NHS
Hampshire, Southampton and Isle of Wight
Clinical Commissioning Group

PCCC/015

Primary Care Commissioning Committee

Title of paper	**Minutes of last Primary Care Commissioning Committee meeting**		
Agenda item	**3**	**Date of meeting**	21 July 2021
Director lead	Matt Stevens, Chair		
Clinical lead (if applicable)	Dr Nicola Decker, Clinical Lead		
Author	Terry Renshaw, Governance Manager		

Purpose	For decision	☒
	To ratify	☐
	To discuss	☐
	To note/receive	☐

Link to strategic objective	• Operational Service Delivery • Supporting people and teams • Transforming services • Strategic planning and engagement

Executive Summary	
This paper sets out the minutes from the last meeting of the Primary Care Commissioning Committee of NHS Hampshire, Southampton and Isle of Wight CCG held on 19 May 2021.	
Recommendations	**The Primary Care Commissioning Committee is asked to consider whether the minutes of the meeting reflect an accurate record and, if so, to approve them, noting any updates.**
Publication	**Include on public website** ✓

Please provide details on the impact of following aspects	
Equality and quality impact assessment	This paper does not request decisions that impact on equality and diversity.
Patient and stakeholder engagement	Not applicable
Financial and resource implications / impact	Not applicable

Legal implications	There are no legal implications arising from this paper.
Principal risk(s) relating to this paper	Not applicable
Key committees / groups where evidence supporting this paper has been considered.	Not applicable

Primary Care Commissioning Committee (DRAFT)

Minutes of the Primary Care Commissioning Committee Held at 10.00am on Wednesday 19 May 2021 via Microsoft Teams

Present

Matt Stevens	Non-Executive Director (Primary Care Commissioning) **(CHAIR)**
David Bailey	Deputy Managing Director and Deputy Director of Finance South East Hampshire (deputising for Roshan Patel)
Simon Bryant	Director of Public Health Hampshire County Council and Isle of Wight Council
Dr Nicola Decker	Clinical Leader (also deputising for Maggie MacIsaac)
Keeley Ellis	Locality Director Primary Care South East Hampshire
Carol Giles	Primary Care Senior Commissioning Manager NHSE/I
Judy Gillow	Non-Executive Director (Patient and Public Involvement)
Dr Karl Graham	Clinical Director South West Hampshire
Alma Kilgarriff	Deputy Director of Primary Care Transformation and Medicines Management
Rachael King	Director of Commissioning South West and Portfolio Lead (ICS) for Primary Care
Dr Michelle Legg	Clinical Director Isle of Wight
Stephanie Ramsey	Director of Quality and Integration (Deputising for Julie Dawes)
Martyn Rogers	Head of Primary Care South West
Barbara Rushton	Primary Care COVID-19 Lead
Tracy Savage	Locality Director, Primary and Community Care and Medicines Optimisation
Judith Venables	Non Executive Adviser North and Mid Hampshire
Dr Sarah Young	Clinical Director, Southampton

In attendance

Paul Aubrey-Harris	Associate Director Southampton (item 6)
Paul Benson	Senior Commissioning Manager (Estates Lead – Southampton) (item 6)
Norma Cadavieco	Senior Governance Manager (item 9)
Ian Corless	Board Secretary/Head of Business Services
Stephen Cummins	Governance Manager (Technical support)
Neil Hardy	Associate Director Medicines Optimisation (item 7)
Tessa Harvey	Performance Director (Observer)
Kirsten Lawrence	Associate Director (item 9)
Daniel Williams	Assistant Director of Finance, Financial Planning and Reporting
Terry Renshaw (Minutes)	Governance Manager

Apologies

Julie Dawes	Chief Nursing Officer
Maggie MacIsaac	Chief Executive
Roshan Patel	Chief Finance Officer

