

## Minutes

### Buckinghamshire, Oxfordshire, and Berkshire West CCGs Primary Care Commissioning Committees in common Meeting (In public)

Tuesday 13<sup>th</sup> July 2021

Microsoft Teams

Members (BOB CCGs)			
Name	Role and Organisation	Initials	Attendance
Dr James Kent	Accountable Officer and Executive ISC Lead (BW CCG)	JK	<i>Apologies</i>
Others: (Standard Invitees in Attendance)			
Lydia Benedek-Koteles	Primary Care Administrator (BW CCG) Minutes	LBK	<i>Present</i>
BUCKINGHAMSHIRE CCG – All Voting			
Asela Ali	Quality and Patient Safety Manager, Bucks CCG (deputising for David Williams)	AA	<i>Present</i>
Alan Cadman	Deputy Chief Finance Officer, Bucks CCG	AC	<i>Present</i>
Tony Dixon	Lay Member, Bucks CCG	TD	<i>Present</i>
Kate Holmes	Chief Finance Officer, Bucks CCG	KH	<i>Present</i>
Robert Majilton	Deputy Accountable Officer, Bucks CCG	RM	<i>Present</i>
Jessica Newman	Interim Head of Primary Care, Bucks CCG	JN	<i>Present</i>
Robert Parkes	Lay member	RPa	<i>Apologies</i>
Louise Smith	Interim Director Primary Care and Transformation (seconded to different post currently)	LS	<i>Apologies</i>
David Williams	Director of Quality, Bucks CCG	DW	<i>Apologies</i>
Others: (Standard Invitees in Attendance) BUCKINGHAMSHIRE CCG – Non-voting			
Name	Role and Organisation	Initials	Attendance
Raj Bajwa	Bucks CCG Clinical Chair, Bucks CCG	RB	<i>Apologies</i>
Simon Kearey	Head of PCN Development & Delivery, Bucks CCG	SK	<i>Present</i>
Anna Lewis	Associate Director of Digital and IM&T, Bucks CCG	AL	<i>Present</i>
Wendy Newton	Primary Care Transformation Manager, Bucks CCG	WN	<i>Apologies</i>
Rashmi Sawhney	Clinical Director Bucks CCG	RS	<i>Apologies</i>
Gemma Richardson	Corporate Governance Manager, Bucks CCG	GR	<i>Apologies</i>
Kiera Walker	Primary Care Commissioning Manager, Bucks CCG	KW	<i>Apologies</i>

Helen Delaitre	BOB LMC representative	HD	<i>Present</i>
Matt Mayer	Deputy BOB LMC representative	MM	<i>Apologies</i>
Rebecca Mallard-Smith	Medical Director LMC representing Buckinghamshire and Oxfordshire	RMs	<i>Present</i>
Colin Hobbs	Finance NHSE/I	CHo	<i>Apologies</i>
Alan Overton	Finance Analyst, NHS E/I	AO	<i>Apologies</i>
Phil Thiselton	Healthwatch Bucks representative	PT	<i>Apologies</i>
Zoe McIntosh	CEO Bucks Healthwatch	ZMc	<i>Present</i>
Jane O'Grady	Director of Public Health, Early Help & Prevention Buckinghamshire Council	JO	<i>Apologies</i>
Stefan Kuetter	The Doctors House, Marlow Medical Group	SKu	<i>Apologies</i>

### OXFORDSHIRE CCG – All Voting

Name	Role and Organisation	Initials	Attendance
Duncan Smith	Lay Member, OCCG Chair	DS	<i>Present</i>
Matthew Tait	Joint Chief Officer	MT	<i>Present</i>
Diane Hedges	Deputy Chief Officer	DH	<i>Apologies</i>
Jo Cogswell	Director of Transformation, OCCG	JC	<i>Present</i>
Dr Kiren Collison	Clinical Chair, OCCG	KC	<i>Present</i>
Catherine Mountford	Director of Governance, OCCG	CM	<i>Present</i>
Dr Meenu Paul	Assistant Clinical Director Quality, OCCG	MP	<i>Present</i>

