

**Minutes of the NHS England and Cambridgeshire and Peterborough CCG
Primary Care Commissioning Committee (PCCC) Meeting in Public
held on Tuesday 10 May 2022 at 11:15 am by Microsoft Teams.**

Present: Voting Members:

Nikki Pasek, Lay Member and Chair of the PCCC
Louis Kamfer, Chief Finance Officer, CCG
Jan Thomas, Accountable Office, CCG
Jessica Bawden, Director of Primary Care, Medicines Optimisation & Out of
Hospital Urgent Care Collaborative, CCG
Carol Anderson, Chief Nurse, CCG

Non-Voting Members:

Sandie Smith, Chief Executive, Healthwatch
David Parke, Associate Director for Primary Care
Dawn Jones, Head of Primary Care Commissioning
Lucy Winchester, Contract Manager (Cambridgeshire and Peterborough), NHSE/I
Louise Jinks, Head of Finance Primary Care, CCG

In Attendance:

Danielle Harding, Primary Care Quality and Workforce Lead (South)
Karen Key, Primary Care Quality and Workforce Lead (North)
Teresa Johnson, Executive Assistant, CCG

Agenda Item 1 – General Issues

PC22/53 Welcome and Introductions

The Chair welcomed everyone to the meeting of the Primary Care Commissioning Committee held in Public. The meeting was held virtually via Microsoft Teams.

PC22/54 Apologies for Absence

Apologies were received from Julian Huppert and Alice Benton.

PC22/55 Declarations of Interest

Jessica Bawden, Director of Primary Care declared an interest. She has been appointed as Chief Executive of Lakeside Healthcare from 5 September 2022, to note the CCG has three of the eighty-nine Practices linked to Lakeside Healthcare.

PC22/56 Notification of Any Other Business

There were no items of any other business raised.

PC22/57 Minutes of the Last Meeting

The minutes of the Committee meeting held in public on Tuesday 12 April 2022 were agreed as and accurate reflection of the discussion.

PC22/58 Matters Arising and action log

The action log was received for review and had been updated. This was appended as a separate document.

Agenda Item 2 – Operational Primary Care Issues

PC22/59 General Practice Local Expenditure Plan 2022/23

Dawn Jones gave the Committee a summary of the proposed commissioning intentions and associated Local Commissioning Agreement for 2022/23 and other Local Expenditure Plans, this was subject to formal sign-off of the CCG Primary Care Budget by Governing Body. Key to note was that 2022/23 would be the final year of the CCG's commitment to the 3-year Local Commissioning Agreement and therefore sees a continuation of existing services and expenditure as part of this CCG commitment. Also, the indicative budget to support the CCG's Local Expenditure Plan for 2022/23 was expected to be £10,311,000. Table 2 in the report gave a breakdown of spend against each of the service areas commissioned with the current Local Commissioning Agreement with the 1.7% uplift applied.

The report included a descriptor for each of the following schemes:

- Money set aside to support Primary Care Clinical Governance
- Local Commissioning Budget Contingency
- Extension to Occupational Health Scheme
- External Resource to support practices to review DOACs
- Provision of Safeguarding Reports
- Patient Helpdesk Mark 2 being designed
- Preparation for Local Implementation of the Patient Safety Framework
- GP Resilience Fund 2022/23
- Work with Place on Virtual Ward implementation

Also, to note that the CQRS for reporting and claiming had been implemented from April 2022 and training was now in place with Practices.

The Committee discussed the report. Carol Anderson said this had been discussed previously at the Chief Officer Team meeting, she said that currently we did not have the same level of reporting from Primary Care as we did from other areas, therefore, how can audit and assessment be carried out to give the benefit we expect. Dawn Jones assured that there would be regular reporting back to the Committee against all key areas and evaluation to evidence the investment to this Committee.