1.	**Welcome and Introductions**
	The Chair welcomed everyone present to the inaugural meeting of the Hampshire, Southampton and Isle of Wight CCG Primary Care Commissioning Committee. The Chair explained that the meeting was to be recorded and would be published on the CCG website following the meeting and that we are committed to ensuring that our Primary Care Commissioning Committee meetings are as accessible as possible. All future meetings will be broadcasted/streamed live in the event that a meeting held in public is not possible due to COVID-19 restrictions.
2.	**Declarations of Interest (Paper PCCC21/001)**
2.1	The Register of Committee Members Interests was received. This paper sets out the relevant and material interests of the members of the Primary Care Commissioning Committee of the Hampshire, Southampton and Isle of Wight CCG. The following verbal declarations were received: • Dr Sarah Young – GP with Southampton Ltd. which is a GP Federation. Shirley Partnership shareholder. • Simon Bryant – Employed by Hampshire County Council who contract within Hampshire and the Isle of Wight for a number of primary care services related to public health. • Karl Graham – GP partner at Hedge end Medical Centre. Hedge End Medical Centre is a part owner of Eastleigh Southern Parishes Network Ltd. Judith Venables asked that as member of this Committee that her interests are recorded in future reports.
2.2	No interests were declared where there may be a potential or perceived conflict of interest in relation to any of the business items on the agenda.
3.	**Terms of Reference (Paper PCCC21/002)**
3.1	The Chair drew the Committee's attention to the fact that this Primary Care Commissioning Committee is required to be set up under the Scheme of Reservation and Delegation from NHSE in relation to Primary Care functions. Reference was made to the fact that we are in a fluid state and that we must deliver our statutory responsibilities and as we move towards becoming an Integrated Care System these Terms of Reference may change. It was explained that this Committee is to work to the Terms of Reference and the Scheme of Reservation and Delegation to ensure that it is inclusive and responsive to primary care delivery, Primary Care Networks and the five local Primary Care Operational Groups and local teams. Particular attention was drawn to Section 4 that outlines the focus of what we do and sections 3.5 and 3.6 which is around the overview of delivery.

3.2	Rachael King thanked the Chair for the helpful overview and explained that the Terms of Reference have been approved by NHS England and is an integral part of the CCG Governance Framework and the Committee is accountable to both the CCG Governing Body and to NHS England.
3.3	As a result of discussion it was: • Reflected that these Terms of Reference talks about Hampshire and a part of Hampshire is not covered by this CCG so it could be confusing to partners. • Highlighted that we need to be cognisant of the tension around wrestling with local, strategic and centric as we move towards the emergence of the Integrated Care System and we need to take a step back and be sensitive to this. Primary Care is important and is a corner stone in our system. Parallel challenges are also being played out and we need to be open and honest regarding these challenges recognising that we are 'living an experiment'. We must stay positive, trust each other and assume positive intent. • Stated that reference is made within section 3.5 to undertaking strategic planning including local needs assessments and it was reported that these will be undertaken within the five local areas and will report into the Primary Care Operational Groups. It was reported that this work will be undertaken at place level and will then be collated.
3.4	**AGREED:** • **The Primary Care Commissioning Committee noted the Terms of Reference and Governance Framework for the Primary Care Commissioning Committee.**
4.	**HIOW Primary Care Work Programme 2021-22 (Paper PCCC21/003)**
4.1	Nicola Decker introduced paper PCCC21/003 and outlined the strategic context and drew attention to the challenges we have all lived through as a result of the pandemic. The work programme has been adapted and is reflective of the time we have lived through, the political pressures, the needs of our people and working in partnership with our partners and patients. The work streams are cognisant to this partnership exercise and the resilience work undertaken during the pandemic and the priority areas identified.
4.2	Rachael King said that as we evolve out of the pandemic we have a fantastic opportunity to build on the work that has been undertaken over the last twelve months. The pandemic has accelerated the pace of change through having a collaborative model, good clinical leadership and the use of digital technology that have all contributed to the changes made to how primary care was delivered. The three key priorities remain and are aligned to the Operational Planning Guidance. These are: 1. **Expand primary care capacity to improve access and strengthen resilience** – To support the further development of PCNs and recruitment of additional roles and strengthen new ways of working. Collaborative working to strengthen resilience and retain and expand digital technology. 2. **Partnership working to reduce inequalities and deliver improved outcomes** – Utilisation of Population Health Management approach to reduce health inequalities. Delivery of immunisation and screening programmes with a particular focus on the COVID-19 vaccination programme. Prevention and self-management to improve outcomes and reduce inequalities. 3. **Delivering integrated health and care** - Further development of integrated care team as a one team approach to ensure the provision of proactive and personalised care.

