgold	NELCCG PA to Executive Office
Julie Wilson	NELCCG Assistant Director
Rachel Barrowcliff	NELCCG Service Manager
Sarah Dawson	NELCCG Service Manager
Jo Horsfall	NELCCG Finance Manager
Erica Ellerington	NHS England representative
Tracey Slatery	Healthwatch NEL Delivery Manager
Saskia Roberts	LMC Representative

APOLOGIES:

Dr Elston	NELCCG GP Clinical Lead
Joanne Hewson	NELC Deputy Chief Executive
Jan Haxby	NELCCG Director of Quality and Nursing

The Chair thanked members and attendees for attending today's meeting and advised that the meeting will be live streamed to members of the public and recorded for administration purposes. There were no objections to live stream/recording of the meeting.

1 APOLOGIES

Apologies noted above.

2 DECLARATIONS OF INTEREST

The following declarations of interest were made in respect of today's meeting:

- P Bond – item 4 re Blundell Park Surgery – P Bond is chair of Patient Participation Group
- Dr Sinha – item 7.1 – PCN Medicines Optimisation Scheme

3 APPROVAL OF PREVIOUS MINUTES

The minutes of the previous meeting were approved pending the following amendment:

- Jo Horsfall is listed as a member but needs listing as an attendee

4 MATTERS ARISING

Matters arising updated on the attached.

5 VIRTUAL DECISION LOG

The following papers have been approved:

- Extended Access Flexibility
- Contract Extension for Local Primary Care schemes

6 CHAIRMANS ACTIONS

None taken

7 FOR DECISION

1) PCN Medicines Optimisation Scheme

Dr Sinha left the meeting

A paper was circulated for decision. J Wilson provided a summary:

- Two requirements of the scheme was PCN engagement in at least two prescribing review meetings and containment of spend within budget at PCN level by 31st March.
- One prescribing review meeting took place however the second which was scheduled for March did not take place and spend increased significantly in March 2020 due to a number of factors associated with COVID19.
- There was also a requirement to reduce antimicrobial prescribing however due to COVID19 there has been an increase.
- PCNs all submitted an action plan by the 14th February – the CCG was planning a mid-year assessment of progress in June 2020 however this hasn't taken place due to COVID19.
- There is insufficient time left within the lifetime of the scheme to make any significant headway.
- Its therefore proposed that the scheme ceases at the originally intended date and the CCG does not attempt to clawback funding
- There is an annual budget associated with this scheme so there will be 4 months' worth left for rest of year, a particular area of pressure is IT equipment for PCNs additional roles. Its proposed PCNs use this non-recurrent funding to support new ways of working e.g. agile working.

Feedback and discussion from members:

- Where PCNs are asked to propose new ways of working, the committee asked that some principles about PCNs working together to find a joint solution are added.
- It was confirmed that PCNs would own any equipment bought with this funding
- Messages to be sent out to public via the medicines optimisation group regarding antibiotics as there is a risk of antibiotics being prescribed for vial chest infections.
- There is the potential for a no-deal Brexit which would need considering.

The PCCC formally approved the following:

- **the scheme ceases at the originally intended date**
- **the CCG does not attempt to clawback funding, on the basis that the Covid-19 response has had a significant adverse impact on this area which is not within the control of the PCNs**

- **the residual budget for 2020/21 supplementary schemes is ringfenced to provide opportunity for PCNs to secure non-recurrent funding to support new ways of working.**

Dr Sinha re-joined the meeting

2) PCCC Terms of Reference – annual review

There were no comments or queries on the Terms of Reference.

The PCCC formally approved the PCCC Terms of Reference.