### Others: (Standard Invitees in Attendance) OXFORDSHIRE CCG – Non-voting

Name	Role and Organisation	Initials	Attendance
Jenny Simpson	Deputy Director of Finance, OCCG	JS	<i>Present</i>
Julie Dandridge	Oxfordshire - Deputy Director. Head of Primary care	JD	<i>Present</i>
Colin Hobbs	Finance NHSE/I	CH	<i>Present</i>
Rosalind Pearce	Healthwatch Oxfordshire	RP	<i>Present</i>
Dr Azhar Ansaf	Director of Public Health, OCC	AAn	<i>Apologies</i>
Val Messenger	Director of Public Health, OCC	VM	<i>Apologies</i>

### BERKSHIRE WEST CCG – All Voting

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Name	Role and Organisation	Initials	Attendance
Saby Chetcuti	Chair and Lay Member (PCCC Chair)	SC	<i>Present</i>
Geoffrey Braham	Lay member	GB	<i>Present</i>
Debbie Simmons	Nurse Director (Deputy Chair) (BW CCG)	DSi	<i>Apologies</i>
Rebecca Clegg	Chief Finance Officer (BW CCG)	RC	<i>Apologies</i>
Dr Abid Irfan	GP Chair (BW CCG)	AI	<i>Present</i>
Dr Kajal Patel	GP Lead (BW CCG)	KP	<i>Present</i>

**Others: (Standard Invitees in Attendance) BERKSHIRE WEST CCG – Non-voting**

Name	Role and Organisation	Initials	Attendance
Helen Clark	Director of Primary Care (BW CCG)	HC	<i>Present</i>
Sanjay Desai	Interim Director of Primary Care (BW CCG)	SD	<i>Present</i>
Sarah Wise	Primary Care Commissioning Manager (Contracts and Quality) (BW CCG)	SW	<i>Present</i>
Victoria Farley	Primary Care Support Manager (BW CCG)	VF	<i>Apologies</i>
Stuart Ireland	Senior Finance Manager (BW CCG) (Deputy for RC)	SI	<i>Present</i>
Lisa Trimble	Practice Manager Representative	LT	<i>Present</i>
Dr Jim Kennedy	LMC representative	JKe	<i>Present</i>
Dr Bu Thava	CD South Reading PCN	BT	<i>Apologies</i>
Dr Jonathan Millard	CD NWR PCN (Deputy for Dr Anil Chauhan)	JM	<i>Apologies</i>
Dr Anil Chauhan	CD NWR PCN	ACh	<i>Apologies</i>
Dr Ellora Evans	CD Newbury PCN	EE	<i>Apologies</i>
Eleanor Mitchell	Representing Berkshire West PCNs	EM	<i>Apologies</i>
Andrew Sharp	Healthwatch West Berkshire	AS	<i>Present</i>
Pat Bunch	Healthwatch Reading	PB	<i>Apologies</i>
David Dean	Local Pharmaceutical Committee	DD	<i>Present</i>
Graham Bridgman	Health and Wellbeing Representative – W. Berkshire	GBr	<i>Apologies</i>
Sue Pilgrim	NHSE officer/both in Bucks and BW	SP	<i>Apologies</i>
Carol Giles	NHSE officer	CG	<i>Apologies</i>
Amit Sharma	CD Wokingham PCN/BWPCN Chair	ASh	<i>Apologies</i>