	It was stated that further discussion and engagement will be undertaken regarding the work programme with patients, providers, stakeholders and the public. Focus is around delivery and place of delivery and looking at what can be delivered at scale. It was reiterated that this is an iterative document and the Committee will be updated at the next meeting on key achievements and delivery to date.
4.3	The Chair asked Rachael King as this was a meeting in public that is being recorded if she would explain what Primary Care Networks (PCNs) are and the additional roles recruitment expansion within primary care. Rachael explained that: • Primary Care Networks are groups of general practices within a natural geographic area that work together along with other healthcare staff and organisations, for example the acute and community trusts and Local Authorities, providing integrated services to the local population. Each PCN has a clinical director who is responsible for delivery and bringing together a range of stakeholders for the development and delivery of services to a local population within their network. • The additional roles reimbursement scheme provides funding to support the expansion of workforce within primary care. There are five reimbursable roles and these are clinical pharmacists, social prescribing link workers, physician associates, first contact physiotherapists and first contact community pharmacists.
4.4	As a result of discussion it was: • Reflected that general practice is changing to adapt to outcome/community needs. Therefore adaptive leadership is needed within primary care. This provides an opportunity for new roles to work within communities and is an evolving picture and we shall be working together with our local populations as we go forward. Attention was drawn to the new ways of working due to the pandemic and that practices are open for patients and staff to access in a safe way. Digital has been very supportive in terms of new ways of working for example on-line video, telephone calls and this needs to be embedded for the future for the benefit of the public. • Stated that in terms of delivering the three priority areas there is a need to work with the local community and the public and it is important that we develop a new way of engagement especially around co-production and there is a need to strengthen this and make it more overt. It was recognised that this needs to be stronger and we need to build in the considerable amount of work that has been undertaken at County Council level and to facilitate those local conversations at the same time as those wider conversations are taking place as this will make this more rich and meaningful. • Highlighted that there is a theme around geography and it is not just a one year plan as we will be looking to have a Portsmouth eye also as to what will be needed in a year's time. It was confirmed that we are absolutely working collaboratively with Portsmouth and this is a joint work programme with Portsmouth and we are engaged and aligned. It was pointed out that our Chief Executive is also the accountable officer for Portsmouth CCG so there is a strong executive link in place. • It was observed that the third priority area lends itself to quantifiable metrics whereas the first two are less easy to quantify. It was responded that in terms of metrics there is further work being undertaken around the restoration of primary care services. We use national GP appointment data which is a blunt tool and further work is required to obtain confidence and assurance around the metrics and change programme. • Said that communication and messaging is important, we have already heard about building new ways of working and how our local population contact our

	services and their GP and different consistent and aligned messaging will be needed to help our local populations access the advice/help that they need. It was said that a population health management approach will support this. On concluding the discussion the Chair stressed the fluidity of this work programme as we move towards new ways of working.
4.5	**AGREED:** **The Primary Care Commissioning Committee noted the HIOW primary care work programme and next steps.**
5.	**Shakespeare Road Practice (Paper PCCC21/004)**
5.1	Alma Kilgarriff reported that the Shakespeare Road Practice (formerly Bermuda Marlowe Practice) temporarily closed 14 to 16 April 2021 which was unplanned. The site has now re-opened and is running primary care services and an enhanced plan of wrap around support continues. Shakespeare Road Practice oversight collaborative group is supporting the following areas: • Clinical • Quality • Business administration This includes medicines management, clinical leadership, administrative management, workforce planning and support, long term condition management, communication and engagement. A review meeting was held on Friday 30 April 2021 and included CCG leads, PCN Clinical Directors, System provider leads, CCG Operational leads and project support to determine the impact on patients and local system partners, and lessons learnt were captured. Thanks were extended to all those involved in the review meeting.
5.2	The Chair welcomed the assurance that there is a fully functioning service in place and that there are short term plans in hand whilst longer term plans are agreed. It was said that the Committee would have the opportunity to further discuss this under the part 2 confidential agenda item.
5.3	**AGREED:** • **The Primary Care Commissioning Committee noted the updated position for the provision of primary care medical services.**
6.	**Proposed Relocation of GMS Services Delivered By Shirley Health Partnership (Paper PCCC21/005)**
6.1	Phil Aubrey-Harris advised the Committee that prior to the 1 April 2021 the Southampton City CCG Primary Care Commissioning Committee approved in principle subject to due diligence the proposal for the relocation of the primary care services delivered by the Shirley Health Partnership, presently operating from Shirley Health Centre to newer larger premises. This item is linked to an item to be considered for decision in the Part 2 meeting which addresses the legal, commercial and financial implications of the proposed relocation. This second item, which is considered in Part 2 of the Committee agenda due to it including commercially sensitive information, seeks the Committee's approval to the associated increase in reimbursable rent attached to the new premises. It should be noted that if this increase is not approved, the relocation will not proceed.
6.2	Paul Benson introduced paper PCCC21/005 and explained that: • The purpose of the paper is to seek the approval of the Primary Care

