

**NHS Nottingham and Nottinghamshire Clinical Commissioning Group  
Primary Care Commissioning Committee (Public Session)  
Ratified minutes of the meeting held on  
18/05/2022 09:30-10:30  
MS Teams Meeting**

**Members present:**

Eleri de Gilbert	Non-Executive Director (Chair)
Shaun Beebe	Non-Executive Director
Joe Lunn	Associate Director of Primary Care
Sue Sunderland	Non-Executive Director
Danielle Burnett	Deputy Chief Nurse
Michael Cawley	Operational Director of Finance
Dr Ian Trimble	Independent GP Advisor
Lucy Dadge	Chief Commissioning Officer

**In attendance:**

Lynette Daws	Head of Primary Care
Esther Gaskill	Head of Quality
Sian Gascoigne	Head of Corporate Assurance
Louise Espley	Corporate Governance Officer (minute taker)
Michael Wright	Nottinghamshire Local Medical Committee

**Apologies:**

Jo Simmonds	Head of Corporate Governance
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<b>Cumulative Record of Members' Attendance (2022/23)</b>					
<b>Name</b>	<b>Possible</b>	<b>Actual</b>	<b>Name</b>	<b>Possible</b>	<b>Actual</b>
Shaun Beebe	02	02	Joe Lunn	02	02
Michael Cawley	02	02	Danielle Burnett	02	01
Lucy Dadge	02	02	Sue Sunderland	02	02
Eleri de Gilbert	02	02	Dr Ian Trimble	02	02

## Introductory Items

### **PCC/22/020 Welcome and Apologies**

Eleri de Gilbert welcomed everyone to the public session of the Primary Care Commissioning Committee meeting, which was being held virtually due to the COVID-19 pandemic. Apologies were noted as above.

### **PCC/22/021 Confirmation of Quoracy**

The meeting was confirmed as quorate.

### **PCC/22/022 Declaration of interest for any item on the shared agenda**

The register of interests was provided. No conflicts of interest were identified in relation to this meeting.

### **PCC/22/023 Management of any real or perceived conflicts of interest**

As no conflicts of interest were identified, no management action was required.

### **PCC/22/024 Questions from the public**

No questions had been received from the public.

### **PCC/22/025 Minutes from the meeting held on 20 April 2022**

The minutes were agreed as an accurate record of proceedings.

### **PCC/22/026 Action log and matters arising from the meeting held on 20 April 2022**

There are no outstanding actions on the register.

As a matter arising the Committee were informed that the planned primary care strategy engagement events planned for 18 and 19 May 2022 had been postponed.

There were no matters arising.

## Commissioning, Procurement and Contract Management

### **PCC/22/027 Monthly Contract update**

Joe Lunn presented the item, highlighting the following key points:

- a) The public contract update provides the latest information on contractual action in respect of individual providers' contracts, across Nottingham and Nottinghamshire, which have been discussed by the Primary Care Commissioning Committee (PCCC) in the previous 12 months.

No further points were made in discussion.

The Committee:

- **NOTED** the contract update.

**PCC/22/028**

**Oakwood Surgery – impact of reduction in opening hours at Bull Farm branch**

The decision to reduce the opening hours at Bull Farm was agreed at a previous meeting and a review of the impact requested. The impact review received in March 2022 lacked patient engagement therefore the practice was asked to undertake further work to engage with patients to fully assess the impact.

Joe Lunn presented the item, highlighting the following key points:

- a) In September 2021 the Committee approved a reduction in the opening hours of Bull Farm surgery effective from 01 October 2021. An impact assessment was presented to the Committee in March 2022 at which time the Committee requested more direct patient engagement to assess the impact.
- b) A patient engagement exercise was carried out between Friday 22 April and Tuesday 03 May 2022. Patients were asked to provide views and opinions regarding the reduction in opening hours at the Bull Farm branch site. A survey was created and was made available to patients in both electronic and paper formats. The online survey link was sent to all Bull Farm patients via text message and published on the practice website and Facebook. Paper copies of the survey were available in reception at both sites and were handed out by receptionists. Patient Participation Group representatives attended reception on two occasions to encourage patients to complete the survey and answer any questions they may have.
- c) The patient survey results were provided with the report. The survey results showed that there was very little impact on patients as a result of the change in hours at Bull Farm.