<b>Two members of the public were in attendance</b>	
<b>Standing Agenda Items</b>	
1	<p><b>Welcome and introductions</b> Saby Chetcuti, convenor, welcomed all members to the first Primary Care Commissioning Committees in Common meeting (in public). The meeting was recorded for accuracy of minute taking.</p>
2	<p><b>Apologies for Absence</b> Noted as above.</p>
3	<p><b>Declaration of Interest</b> The Chair reminded Primary Care Commissioning Committees in Common meeting members of their obligation to declare any interest they may have on any issue arising at Primary Care Commissioning Committees in Common meetings that might be perceived as a conflict. None Received</p> <p>Members were requested to note any declarations of interest in the MS Teams 'chat box' or before presenting an agenda item, so that these can be managed/recorded and appropriate action taken if required.</p> <p><b>Declaration of Gifts &amp; Hospitality</b> The Chair reminded Primary Care Commissioning Committees in Common meeting members of their obligation to declare any offer of gifts and hospitality whether accepted or declined and the reason for accepting or declining such offers. None Received.</p>
4	<p><b>Minutes of the Meetings</b> The draft minutes of the last meetings held in 2021 (at place) were reviewed and recorded as follows:</p> <ul style="list-style-type: none"> <li>• <u>Buckinghamshire CCG</u>: 04 March 2021. <b>Approved</b> as a declaration of the minutes content without comment.</li> <li>• <u>Oxfordshire CCG</u>: 08 December 2020. <b>Noted as previously had been approved without comment</b></li> <li>• <u>Berkshire West CCG</u>: 14 April 2021. <b>Approved</b> as a declaration of the minutes content without comment.</li> </ul>
5	<p><b>Action Log</b> Members reviewed the Action and Decision Logs for Buckinghamshire, Oxfordshire and Berkshire West CCGs in turn.</p> <p><u>Buckinghamshire CCG</u>: no outstanding actions were reported.</p> <p><u>Oxfordshire CCG</u>:</p> <ul style="list-style-type: none"> <li>• <b>Item 20/20 Public engagement paper</b>: Agreed to add to the new PCCC action log with CM providing an update at the September PCCC meeting.</li> <li>• <b>Item 20/21 Learning disabilities annual health checks action plan</b>: Agreed to add to the new PCCC action log with Meenu providing an update at the next PCCC meeting.</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Item 20/12 Healthwatch Survey of covid</b> – RP provided an update All reports produced over Covid with a summary report will be distributed to committee members for information.</li> <li>• <b>Item 20/13 Primary Care COVID-19 response - inequalities:</b> this was refocused during Covid. A paper was provided by KC around inequalities, with a view to a follow up paper expected. However, this will now be moved to the new inequalities work being done across the ICS ensuring RM, inequalities lead is made aware of the change.</li> </ul> <p>Assurance was provided that inequalities would not be taken away from place.</p> <p><b>Action: The four outstanding actions for Oxfordshire CCG would be added to the new PCCC Action Log</b></p> <ul style="list-style-type: none"> <li>• Berkshire West CCG: no outstanding actions were reported.</li> </ul>
6	<p><b>Questions received from the public in Advance of the meeting</b> None received in relation to the business being conducted.</p>
7	<p><b>PCCC 20/21 Annual Reports:</b> The reports were taken as read.</p> <p><u>Buckinghamshire CCG: Presented by Jessica Newman</u></p> <ul style="list-style-type: none"> <li>• All Scheduled meetings took place.</li> <li>• Updates were provided on the Primary Care Covid response.</li> <li>• An Extraordinary meeting took place to discuss the ARRs element of the Primary Care Network DES and the recruitment of the roles.</li> </ul> <p><u>Oxfordshire CCG: Presented by Duncan Smith</u></p> <ul style="list-style-type: none"> <li>• Three out of four scheduled meetings took place with the March meeting cancelled due to members dealing with the response to Covid.</li> <li>• The report highlights a concern that the Patient public member had yet to be replaced</li> <li>• There is an underlying deficit for the 2021/22 budget concerning allocations keeping pace with population growth. This was referred to Financial Committee.</li> </ul> <p><u>Berkshire West CCG: Presented by Saby Chetcuti</u></p> <ul style="list-style-type: none"> <li>• The report covered discussion that had taken place in 2020/21 including decisions made and how the Chair ensured other CCG committees were updated on its work</li> <li>• Key decisions made were covered in the report The committee had agreed to take on the responsibility for monitoring delivery of the Network contract DES.</li> </ul> <p>The Committee <b>ASSURED</b> the Buckinghamshire, Oxfordshire, and Berkshire West Primary Care Commissioning Committees Annual Reports.</p>
8	<p><b>Heads of Primary Care Report</b> The paper was taken as read.</p> <p><u>Buckinghamshire CCG: Presented by Jessica Newman</u></p> <ul style="list-style-type: none"> <li>• A request to create an additional PCN in the north of the county was submitted. North Bucks PCN is now split out with The Swan practice now becoming The Swan Network and the other practices in the North remaining as North Bucks PCN.</li> </ul> <p>Specific issues</p>