	Commissioning Committee to the relocation of the primary care services delivered by the Shirley Health Partnership, presently operating from Shirley Health Centre, Grove Road, Southampton, to substantially larger new premises to be established by a third party developer in the shell of a former Lidl supermarket a short distance away at 355, Shirley Road, Southampton. • Shirley Health Centre was constructed in the mid-1970s and is currently owned and operated by NHS Property Services. Like many NHS buildings of its type and age, it has suffered from prolonged underinvestment and is now too small and ill-configured to meet the demands of contemporary primary and community care. • This scheme represents a strategically important investment in the health and care infrastructure in west Southampton and on completion it will deliver a key element of the estates enabling work stream of the Southampton City Health and Care Strategy 2020-2025 – the establishment of a primary/community care hub to serve the west Southampton Primary Care Network. • There has been an extensive engagement exercise undertaken with patients and stakeholders and the exercise that has been undertaken by the practice has been held up as being exemplary. The outcome of the response is contained within the paper and the great majority of patients support the relocation. On concluding the summary of the background context it was reinforced that this is contingent on the outcome of the part 2 confidential discussions as one is dependent on the other.
6.3	As a result of discussion it was: • Highlighted that within Southampton City an estates review has been undertaken with the PCN looking into the range of estate within West and central city and work looking at the east has just started. This proposal supports the Estates Strategy and is a priority within Southampton. There are good amenities, public transport and easy access on foot. • Reflected that in terms of the consultation process and talking to people and asking the right questions this has been an exemplary process. • Reflected that this is a comprehensive paper and thanks were extended. It was questioned in terms of tackling the strategic issue that is facing PCNs around the need to find space/estates provision to the ever growing workforce is there confidence that this will provide the PCN with the space it needs to deliver primary care services of the future. It was responded that in terms of the investment to the additional roles posts, for example social prescribing link worker, it will be interesting to see how some of the space is to be funded as some services sit on the edge of GMS whereas there are other schemes a bit like this that will free up space. • Observed that this is a fabulous site and it will help the aims of the PCNs. Transportation and car parking is at the front of people's minds whenever a new development is proposed and clarification was sought as to how much work has been undertaken around the number of car parking spaces available and if there is sufficient for patients, those working in the building and visitors. It was responded that there have been suggestions that the car parking may be too generous. There is also the aim to discourage the use of cars in urban areas and to encourage the use of public transport, walking and cycling. It is believed that there is sufficient car parking. • Questioned when the scheme would be completed if approved. It was responded that this is not a new build but a strip-out/refit and if approved expectation is that work would be completed by autumn 2022.

