NHS
West Hampshire
Clinical Commissioning Group

Primary Care Commissioning Committee

Meeting: 30 April 2020, meeting was quorate in accordance with 'lean' arrangements

Overview of business – including summary of key issues for Board

The following items of business were undertaken by the Committee:

- Received an update on the COVID-19 Hampshire and Isle of Wight (HIOW) Primary Care Operating Model. The focus has been on primary care resilience and to ensure that people can access care whilst ensuring patients and staff stay safe. The HIOW model has been developed collectively and is based on the national operating model.
- Received an update on the COVID-19 digital resilience programme, against which substantial progress has been made in terms of video consultations, on-line consultations and remote triage which has been well received by both GPs and patients. This can be built on moving forward to progress new ways of working. It was agreed that a risk should be added to the risk register to reflect that there is a potential for harm given the roll out at pace and the need to ensure through evaluation that outcomes are not impacted adversely.
- Received an update on changes to the requirements of the Network Contract Directed Enhanced Service (DES) 2020-21 and that all Primary Care Networks have been requested to confirm continued participation in the DES in 2020/21.
- Received updates on the Premises Improvement Grant Schemes 2019-20 and 2020-2022.
- Received the updated Primary Care Risk Register. The main risk highlighted by general practice was around resilience linked to workforce however this has been mitigated through consolidation of plans, mutual aid, GP returners, community pooling of resource and the use of the voluntary sector, impact of social distancing and lower level of demand coming through.
- Received an update on primary care prescribing, summarising the work of the CCG medicines optimisation team as part of the response to COVID-19.
- Received an update on primary care finance: there was an underspend of £281k across all primary care funding streams at 31 March 2020. The position excluding the Primary Care Delegated 1% reserve was also an underspend of £282k.

Key reference documents

- Minutes of the meeting held on 30 April 2020 (attached)
- COVID-19 Hampshire and Isle of Wight Primary Care Operating Model (paper reference PCCC20/021)
- COVID-19 Digital Resilience (paper reference PCCC20/022)
- Primary Care Operational Report (paper reference PCCC20/023)
- Primary Care Risk Register (paper reference PCCC20/024)
- Primary Care Prescribing Report (paper reference PCCC20/025)
- Primary Care Finance Report (paper reference PCCC20/026)

Papers are accessible on the CCG website and on BoardPacks

Date of next meeting:

Extraordinary meeting: 28 May 2020, scheduled meeting: 26 June 2020

Primary Care Commissioning Committee

Minutes of the West Hampshire CCG Primary Care Commissioning Committee Lean Virtual Meeting held on Thursday 30 April 2020 at 9.00am

Present:	Caroline Ward	Lay Member, New Technologies and Digital **(Chair)**
	Liz Angier	Clinical Director Primary Care
	Ian Corless	Head of Business Services/Board Secretary
	Mike Fulford	Chief Operating Officer and Chief Finance Officer
	Simon Garlick	Lay Member, Governance
	Judy Gillow	Lay Member, Quality
	Adrian Higgins	Medical Director
	Rachael King	Director of Commissioning South West
	Alison Rogers	Lay Member Strategy and Finance
	Matthew Richardson	Deputy Director of Quality and Nursing (Deputising for Ellen McNicholas)
	Jim Smallwood	Secondary Care Board Member
	Sarah Schofield	Clinical Chairman
In attendance:	Terry Renshaw	Governance Manager (Minutes)
	Jackie Zabiela	Governance Manager

1.	**Chairman's Welcome**
1.1	Caroline Ward opened the meeting and explained that due to the current Covid-19 crisis no Board meetings will take place in public until further notice and welcomed members present to the first virtual lean meeting (twenty-fifth meeting) of the NHS West Hampshire Clinical Commissioning Group (West Hampshire CCG) Primary Care Commissioning Committee and noted apologies for absence.
1.2	Attention was drawn to the new lean style of working following the agreement that future business will be processed virtually and will focus on immediacy of any governance processes/decisions, and that whilst we want to assure the Board and manage risks effectively our aim is to reduce as much workload as possible during this exceptional time. Clinicians and officers will be stood down from attending wherever possible so they can concentrate on Covid-19 response and recovery requirements.
1.3	Caroline drew attention to the following meeting etiquette: • Attendees to be on mute and keep cameras off. This saves broadband width. Only the presenters should have their cameras and microphones enabled. • Questions and comments to be added to instant messaging section.