The following points were made in discussion:

- d) It was noted that the March 2022 report highlighted a significant number of patients had de-registered from the practice. It was clarified that once a patient has moved practices their details cannot be accessed and therefore they did not receive the impact survey.
- e) Members accepted that the survey results indicate that the change in opening hours at Bull Farm has not resulted in significant impact to patients.

The Committee:

- **NOTED** the outcome of further engagement undertaken by the practice.

**PCC/22/029**

**Winter Access Fund update & Evaluation**

Joe Lunn presented the item and highlighted the following key points:

- a) Utilisation of the Winter Access Fund (WAF) has been reported to the Committee since November 2021. The report provides detail of the most recent submission to NHSE/I and progress against the financial trajectory for the £4.699 million.
- b) This report represents the final position as the fund ceased on 31 March 2022. Activity was delivered almost in line with expectations at circa 200,000 appointments delivered.
- c) Each locality has undertaken an evaluation at system level, highlighting positive initiatives such as implementation of the Community Pharmacy Consultation service.
- d) Practices and PCNs are engaged in the development of the Primary Care Strategy. Positive initiatives resulting from the WAF are being incorporated into the strategy.

The following points were raised in discussion:

- e) Members noted the positive impact of the fund and the additional face to face appointments offered during the Winter period.

- f) It was confirmed that some of the learning from the WAF had been implemented during the Easter period. Whilst it is difficult to measure the impact of the WAF, the number of comments and complaints received by the Quality team reduced in the two quarters the WAF was in place. This may suggest greater patient satisfaction.

The Committee:

- **NOTED** the update on the winter access fund and the evaluation findings.

**PCC/22/030**

### **Winter Access Fund – Primary Care Security**

Lynette Daws presented the item and highlighted the following key points:

- a) The paper outlines the process practices followed to apply for Winter Access Fund, Security and spend against allocated funding.
- b) 93 applications were submitted across 43 Nottingham and Nottinghamshire practices. The total cost of funding requests received equated to £211,718.53, exceeding the £90,500 value of WAF Security Funding by £121,218.53.
- c) 67 requests were approved, totalling £140,052.21. The additional £49,552.21 was supported by WAF funding.

The following points were made in discussion:

- d) Members noted that only around half of the bids submitted were successful. It was clarified that unsuccessful bids either exceed the value permitted or did not meet the requirements set out by NHSE/I.

The Committee:

- **NOTED** the report.

**PCC/22/031**

### **Local Enhanced Services 2022/24: GP Practice Sign Up**

Joe Lunn presented the item and highlighted the following key points:

- a) The report details practice sign-up for 2022/24. Comparative sign-up data was provided for reference.
- b) Four Nottingham City practices have not signed up to deliver ESDS. Services for those practices are in place for all schemes on a temporary basis ahead of finding a permanent solution from July 2022.
- c) The new enhanced services are having a positive impact on patient care.

The following points were made in discussion:

- d) Members noted that one practice in Mid Nottinghamshire has not signed up to the safeguarding enhanced service. It was confirmed that the practice is required to report in the same way as all practices regardless of whether or not they sign up to undertake the enhanced service.
- e) Members thanked the team for their work on encouraging practices to sign-up to enhanced services and for the clear report. It was confirmed that when practices do not sign-up alternative provision is in place to ensure population health needs are met.
- f) Enhanced services are likely to expand in the future and it will be important to use ICB freedoms to support more enhanced services to address population health needs.

The Committee:

- **NOTED** the update.

## Quality

PCC/22/032

### Primary Care Quality Briefing

Esther Gaskill presented the item and highlighted the following key points:

- a) The paper includes primary care quality dashboard ratings with significant improvement seen since quarter three. No practices are rated red, five are rated 'green star', 98 of 124 practices received a green rating with 21 amber.
- b) The most significant change occurred in Nottingham City locality where 15 practices moved from an overall 'amber' rating in quarter three, to an overall 'green' rating in quarter four. Analysis identified that this is predominantly due to childhood immunisation uptake indicators.
- c) The quarter four patient experience report identified 100 contacts received by the CCG about a primary care issue. Of these, 80 were enquiries which were handled by the Patient Experience team, 11 were complaints which at the request of the complainant were passed to NHSE/I to investigate and nine were MP enquiries. In addition, 5 contacts were handled about a primary care issues related to the COVID-19 pandemic.
- d) During quarter four, 36 (Q3 41) patient safety incidents (SIs) were received by the CCG relating to primary care. Of these, the main themes were pressure ulcer alerts and vaccination incidents. One incident met the national SI framework threshold. This was a stage three pressure ulcer where it was accepted by the practice that there was a potential missed opportunity to prevent development of the pressure ulcer.
- e) The CQC rating of practices in Nottingham and Nottinghamshire as of 01 May 2022 is: 18 outstanding, 102 good, one requires improvement, none inadequate. Three practices are not yet rated due to recent changes in provider, although one of these, Whyburn Medical Practice has recently been inspected, the CQC report is awaited. Greenfield practice (requires improvement) has also been subject to a recent CQC inspection and the report is awaited.