6.4	**AGREED:** • **The Primary Care Commissioning Committee considered and approved the application submitted by the Shirley Health Partnership to relocate their General Medical Services from Shirley Health Centre to 355 Shirley Road. Noting that approval is subject to the outcome of the confidential agenda discussion at item 4 paper PCCC21/010.**
7.	**Primary Care Prescribing Report (Paper PCCC21/006)**
7.1	Neil Hardy introduced paper PCCC21/006 that summarises the work of the medicines optimisation teams within the CCG, including their response to the COVID-19 pandemic. The report also highlights the key medicines optimisation priorities and actions being taken to address these. Particular attention was drawn to: • When the report was written we only had prescribing data to February 2021. March data has been published this week. April data will be available in June and will be configured as the new CCG therefore future reports will report at CCG, Place and PCN level. • Primary care prescribing can be characterised as high volume, low unit cost. 28 million prescription items have been dispensed at an average cost of £9.39 per item; £264m total annual cost, which reflects that the majority of medicines in primary care are generics that have lost their patent protection. The teams have made good progress working with GPs to review patients on the NHSE/I list of items less suitable for prescribing in primary care although cost orientated interventions were largely put on hold over the pandemic period. • The graph at section 3.1, page 4, that lists the items less suitable for prescribing in primary care that is in line with the national guidance of which some are dangerous, some are less effective so therefore not good value for money. There has been a good review of those patients who are on these medications and work will continue as part of the recovery programme. • Section 3.2 that summarises the response of the medicines optimisation teams to support primary care during the pandemic. It was highlighted that work included providing support to care homes particularly around access to medicines required as part of end of life care, supporting GPs to switch appropriate patients from warfarin to a directly acting oral anticoagulant and therefore reduce the need for frequent International Normalised Ratio blood tests and the direct support to the vaccination programme and sites. CCG and PCN pharmacists and pharmacy technicians have been supporting the PCN COVID-19 vaccination sites to immunise priority groups. Support includes providing pharmaceutical oversight, guidance and answering queries, diluting and preparing the vaccines and administering to patients. • Section 3.3 Antimicrobial stewardship. There has been a steady reduction in the number of prescriptions written for antibiotics, both total and in children. The lack of a 'winter peak' last year is very noticeable and probably reflects the impact of social distancing, school closures, etc. on the transmission of other infections. • Section 3.5 Digital initiatives in medicines optimisation. COVID-19 has accelerated the implementation of a number of these to reduce the need for paper prescription. We are currently supporting practices and care homes to implement proxy ordering for their residents to allow electronic requests for repeat prescriptions. • Section 3.6. The development of an ICS pharmacy and medicines optimisation plan. The lead pharmacists (CCG, providers, Wessex AHSN, HIOW LPC) have been working together to create this plan. The need to work more closely as part of COVID-19 has accelerated this work and a draft plan is required to be submitted to the Region by the end of May, recognising that this will evolve and

	develop over the next year. As part of this we have agreed to develop a single HIOW Prescribing Committee although we do not wish to lose the clinical engagement that is present in the existing three area Prescribing Committees. A system that has those Committees leading on different topics for example new medicines evaluations, medicines safety, implementation of NICE guidance is being developed with an over-arching HIOW Committee. The Chair thanked Neil for the comprehensive report.
7.2	As a result of discussion it was: • Asked if the plan is to bring back to this Committee the overarching structure supporting the development of an ICS pharmacy and medicines optimisation plan. It was responded that this is still work in progress and regular updates will be provided. • Reflected that this is a good role model of working at both local and central level and it was questioned going forward how the focus could shift from a focus on financial spend to one that is more quality/outcomes focused. It was responded that language is important moving forward and quality/safety and health benefits and outcomes will be drivers moving forward. The introduction of non-pharmacological interventions for example MSK Physiotherapist and IAPT will have a key role as will self-care and prevention.
7.3	**AGREED:** • **The Primary Care Commissioning Committee noted the report.**
8.	**Primary Care Finance Report (Paper PCCC21/007)**
8.1	David Bailey introduced paper PCCC21/007 and drew attention to the following key highlights: • NHS Hampshire, Southampton and Isle of Wight CCG has delegated responsibility for the local primary care delegated budgets alongside the GP locally commissioned services covering all five local places. In order for the Committee to monitor this delegated function, a Primary Care Finance Report is produced by the CCG on a monthly basis. • Given that we are only at the beginning of the 2021/22 financial year the finance tables included within the report show the Primary Care Co-Commissioning (Delegated) allocation for month 1 – month 6 (known as H1), as well as indicative expenditure values for the same period. Moving forward the CCG will have actual expenditure to report which will be broken down into more detail across all the Primary Care budgets and at local area/place level, but for the time being the tables included within the report captures the headline numbers and financial envelope that the CCG has to manage within for H1. • NHS Hampshire, Southampton and Isle of Wight CCG will also be in receipt of Primary Care Service Development Funding (SDF) in 2021/22. The numbers quoted include an element for Portsmouth CCG, as the funding is allocated at system level.
8.2	As a result of discussion it was: • Questioned how we steer through how finances are awarded in terms of recovery and monies that have gone towards vaccination centres etc. and is there a clear dividing line. It was responded that some central funding has been paid direct to vaccination centres and we have clear control on this. This is orchestrated across Hampshire Southampton and Isle of Wight CCG and updates will be brought to the Committee as we go through this financial year. • Asked if it is anticipated that there will be regime changes as we move out of