	• Questions and comments received will be collated by the Governance Team.
1.4	It was confirmed that the meeting was quorate.
2.	**<u>Declaration of Interests</u>** ***(Paper PCCC20/018)***
2.1	Caroline Ward reminded Committee members of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of NHS West Hampshire Clinical Commissioning Group.
2.2	No additional conflicts of interest were identified as a result of these declarations and the business of the meeting commenced with no requirement for Committee members to absent themselves from proceedings. Attention was drawn to the fact that should a conflict arise at any point during the meeting members will need to declare this fact.
2.3	**AGREED** **The Primary Care Commissioning Committee:** • **Agreed to note the updated Register of Interests for Committee members.**
3.	**<u>Minutes of the Last Meeting</u>** ***(Paper PCCC20/019)***
3.1	Caroline Ward asked Committee Members to confirm the minutes of the meeting held on the 27 February 2020 as a correct record of proceedings. She explained that she had received no amendments in advance of the meeting.
3.2	**AGREED** **The Primary Care Commissioning Committee:** • **Approved the Minutes of the meeting held on 27 February 2020 as being a correct record and commended them for signature by the Chairman.**
3.3	**Matters Arising** There were no matters arising from the minutes that are not covered by the action tracker.
4.	**<u>Action Tracker</u>** ***(Paper PCCC20/020)***
4.1	Caroline Ward referred the Committee to the action tracker.
4.2	The following updates were provided:
	1. **Ref No 48 SHREWD : National programme is looking at the potential of using SHREWD across the whole system. Three pilot sites are proposed. WHCCG has expressed an interest in being one of them –** It was noted that Action suspended, progress not possible during Covid-19 pandemic.

	2. **Ref No 51 GPFV 2019-20 Work Programme : Re-focus main workforce risk to reflect one overarching risk that is then sub-divided into specific areas with actions and mitigations focused on the areas of concern** – It was reported that there is an overarching workforce risk that includes primary care on the CGC risk register and three specific risks have been added around quality and workforce it was therefore requested that this action be closed. All agreed action is to be **closed**.
	3. **Ref No 54 Operational Report 1.7 Improving Physical Healthcare for People Living with SMI : Update to next meeting whether this population group are accessing their flu vaccinations to include also people with Learning Disability and Autism -** It was reported that action suspended, progress not possible during Covid-19 pandemic. Attention was drawn to the 29 April 2020 joint letter from Simon Stevens NHS Chief Executive and Amanda Pritchard, NHS Chief Operating officer regarding the second phase of NHS response to Covid-19 which made very clear that healthcare checks for people with Learning Disability and Autism need to continue. This area of work has not been suspended and primary care is expected to deliver these checks. Rachael King advised that she will ensure Practices are aware of this continuing requirement. Action tracker is to be updated to reflect this.
	4. **Ref No 55 Operational Report Seasonal Flu : Vaccination programme secondary MMR vaccination professional reminder to be published in In-Practice due to increase in number of cases -** Action suspended due to focus on managing current Covid-19 pandemic.
	5. **Ref No 56a Prescribing Report : Obtain reason why the forecast overspend and increase for the IOW (table on page 2 of report) is significantly lower than other CCGs listed** - Action suspended, prescribing report regarding Covid-19 presented at April meeting, usual prescribing to be present at June meeting.
	6. **Ref No 56b Future reports to reflect weighted population within Appendix 1** - Action suspended, prescribing report regarding Covid-19 presented at April meeting, usual prescribing to be present at June meeting.
4.3	**AGREED** **The Primary Care Commissioning Committee:** • **Reviewed the Action Tracker and received the updates.** • **Noted that five actions have been suspended during current Covid-19 pandemic 48, 54, 55, 56a) and 56b).** • **Agreed that one action can be closed.**
5.	**<u>Covid-19 HIOW Primary Care Operating Model</u>** ***(Paper PCCC20/021)***
5.1	In addition to the information provided in paper PCCC20/021 circulated for the meeting Rachael King drew specific attention to the following: • The paper provides assurance to the Committee in terms of the response to Covid-19. The focus has been on primary care resilience and to ensure that people can access care whilst ensuring patients and staff stay safe. The