Concerning the Patient Helpdesk #2 and the future of it, Sandie Smith said this would be a great benefit to get this reinstated as a permanent service for our health system. She asked if there was a steering group that Healthwatch could join and offered to support work with health checks locally. Sandie Smith also asked if it would link to the shared care platform. Jessica Bawden said the Helpdesk, if agreed and re-implemented would run as a pilot for an 18 month period, it would link with the PCN DES funding which was due to end in 18 months. Jessica Bawden said that the Primary Care Team and GP Federations were asking PCN Clinical Directors to each offer a Band 4 care co-ordinator ARRS role to support the running of the system wide helpdesk. Work was in progress on looking at what can be planned and done at scale. Ideally, the plan would be for the GP Federations to own and manage the Patient Helpdesk. Jessica Bawden will include Healthwatch in meetings once this progresses further.

Concerning the Virtual Ward programme, Sandie Smith said Healthwatch had been linking with the North ICP, she asked what was the bigger picture to develop this wider than the North, and what was the GP element. Jessica Bawden will discuss with the relevant staff at North Place and feedback to Sandie Smith outside of the meeting.

The Chair thanked Dawn Jones for the detailed summary.

The Committee **noted and approved** the proposed changes to the Local Commissioning Agreement for 2022/23, subject to formal sign-off of the CCG Primary Care Local Budget

The Committee **approved** the proposed use of GP Resilience Fund 2022/23
The Committee **approved** the proposed spending plan for the remaining Indicative budget.

PC22/60 General Practice 2021/22 Year-end Finance Report

Louise Jinks gave a summary highlighting the main points of the paper for Month 12 and is for the end of the financial year 2021/22. Table 1 detailed the allocations received this financial year. To note this month received the final allocation for the Winter Access Fund of £2m, therefore the CCG received the full allocation of £3.9m. It was already planned to spend the majority of this allocation with only a small underspend of £40k, which was reported in Table 3 within Delegated Commissioning. The overall position for Primary Care was shown in Table 2, this reported a year-end under spend of £895k. To note that this was still subject to audit. Overall, this was a small improvement from the Month 11 year to date position of about £160k.

Louise Jinks outlined the three main reasons for the under spend. The first one was in Delegated Commissioning shown in Table 3, there was a favourable movement of £531k from last month's forecast outturn which was mainly due to a reduction in the expected prescribing, dispensing fees and costs. This had been a difficult area to predict due to Covid and spend had not followed any previous trends. The year-end position for the Delegated Commissioning budget was reported as just under a £6m overspend.

The second and third areas of underspend were shown in Table 4, this gave a breakdown of the Other Primary Care position. The year-end position was an under spend of just under £6.9m. The two main areas of underspend were in Primary Care IT of £352k and Other expenditure of £297k. It should be noted that whilst there was an underspend in Primary Care IT, the CCG had received £2.2m of Capital from NHSE this financial year and this expenditure would normally have been charged to the Primary Care IT budget.

The £297k credit in Other expenditure was the release of previous years accruals for anticipated expenditure due to the Covid finance regime where we were making reimbursements to practices for Covid related expenditure.

The Committee discussed the report. Carol Anderson acknowledged that overall, the financial position was better and asked, in terms of pressures for the 2022/23 budgets, might this slip significantly. Louise Jinks responded that there would be pressures because some of the funding was non-recurrent.

Louis Kamfer confirmed that the 2022/23 budget would be based on the recurrent funding position, there may of course be unforeseen pressures. The known underlying issues need to be planned now for 2023/24. The Operational plan submitted to NHSE reflects Covid pressures and inflationary pressures but was not yet agreed, there may be further iterations on the plan.

Jessica Bawden added that Community Pharmacy, Dentistry and Optometry were being delegated to the ICS from April 2023 with Delegated Budgets and with that would come additional functions, pressures and risks.

The Chair thanked Louise Jinks for the regular reporting, as the information was helpful in giving the Committee an oversight of the financial detail and where the pressures lie.

The Committee **noted** the Month 12 year-end financial position for 2021/22.