	the pandemic crisis funding and is there a risk that this may cause a gap. It was suggested that this may not be an issue for primary care but may be more of a risk around the hospital discharge programme and integrated intermediate emergency care. • Observed that we need to link this agenda item with item 3 Terms of Reference and the Scheme of Reservation and Delegation from NHSE in relation to the Primary Care functions we are required to perform on their behalf. • Reflected that the budget is just one side of the picture there is other committed and development expenditure assigned to primary care and it was suggested that the Committee might like to take a look at the adequacy of the budget at a future meeting. • Stated that it is important that the Chairs of Primary Care Operational Groups (PCOG) understand their responsibilities in terms of the Scheme of Reservation and Delegation and it was requested that the meeting that is planned to be held for the five PCOG Chairs is arranged as soon as possible. The Chair responded that the CCG Chair is currently in the process of arranging a date and time for this to take place. • Commented that for future reports it would be helpful to outline funding that has already been committed as it would be good for the Committee to have an understanding of the areas we have got commitments against. • Reflected that this is a helpful report outlining primary care financial allocations are in a stable position. In terms of the financial allocations relating to the COVID-19 support fund circa £3.7m is our element and is non recurrent support for six months. We have priority areas to support plus the restoration and recovery of services and there are also the winter resilience discussions where potentially we may need additional investment. Recognising we also need to support primary care development as well. Attention was drawn to the fact that the Isle of Wight historically has not had a lot of winter resilience and it is important to recognise and address this going forward. It was responded that the financial regime will be helpful in that respect that is H1 plan is to September and in preparation for H2 October onwards work will be undertaken with Rachael King and the teams around what is needed to take us through winter.
8.3	**AGREED:** • **The Primary Care Commissioning Committee noted the Primary Care Finance Report and its contents.**
9.	**Primary Care Risk Register (Paper PCCC21/008)**
9.1	Kirsten Lawrence introduced paper PCCC21/008 and explained: • Prior to the establishment of Hampshire, Southampton and Isle of Wight CCG, each of the constituent CCGs maintained risk registers in accordance with locally agreed processes. • This paper sets out the moderate (amber) to high (red) scoring Primary Care risks from the predecessor CCGs. The table contained within the paper provides a summary of the open risks from those risk registers as of 31 March 2021 for the Committee's review. • A review will be undertaken to identify themes and where a risk is CCG wide, whilst still ensuring that individual risks pertaining to a local area are recorded for example place level risks captured by the Primary Care Operational Groups. • Following this review, a full primary care risk register for the new CCG will be established. This will include all of the relevant information to provide assurance that these risks are being actively and effectively managed, as set out in the CCG's Risk Management Policy. The register should be updated and reviewed

	regularly in accordance with the policy. The Committee should maintain oversight of these risks via regular risk reporting.

9.2	As a result of discussion it was:
	• Questioned if there is a link with the PCOG decision logs, the local area teams and the CCG wide risk register. It was responded that the decision logs are reviewed to identify recurrent themes as it is important to take forward learning.
	• Stated that within the risks presented there are clear themes and these are mainly around Priority 1out of the three priority work areas. It was questioned if we need to review the other two areas to see if there is a risk around the delivery of these. It was suggested that it would be helpful to:
	  • Consider how we balance/align this with the quality risk register.
	  • Reformat the document and list the risks under the three priority headings.
	  • Ensure that the combined risk register has a harmonised approach to scoring.
	  • Have a wider discussion around mitigating actions as this will help to share good practice.
	It was proposed that this is to be further discussed off-line.

9.3	**AGREED:** • **The Primary Care Commissioning Committee noted the primary care risks and agreed that these and any other identified material risks be added to the CCG risk register.** • **Noted that further work is to be undertaken to develop and reformat the risk register.**
10.	**Any Other Business** – There were no items identified.
11.	**Key actions arising from discussion of agenda items to be included on the Primary Care Risk Register** – There were no items identified.
12.	**Date of next meeting –** The Committee will meet next on Wednesday 21 July 2021 at 10.00am.

I confirm the minutes of the meeting were agreed as an accurate record

Signed by

Chair: …… **Date: ……**