	Hampshire and Isle of Wight model has been developed collectively and is based on the national operating model and sets out the key components regarding the way that primary care will operate during this period. • All practices have moved to a total triage system and patients are initially assessed by phone or on line and where appropriate will be given advice or managed remotely or if necessary a video assessment. All practices are 100% using on line consultation systems and all but three are using video consultation and these will come on board once the IT issues have been resolved. This has been a dramatic change in a short period time to the way general practice is operating and we will wish to embed some of this in going forward. • Hot and cold sites have been designated across defined geographical areas. Hot sites are managing category 2 patients that is patients requiring face to face assessment relating to illness or complications due to Covid. There are nine hot sites across WHCCG and the majority of the remainder are designated as cold sites that is non-Covid consultations. Agreed resilience and consolidation plans, that mean creating a funnel effect, so if there are resilience issues regarding increasing demand these plans can be put in place for example less practices open and staff redeployed across sites. To date we have not had to enact these plans as level of demand is not as great as forecast due to social distancing. • Nationally there has been a suspension of the requirement for GPs to undertake certain activities to release capacity. Community providers have stood down non-essential services which has enabled the redeployment/pooling of resource of GP and community staff. This has facilitated the rapid deployment of a one team approach and an example of this is that South West Hampshire now have daily calls at Primary Care Network level that include community and general practice staff to discuss which patients need to be seen urgently and they then agree the joint allocation of resource on a daily basis. This approach has been facilitated by some of the technological changes. Feedback on this approach has been positive from GPs and community staff and there is a desire to retain and embed this. • Workforce has been supplemented by health professionals that have returned to work and links with the voluntary sector and community networks. • High risk and vulnerable patients who have been advised to shield have been receiving proactive care and the focus has been on care plans to ensure that they remain safe. This focus needs to continue. • In terms of technology there has been a rapid deployment of laptops and web-cams which has supported new ways of working, remote working and use of new digital solutions. • Communication has been fast moving for example a huge amount of national guidance and the instigation of a daily HIOW bulletin to all practices that condenses all the information published nationally and supplemented with local updates. WHCCG also hold two Q&A sessions per week which include updates on primary care, medicines management and quality. These have worked well and practices have requested that these continue for a short while post Covid. • In terms of the level of demand, due to the public undertaking social distancing we have not seen the level we had originally expected and primary care has not been as busy as first envisaged. This is a real concern as patients may be coming to harm as they are not accessing GP or other services. The recent national campaign is beginning to have an impact and general practice is

	becoming more busy as patients begin to come forward. This has been supported by Simon Stevens letter of 29 April 2020 regarding the moving to the NHS second phase of the Covid response that is moving to restore, renew and recovery. Critical services and non Covid urgent care services need to be put back in place with providers reinstating some elective services. Within primary care the focus is on shielding vulnerable patients and putting in enhanced care in care homes, which has been brought forward from October to May 2020 in terms of implementation. Also ensuring that patients are referred to secondary care, including 2 week cancer referrals and delivering Immunisation and Vaccination programmes and screening. • We continue to monitor resilience issues on a daily basis and are looking at safe ways to begin the restoration of services. On concluding her update Rachael reflected that the way that general practice has changed over last four weeks has been dramatic and practices have been fantastic in the way that they have responded to these challenges/changes. We will want to build on this work going forward.
5.2	As a result of discussion it was: • Reflected that it is good news how practices have embraced new technologies and working practices so quickly and it was questioned as to whether we are yet seeing any concerns from primary care around using the new way of triaging and running consultations. It was responded that what was noticable was the rapidity of shifting to on-line/remote consultations that was not just taken on board but embraced. Not aware of any negativity that has arisen, most GP colleagues have been impressed on how well this new style of working has been achieved. However, it has been identified that some patients may benefit from additional 'remote' observations for example blood pressure, oxygen saturation and there may be some patients we would wish to target and put techology solutions in place. • Questioned that these viruses seem to occur every nine or ten years and whether we are developing a model that we could put in place with improvements should this occur again. It was responded that this model had been put in place quickly and in moving forward we need to look at the hot site model and how we retain and embed as the virus will not go 'away'. • Clarification was sought as to whether learning is being captured on a learning log as new business as usual will not be as previously. It was reported that initiatives have been fast tracked and is there to be a focus around what did/did not work and refining it with feedback as we go along the journey. It was responded that there is restoration and recovery work under way which will capture how general practice has evolved and changed. • Reflected that in addition to the digital shift what is most commendable is the co-operation/informal sharing around and within practices with Primary Care Networks coming together.
5.3	**AGREED** **The Primary Care Commissioning Committee:** • **Noted the Covid-19 Hampshire and Isle of Wight Primary Care Operating Model.**