- NHS England requested a Programme Business Case providing an overview of the primary care estates projects funded under the STP Wave 2 funding. This was submitted at the end of March and responses to questions raised are in the process of being submitted.
- A Business Justification Case was submitted for the approved STP Wave 2 funding for Chalfont St Peter to NHSE/I on 31.12.21. Presently awaiting a decision.
- An outline business case for the Lace Hill development in Buckingham is due to be submitted at the end of the month,
- Work had commenced with the Primary Care Networks to look at how best to use the STP funding for the Mandeville area in Aylesbury which will form the basis of an outline Business Case to be submitted by the end of 2021.
- Buckinghamshire CCG awarded an APMS contract to Medicus Health Partners as provider of the Special Allocation Service provider. This is a 5 year contract.

Oxfordshire CCG: Presented by Julie Dandridge

- An opted-out practice had re-joined a PCN. There are now three practices not part of a PCN but network services having been commissioned for their patient lists.
- An internal primary care audit in October identified a couple of low priority management actions.
- A local practice was procured as Oxfordshire's Special Allocation Service provider.

RP and DS both congratulated JC, JD and their teams for the audit report and their response over the Covid pandemic in the last 12 months.

**Action: DS requested a copy of the revised indicators for the investment and impact fund of the Network Contract DES 2021-22, which JD agreed to send on once received.**

**Action: DS requested further information around the sign-off of the business case for Alchester Medical Centre and Montgomery House Surgery who had opted out of the Network Services DES. Oxfordshire CCG will need to continue to support Bicester as there is still a need to commission services for those patients.**

Berkshire West CCG: Presented by Helen Clark

- There had been two key changes to the Berkshire West PCNs; Reading Central and Whitley PCN reconfiguration with two practices merging and the split of the Wokingham North PCN into a residual Wokingham North PCN plus Phoenix PCN. An Extraordinary meeting of the BWPCCC in May had approved the change following confirmation the PCNs would work together to assure services.

RM noted some key themes across the three reports and future progression for PCNs.

- Organisational development for PCNs
- A need to consider wider partners when changing PCN configuration
- Consider capital discussions with additional roles for estates

Committee members **NOTED** the reports.

9

**New Ways of Working**

Under the delegation of Primary Care Commissioning, CCGs are required to have in place a Primary Care Commissioning Committee to oversee certain functions. NHSE have defined the terms of reference (ToR), and this will be used as the template. There will be three committees run as one committees in common with everyone being a member of everyone's committee.

Members discussed the proposals set before them for the new ToR for the joining together of the three CCGs into the new BOB Primary Care Commissioning Committees in Common for