The following points were made in discussion:

- f) It was confirmed that detail of the age of CQC ratings is available and will be provided to members. Relative to other areas Nottingham and Nottinghamshire CQC ratings are very positive.
- g) In respect of comments and complaints the reduction in contacts over the last two quarters was noted and trend data requested. Work is underway with the systems analytical unit to develop wider metrics and heat maps for PCNs.

The Committee:

- **NOTED** the report.

## Covid-19 Recovery and Planning

PCC/22/033

### Covid-19 Practice Level Update: Operational Pressures Escalation Levels (OPEL) reporting

Joe Lunn presented the item and highlighted the following key points:

- a) General Practice continues to progress through the COVID-19 outbreak with practices across all three Localities reporting their Operational Pressures Escalation Levels (OPEL) daily. This enables the CCG to understand where there are pressures in relation to service delivery across General Practice.
- b) During this period there has been a slight increase in practices and days reported at OPEL three. This reflects the extended five-week reporting period and the impact of the Easter holiday. 37 practices reported OPEL three during

the period, for a total of 194 days. 120 practices reported OPEL two and three practices consistently reported OPEL one.

- c) There was an impact on absence reporting during the Easter period.

No further points were raised in discussion.

The Committee:

- **NOTED** the OPEL report for the five-week period to 29 April 2022.
- **NOTED** the staff absence report for the period 08 April to 29 April 2022.

## Financial Management

### PCC/22/034 Finance report – month one

Michael Cawley presented the item and highlighted the following points:

- a) The planning regime for 2022/23 consists of a financial plan for the full year 2022/23 with CCG budgets for the period April – June 2022 to reflect the cessation of the CCG on 30 June 2022 and establishment of Nottingham and Nottinghamshire Integrated Care Board (ICB) from 01 July 2022. The ICB will cover Nottingham, Nottinghamshire and Bassetlaw.
- b) The month one finance report covers the financial plan for 2022/23, with the split shown for Nottingham and Nottinghamshire CCG (Apr 22 – Jun 22) (alongside Month One 2022/23 out-turn); and the Integrated Care Board (ICB) position (Jul 22 – Mar 23).
- c) The position at month one shows a balanced position across the N&N CCG PCCC budgets, in line with NHSEI Guidance.

The following points were raised in discussion:

- d) The ICB will not have a delegated primary care budget. Finance reporting arrangements in the ICB are under discussion.

The Committee:

- **NOTED** the contents of the Primary Care Commissioning Finance Report.
- **APPROVED** the Primary Care Commissioning Finance Report for the period ending April 2022.

## Risk Management

### Risk Report

#### PCC/22/035

Sian Gascoigne presented the item and highlighted the following points:

- a) There are six risks within the remit of the committee. The same number as presented in April 2022. Two risks are rated red with a score of 16.
- b) Risk RR 163 (*PCN funding regimes*) continues to be managed through close working with NHSE/I and ensuring their requirements for PCN payments are promptly met. The likelihood score for this risk has been reduced from three to two, resulting in an overall risk score of six, as such the risk is proposed for archiving.
- c) Assurance was provided that work is underway to incorporate the Bassetlaw CCG risks into the ICB Corporate Risk register.

The following points were made in discussion:

- d) Members agreed the proposal to archive risk RR 163.

The Committee:

- **NOTED** the Risk Report and did not highlight any new risks for inclusion on the risk register.
- **APPROVED** the archiving of risk RR 163 (*PCN funding regime*).

## Closing Items

**PCC/22/036**

**Any other business**

No further business was raised.

This is the last meeting of the Committee in this format pending establishment of the ICB. Thanks were expressed to Eleri de Gilbert for her chairmanship and all Non-Executive Directors and Officers for their commitment and support to Primary Care.

**PCC/22/037**

**Key messages to escalate to the Governing Body**

The Committee:

- No matters were highlighted for escalation to the Governing Body.

**PCC/22/038**

**Date of next meeting:**

There are no further meetings of the Committee.