6.	**<u>Covid-19 Digital Resilience</u>** ***(Paper PCCC20/022)***
6.1	In addition to the information provided within paper PCCC20/022 circulated for the meeting and the key highlights provided as part of the previous item it was stated that there has been a sea change in the use of technology and pace in terms of implementing different ways of working. Fantastic progress has been made and despite some teething problems the CCG and CSU team has done a really good job in deploying such a large amount of kit. Substantial progress has been made in terms of video consultations, on-line consultations and remote triage which has been well received by GPs and has also been welcomed by patients. This is a fantastic cultural shift within primary care in a short space of time that demonstrates what can be achieved. There is more to do but this has provided a good step forward that we can build on in the future as the appetite is to progress new ways of working and reinforce areas which are not working as well as we would like them to.
6.2	As a result of discussion it was: • Reflected that the other thing that is very noticeable is how the practices are being involved in the Primary Care Networks, groups of Primary Care Networks locally working effectively together and also how primary care has linked up with mental health and community providers in a communal approach. It was responded that IT is an enabler and the one team approach has facilitated and galvanised this. • Requested that when we come through this current crisis if we could take the opportunity to look at the existing GP IT Strategy with Claire Parker and the team to see if this needs to be escalated up a couple of levels to build on what has been done in order to set broader horizons. It was responded that the next stage is wider than just WHCCG and there are still issues around interoperability and the refresh of the Southern Health system and what this will look like/how it will interact. Another big area in terms of the next stage is the introduction of Population Health Management and the tools around that. There will be a need to take stock and reassess when we get to a suitable time. The digital roadmap has been put on hold for a period of time and will need to be reinvigorated. It was suggested that it might be helpful to take stock in a couple of months' time. The Committee extended their thanks to Claire Parker who has been leading this work on behalf of WHCCG and also HIOW. Consideration is also to be given as to who else needs a 'mention in despatches' to recognise the significant work that has been done. • Clarification was sought as to whether there is a sense whether it is quicker or not for GPs to do virtual clinics and has any feedback been provided to date. It was responded that there is some research from Oxford Primary Care Centre that has shown that it is a productive way of working as long as everything is lined up for example results, access to notes. However, more formal research is required. • Reflected that with all this rapid development when looking at the risk register there may be new risks that we may need to consider in terms of roll-out at pace. It was agreed that this is fast moving and it may be wider than just primary care and the risk regarding potential harm should be included on the wider risk register. This was concurred, that is all things that have been adopted have all been done with the best intentions and on the evidence that we have available, but need to ensure through evaluation that the outcomes are not impacted adversely by them.

6.3	**AGREED** **The Primary Care Commissioning Committee:** • **Noted the Covid-19 digital resilience report.**
7.	**<u>Primary Care Operational Report</u>** ***(Paper PCCC20/023)***
7.1	Rachael King drew attention to the information provided in paper PCCC20/023 circulated for the meeting that provides an update in terms of changes as a result of Covid-19 to the: • Primary Care Network Contract Directed Enhanced Service (DES) 2020-21 • Premises Improvement Grants 2019-2020 and 2020-22. There were no questions or comments raised by the Committee.
7.2	**AGREED** **The Primary Care Commissioning Committee:** • **Noted the changes to the requirements of the Network Contract DES as a result of Covid-19 and that all Primary Care Networks have been requested to confirm continued participation in the DES in 2020/21.** • **Noted the update on the Premises Improvement Grant Schemes 2019-20 and 2020-2022.**
8.	**<u>Primary Care Risk Register</u>** ***(Paper PCCC20/024)***
8.1	In addition to the information provided in paper PCCC20/024 circulated for the meeting specific attention was drawn to the following: • **Main risks** – There was a long list of risks but following review most have been mitigated. The main risk highlighted by general practice was around resilience linked to workforce but this has been mitigated through consolidation of plans, mutual aid, GP returners, community pooling of resource and use of the voluntary sector, impact of social distancing and lower level of demand coming through. • **Staff testing** – This was a big issue for practice staff that is those not covid positive. There are now arrangements in place for staff to access sites via direct booking and home testing. There is also the increase in cases in care homes and this is now a significant area of focus. We are looking at agile working arrangements including use of telemedicine. There are a significant number of nursing and care homes within our area and issues have been experienced around transport and GP access. Some already have access to video links and telemedicine via HHFT and UHS and work is in hand to provide rapid access to telephone lines and technological solutions to ease the pressure. • **Care Homes** – There has been a significant amount of support offered to care homes by the CCG as we recognise this is a vulnerable element of our population and there are challenges around workforce and premises. It was reflected that within WHCCG homes have been resilient in terms of sourcing PPE, however this does not mean that they are not fragile. Care home testing is now available and a new announcement has been received from the CQC