	<p>2021/22 which will then be taken forward for recommendation to Governing Body with special consideration for the membership and quoracy and how decisions are made that come up from place.</p> <p>Member's recommendations and feedback were as follows:</p> <ul style="list-style-type: none"> <li>• There is no reference to a strategy, part of the ToR asks for a needs assessment</li> <li>• An annual report to Governing Body should be built into the ToR</li> <li>• There is no reference to the committee's role in reducing inequalities in Primary Care</li> <li>• Consideration should be given to have a public /patient voice</li> <li>• There needs to be clarity at what level the representative for Healthwatch will be. There is a joint post in place until December which needs to be reviewed to understand the representation at this board.             <ul style="list-style-type: none"> <li>○ A caveat will be put in place do discuss this</li> </ul> </li> <li>• The ToR should include the ability to have workshops and deep dives.</li> <li>• A representative from NCP should be in attendance.</li> <li>• The PCOG and PCCC ToR's need to align with one another across BOB.</li> <li>• There needs to be full understanding of the membership ahead of 1st of April and consideration of possible further dentistry and optometry role.</li> <li>• There was a request to include a member of LMC from each place to both PCCC and PCOG meetings</li> <li>• Confirmation needed on where primary care estates decisions should be made.</li> <li>• Delegated Commissioning Budget to be included as a regular standing item.</li> <li>• Need to consider link with other committees, flexibility to align the membership</li> <li>• Working to understand how PCNs are suitably placed within the ICS as set out in the Long-Term Plan, ensuring the right agenda items are discussed.</li> <li>• Agree the membership and non-voting members.</li> <li>• Quoracy – An AO is already present at each place. Each place should be represented by at least 3 individuals to include the AO, Lay member and clinical Lead.. To ensure quoracy there should be at least two voting members from each place present. To enable this each voting member should nominate a deputy which should be agreed with the Chair.</li> <li>• Relationship with Operational groups and how they will work regarding presenting a case to PCCC to ensure due diligence has been done. To be brought to the next meeting for further discussion.</li> </ul> <p><b>Action: JC to speak to the LMC to agree a committee representative not only for PCCCs but the other meetings that feed into this meeting that the LMC is interested in.</b></p> <p><b>Action: The Heads of Primary Care agreed to update and submit a draft of the ToR, reviewing the quoracy to manage ways forward until April 2022 being mindful there will be more work to build in. A virtual paper will be sent to members to sign off ready to send to Governing Body before September.</b></p> <p><b>Decision: Members agreed to the actions proposed by the Chair to submit an amended ToR for members to sign off.</b></p>
10	<p><b>Quality Update</b> Presented by Dr Meenu Paul, OCCG Clinical Quality Lead</p> <p>The Quality Report for PCCCs in Common focused on the status of CQC inspections across the Integrated Care System. It is anticipated that this report will be expanded to other quality indicators as the agenda of the PCCCs in Common meetings develops.</p>

	<p>Members were asked to <b>NOTE</b> the status of CQC inspections across the ICS.</p> <p>Botley Medical Centre in Oxfordshire's inspection was rated as inadequate in April 2021. Risks identified: patients on medications needing regular monitoring, action on safety alerts and follow-up of patients who may have undiagnosed conditions. The OCCG Primary Care, Quality and Medicines Optimisation teams were supporting the practice in implementing and reporting on actions to ensure patients are safe and in compliance with the CQC conditions. CQC had been working with the practice to develop an action plan and the CCG were meeting with the practice weekly to discuss problems. PML (Principal Medical Limited) a federation in the Oxfordshire area agreed to work with Botley Medical Centre for six months as a transformation partner. The practice is improving and with the extra help from PML and the CCG it is expected that there will be an improvement.</p> <p>Members noted the work being carried out to help Botley Medical Centre. RP, Healthwatch Oxfordshire representative, asked had enough been done. Patients are still experiencing poor levels of service, noting one patient trying to get through to the practice for 5 hours and there are issues around prescriptions. RP asked what assurance the CCG could provide Healthwatch that patients experience is heard and at what point will an assessment be made to understand whether the service improving for patients.</p> <p>MP feedback the practice had employed a new pharmacist which will help with the prescribing issues. A new full-time practice manager started in June which increased their recruitment of non-administrative staff, which should help with the phone issues. JC provided further feedback and informed members from a Primary Care Commissioning perspective that they are working with the Quality team and the local PPGs to offer help and support to the practice. Members were reminded the CCG can offer help and support but there is a need to give this time to work. Lessons learnt will be considered at a further committee meeting.</p> <p>DS agreed with RP's point about the continued issues at the practice and suggested systematic reports to check improvements are on target.</p> <p><b>Action: DS requested a risk assessment of the practice(s) be conducted picking up objective indicators and subjective feedback from the system especially leading out of Covid. The sustainability of other practices which may also need support.</b></p> <p>Committee members <b>NOTED</b> the status of the CQC inspections</p>
11	<p><b>Risk Register</b></p> <p>The Risk Registers was presented separately but will be brought together for future meetings. The papers were taken as read with a high-level presentation provided by the Heads of Primary Care.</p> <p><u>Buckinghamshire CCG: Presented by Jessica Newman</u></p> <ul style="list-style-type: none"> <li>• It was recommended at the last PCCC meeting the risk around General Patient Resilience was increased to 16. A third wave of covid may have an increased impact on primary and community services.</li> <li>• It was noted only Risks of 12 and above were taken to PCCC meetings.</li> </ul> <p><u>Oxfordshire CCG: Presented by Julie Dandridge</u></p> <ul style="list-style-type: none"> <li>• Workforce and Workforce Resilience in terms of estates.</li> <li>• PCNs ability to deliver services</li> </ul>