8 FOR ASSURANCE

1) Primary Care Phase 3 Implications

A paper was circulated for assurance, S Dawson provided a summary:

- The phase 3 letter was sent to all NHS organisations at the end of July which sets out the priorities for the remainder of 20/21
- For general practice there is a number of priorities, the key ones are:
 - Restore activity to usual levels where clinically appropriate
 - Proactive care for clinically vulnerable patients and those whose care may have been delayed
 - Making rapid progress in addressing the backlog of childhood immunisations and cervical screening through specific catch-up initiatives and additional capacity
 - Delivery through their Primary Care Network (PCN) the service requirements coming into effect on 1 October as part of the Network Contract DES.
 - Offer face to face appointments as well as continuing to use remote triage and video, online and telephone consultation wherever appropriate – whilst also considering those who are unable to access or engage with digital services
 - GP practices should ensure that everybody with a Learning Disability is identified on their register; that their annual health checks are completed; and access to screening and flu vaccinations is proactively arranged.
- The arrangement put in place at the start of the pandemic including total triage, online and video consultations all remain in place with practices providing face to face appointments where required.
- Services which needed to be put on hold during the pandemic have now been reinstated e.g. extended access which provides additional capacity for both virtual and face to face appointments and supports the flu clinics this year.
- NEL CCG are currently reviewing to see if there are any gaps in services such as frailty
- An update of the DES Contract has been published in September 2020 and this includes details of the Impact Investment Fund which provides additional funding to PCNs for the delivery of a set of indicators relating to prevention, those at higher risk and health inequalities and this is currently being worked through.
- In terms of the PCN DES, the PCNs are making preparations for delivering the 3 service specifications (Enhanced Support In Care Homes, Early Identification and Diagnosis of Cancer and Structured Medication Reviews). PCNs are developing MDTs with other providers and recruiting additional roles to support delivery of DES.
- There has been a significant amount of work undertaken regarding the care homes. During the earlier part of the pandemic, there was a national request for CCGs to provide support to care homes. In NEL this has been provided via the PCNs with each PCN aligning to a care home, having a named Clinical Lead and MDTs established. This has put the PCNs in a good position for delivering the PCN Enhanced Care in Care Homes as required within the DES.

Regular meetings are held with the PCN Care Home Clinical Leads to discuss progress and to identify any difficulties and potential solutions.

- In terms of Early Identification and Cancer Diagnosis each PCN has recently been provided with a detailed information pack and offer of support from Cancer UK.
- CCG is currently finalising templates for completion by PCNs regarding DES which will be contracted managed
- Whilst not only relating to Primary Care, the 3rd Phase Letter highlights support for staff with reference to risk assessments being carried out for all staff to identify their level of risk of COVID19 and where appropriate for mitigating actions to be in place. Risk assessments for all primary care staff have been completed. Where needed, staff are supported to enable them to work remotely, thereby maintaining capacity. Where the CCG has identified potential risk due to numbers of high risk members of staff, we are working with the PCNs to identify any action/support. Each practice completes a daily report identifying any capacity issues within primary care and this is monitored by the CCG to enable any action required to maintain patient care to be identified.

Feedback and discussion from members:

- The need to work more closely and increased pace around digitalisation due to COVID19 will result in a more effective service
- The paper notes risk for staff but need to acknowledge risk for population. It was also highlighted it will be a challenge to combine the risks; the committee would like to see this once completed to have a better insight into the risks.
- Mental health for staff is not mentioned but need to acknowledge e.g. NAVIG are providing support to primary care and care homes.
- This committee has previously raised the risk of our aging workforce, it was discussed how this could be impacted further by COVID19.
- It has been noticed that there are less locum doctors willing to take shifts, this is causing extra pressure on the doctors who are taking on the shifts.

Actions:

- **S Dawson to submit paper to the next PCCC, for assurance around the impact COVID19 will have on the capacity of our aging workforce.**
- **M Webb and S Pintus to escalate the workforce risks which have been heightened and accelerated due to COVID19 to the Governing Body and Council of Members.**

The PCCC noted the update.

9 FOR INFORMATION

The Committee noted the following papers shared for information:

- 1) Annual GP Survey Results
- 2) Primary Medical Services Budget Update
- 3) GP Provider Development Group action notes

10 ANY OTHER BUSINESS

No other business to discuss.

11 QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions received in advance or during the meeting from members of the public.

12 DATE AND TIME OF NEXT MEETING

Tuesday 1st December 2020

Please note: These minutes remain in draft form until the next meeting of the PCCC on 01/12/2020

11am-1:30pm