	around testing symptomatic and asymptomatic staff and patients. This will be a challenge in terms of sheer volume of homes and the interpretation of results around asymptomatic. We have also stood up a community testing service as of yesterday that can screen all residents when it is asked for. Also working on a national project to digitise Restore 2, which will be an asset to GPs with a clear escalation process and clearly defined pathways It is hoped that this will be available within the next four to six weeks that we can test locally which will augment telemedicine. • **Personal Protective Equipment** – This was a significant pressure for primary care as it was difficult to source. The supply chain is working better and there is a fall back position in place if required. No feedback has been received that standard PPE cannot be obtained. There have been risks around enhanced PPE for aerosol protection. There has been some guidance received and there was a national call with the Chief Nursing Officer and the Director for Acute Care to NHSE and the advice is that chest compressions are not an aerosol generating procedure but this has raised some concerns around GP protection and sourcing PPE3 masks for testing.
8.2	As a result of discussion it was reflected: • That PPE is wider than just general practice for example the community, nursing and care homes and hospices. It was responded that PPE is very challenged and is monitored daily through a national capacity tracker and when you look at the results there are few red flags that is equipment will run out in 24 hours and homes have been remarkably resilient. However, the challenge going forward will be around cost, sustainability and ability to follow national guidance. There will be national discussions, but should issues be raised by care homes locally the CCG will look sympathetically at this. • That it is difficult to see the difference between Gold Command and our responsibilities and that a review of our risks as to what is our responsibility and what is the responsibility of Gold Command would be welcome. It was agreed to explore this point further at the Lay Members briefing call later today. (**Action complete**)
8.3	**AGREED** **The Primary Care Commissioning Committee:** • **Noted the Primary Care Risk Register.**
9.	**<u>Primary Care Prescribing Report</u>** ***(Paper PCCC20/025)***
9.1	Matthew Richardson drew attention to the information provided in paper PCCC20/025 circulated for the meeting that summarises the work of the CCG Medicines Optimisation Team as part of the response to Covid-19.
9.2	As a result of discussion it was questioned as to whether there are any GPs involved in the Medicines Optimisation Covid-19 work stream. Clarification is to be sought from Neil Hardy and added as a post meeting note. (**Post meeting note:** There are not any GPs on the weekly CCG lead Pharmacists/Provider Chief Pharmacists call. However, Dr Emma Harris (GP Clinical Director Prescribing) is providing clinical input into the Medicines Optimisation Bulletin and any clinical issues. Dr Barbara Rushton is HIOW Primary Care Clinical Lead is also available for consultation.)

9.3	**AGREED** **The Primary Care Commissioning Committee:** • **Noted the Primary Care Prescribing report.**
10.	**<u>Primary Care Finance Report</u>** ***(Paper PCCC20/026)***
10.1	Mike Fulford drew attention to the information provided in paper PCCC20/026 circulated for the meeting and provided the following highlights: • Across all funding streams Primary Care is, at 31 March 2020, underspent by £281k. The position excluding the Primary Care Delegated 1% reserve is also an underspend of £282k. • The CCG has made the claim for Covid funding to NHSE and received the funding. • Template forms for 2019/20 and 2020/21 have been sent to all practices to enable them to claim for reimbursement of Covid related costs. • Just over half of practices have returned their claim forms for the period up to 31 March 2020. • 2019/20 Accounts have been submitted to the auditors. • As we move into the new financial year there is a lot of uncertainty around allocations, costs and funding flows. We are looking at an unclear picture at the moment but the good news is that despite all the pressures in 2019/20 we delivered a balanced primary care budget. There were no questions or comments raised by the Committee.
10.2	**AGREED** **The Primary Care Commissioning Committee:** • **Noted the Month 12 finance report 2019-20.**
11.	**<u>Any Other Business</u>** – There were no items identified.
12.	**<u>Risks Arising From Discussion of Agenda Items To Be Included on The Primary Care Risk Register</u>** • Changes associated with operating practice, potential for harm, tracking best practice and learning. • Gold Command versus WHCCG risks to be considered at Lay Members briefing. • Increased incidents in care homes to sit with PCCC until agree who should monitor.
13.	**<u>Date of Next Meeting</u>**
13.1	The next meeting of the Primary Care Commissioning Committee is scheduled for: • Thursday 25 June 2020, timing to be confirmed, Boardroom, Omega House, 112 Southampton Road, Eastleigh SO50 5PB.
14.	**Noted that due to the Covid-19 pandemic all public meetings have been suspended.**