	<ul style="list-style-type: none"> <li>• Risk register will be updated.</li> </ul> <p>DS questioned risk 789 on funding and the underlying deficit, which better needs to be understood likely through Finance Committee. There is an expectation around non recoverable financial savings in the coming year putting pressure on any commitments on estates. There was an issue picked up from the Oxfordshire Performance report, with reference to very high levels of activity and some practices being overwhelmed. As a committee we need to understand the drivers and mitigations and potential implication for Primary Care or other services.</p> <p><u>Berkshire West CCG: Presented by Helen Clark</u></p> <ul style="list-style-type: none"> <li>• Impact of Covid-19 on capacity in Primary Care to meet patient demand</li> <li>• One risk change to note. The proposed premises change for South Reading premises surgery. There are unresolved issues between the 2 parties involved, which the Primary Care team are working with the practices to resolve. The site may be lost if not resolved in a timely manner.</li> <li>• The Reading Walk-in-Centre is rated red. The wording of the risk will be updated. The contract has been extended with the Walk-in element suspended. Some of the actions taken are listed to show how demand will be managed.</li> <li>• Slightly behind with the patient &amp; public engagement exercise on the future of the Walk-in Centre, hope to proceed with this in Q2.</li> </ul>
17	<p><b>AOB</b></p> <p>Vaccination JC presented an overview of the Covid Vaccination to members.</p> <p>As we approach the 19 July government deadline to have offered every adult over 18 a Covid vaccinated across England we can reflect on the success of the programme across BOB. The slides presented summarised that across BOB more than 2.1 million vaccinations had been administered through all the delivery channels. The LGA had produced some data in the past few weeks that has missed off a third of Oxfordshire which has affected the data. Special attention was made to the contributions made by Primary Care Networks (PCNs), with 41 different PCN sites across the 3 CCGs areas delivering more than 1.25 million vaccinations, whilst continuing to deliver general practice and core services to patients. We are awaiting further details from NHSE with regards to the Autumn booster programme, which may fall at the same time as the flu programme.</p> <p>Members congratulated the three CCGs and the PCNs on their continued work during the Covid pandemic.</p> <p>The question was raised over who would deliver services for Long Covid. There had been two new National Enhanced Services released on the 01 July, one related to Long Covid with the cases being recognised by General practice and the other to weight management services. It had been reported General practices have been receiving cases for both.</p> <p>The Chair added her congratulations not only for staff but for the volunteers. We need to applaud staff but take care of them going forward as we still have a long way to go. How their health and wellbeing is managed and where this needs to be looked at needs to be addressed.</p> <p>JC responded by saying when planning for the winter, Primary Care teams would need to look at the workload and the cumulative delivery that needs to go forward, especially working</p>

alongside Covid and flu. This will be raised as a risk and brought forward for future committee meetings. Joined up working with our partners is important, escalating challenges and bringing this into this forum.

**Action: JC agreed to work with the placed based leads to give consideration to how we escalate challenges and build other solutions going forward.**

Finance reports in Oxfordshire

It was noted Oxfordshire PCCC committee members had received 2 Finance Reports between committee meetings. These were the month 12 finance report to close of finances for 2021 and the month 2 21/22 report which includes the finance plan for the first half of the year.

Jenny

**Action: BOB Primary Care teams' workload and the cumulative delivery of services will be added to the risk register.**

**Date of Next Meeting:**

Thursday 16<sup>th</sup> September 2021

**Meeting Closed: 13:26**

APPROVED