PC22/61 General Practice Quality Report

Karen Key gave a summary of the Primary Care quarterly Quality briefing. Key to note was that all Practices were invited to attend a virtual quality surveillance meeting with team members. In addition, in Quarter 4 2021/22 Practices were invited to engage with discussions related to the Winter Access Fund priorities. A total of 45 Practices engaged with both priorities. The Quality Framework will be fully implemented for 2022/23. A list of 22 Practices has been shared with Primary Care Improvement Group; this will form the initial cohort of planned structured conversations with our member practices in quarter 1 of 2022/23. In agreement with system partners, CQC and Healthwatch the quarterly Primary Care Quality Surveillance Group had been paused. Issues will be discussed monthly at the Primary Care Quality Improvement meetings (PCQIG) and ad hoc safety huddles as required. Regular contact with the CQC and Healthwatch will continue.

To note Appendix 1 gave an overview of the CQC ratings and Appendix 2 was a Healthwatch report which presented feedback regarding GPs for the period April to May 2022.

Primary Care Occupational Health (OH) Pilot / Primary Care OH and HR Service, currently had a 73% uptake, discussions were currently underway within the CCG and wider system partners to secure additional funding to continue the project beyond the original timeframe of 30 June 2022.

Karen key added that the Cambridgeshire and Peterborough area was supporting people fleeing from the Ukraine conflict and supporting GP colleagues to ensure receiving, responding and getting people to the right services.

The Committee discussed the report, Carol Anderson asked what were the themes from the Quality Surveillance visits and where will the information be shared. Karen Key said there were no strong key themes, however it could be summarised as workforce, workload and workspace; especially sustainability, recruitment and retention of staff, as well as estates issues. Currently in place was a buddying system with the Training Hub and support from the Local Medical Committee (LMC); this will offer support also to new Practice Managers. Work remains in place on encouraging issues to be

raised and a thematic review will be developed in future reporting. Carol Anderson welcomed the future thematic review, she highlighted that 2 - 3% of transactions in Primary Care services result in harm to patients and we need to ensure the CCG and this Committee are aware and understand the clinical incidents that occur in our area. Danielle Harding added that the Quality Team had increased its outreach to Practices through digital means and webinars, which had in turn encouraged their engagement.

Turning to Appendix 2, the Healthwatch report; Jessica Bawden asked why the data was showing a particularly increased number of queries, complaints and comments from 16-17 year olds. Sandie Smith said Healthwatch had recently carried out some focussed work and engaged with younger people. Healthwatch will continue to analyse who they hear from and then focus to reach out to areas where there was less engagement.

Carol Anderson thanked the report authors and said that the report should in future reflect impacts on patients and need to balance the quality report on what is best for patients.

Concerning the Healthwatch report, Louis Kamfer asked if it was known what drove the negative feedback. Sandie Smith said it was mostly access to booking appointments and some communication issues. Louis Kamfer asked if the themes around the feedback could be split and shared.

Action: Healthwatch to drill down the detail, where possible indicating ethnicity and health inequalities and share in the future.

Louise Jinks commented that it would be interesting to know if the Winter Access Funding offering additional appointments had made any impact on the themes and scores.

The Chair thanked Karen Key and Danielle Harding for the Quarterly Quality update.

The Committee **noted** the information shared with this update.

PC22/62 Agenda item 3 – CAF and General Practice Risk Register General Practice Risk Log

David Parke summarised the report which outlined the Assurance Framework Corporate organisational risks and the General Practice risk register. He advised that monthly meetings took place to identify, manage and review the risks. There have been no new risks since April 2022, but to note two risks with amended and increased risk levels.

The Committee reviewed the report. Jessica Bawden commented on the item CAF 12, this had been given an increased risk level due to very high Covid sickness levels within Primary Care staff, it was noted that Covid numbers remain high in Primary Care staff.

The Chair thanked David Parke for the update on the CAF and the General Practice Risk Register.

The Committee received the latest 2021/23 CAF presented at Appendix 1 and noted the current Primary Care (General Practice) Risk Register.

PC22/63 **Agenda item 3 – Questions from the Public**
There were no members of public observing the meeting.

PC22/64 **Date of next meeting** The date of the next meeting in public was confirmed as Tuesday 7 June 2022.

The Chair thanked everyone for joining the meeting which ended at 12.07pm

Author ***Teresa Johnson***
Executive Assistant
19 May 2022