

Minutes

Primary Care Commissioning Committee

Date of meeting:	25 May 2016	Time	From	To
			12.00 noon	1.30pm
Venue:	Room 503/04, 5th Floor Townside Primary Care Centre, Knowsley Street, Bury			
Present:		Advisors in attendance:		
<p>Members (voting): Mr Andrew Clough, Lay Member(Chair) Mr David McCann, Lay Member Ms Margaret O'Dwyer, NHS Bury CCG Mr Mike Woodhead, NHS Bury CCG (on behalf of Mrs Claire Wilson) Mr Stuart North, NHS Bury CCG</p> <p>Members (non-voting) Ms Barbara Barlow, Healthwatch Dr Kiran Patel, CCG Chair Dr Mo Jiva, Rochdale and Bury Local Medical Council (LMC) Representative Mrs Anne Brown, Patient Cabinet Miss Sara Roscoe, NHS England Dr Jeff Schryer, Clinical Director Bury CCG</p>		<p>Mrs Lisa Featherstone, NHS Bury CCG Mrs Zoe Alderson, NHS Bury CCG</p> <p>In Attendance Mrs Amy Lepiorz, NHS England</p> <p>Apologies: Mrs Claire Wilson, NHS Bury CCG Ms Lesley Jones, Public Health Mrs Pat Jones-Greenhalgh, Bury Council, Health and Wellbeing Board representative</p>		

Item No	Agenda Item
1	Regular items
1.1	<p>Apologies for absence:</p> <p>Mr Clough welcomed everyone to the meeting and noted apologies from:</p> <ul style="list-style-type: none"> • Mrs Claire Wilson, NHS Bury CCG and note that Mr Mike Woodhead was attending on behalf of Mrs Wilson, with full delegated authority • Ms Lesley Jones, Public Health • Mrs Pat Jones-Greenhalgh, Bury Council, Health and Wellbeing Board representative

<p>1.2</p>	<p>Declarations of Interest</p> <p>Mr Clough invited declarations of conflicts of interest in respect of the previous meeting and items on today's agenda.</p> <ul style="list-style-type: none"> • Previous Meeting <p>No additional declarations of interest, other than those already recorded were raised in respect of the previous meeting.</p> <ul style="list-style-type: none"> • Today's Agenda <p>Mr McCann declared an interest in respect to the review of APMS contracts included on today's agenda due to his non-executive role of Rock Healthcare It was agreed, that in the interest of managing the conflict of interest appropriately, Mr McCann would not be in attendance for the discussion and update relating to this agenda item. It was also agreed that discussions would be held in advance of future Primary Care Commissioning meetings with Mr Clough and Ms O'Dwyer where the APMS contract is on the agenda for discussion to determine the appropriateness of Mr McCann attending the meeting.</p> <p><i>(Mr McCann left the meeting.)</i></p> <p>Dr Patel and Dr Schryer declared an interest in respect of the PMS update as their practices are PMS practices, however as the item was not for decision, it was agreed that Dr Patel and Dr Schryer would remain in the meeting for the discussion.</p> <p>The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> • noted the Register of Conflicts declared in respect of the members of the Primary Care Commissioning Committee and the associated business of the meeting
<p>1.3</p>	<p>Minutes from the last meeting 27 April 2016</p> <p>The minutes were accepted as an accurate record however it was noted that the due diligence update and the Estate Strategy update included as actions had been omitted from today's agenda.</p> <p>Mr Woodhead provided a verbal update and advised that the due diligence report has been presented to both the Finance Committee and Governing Body and is available for presentation at a future meeting if the Committee felt this appropriate.</p> <p>Key points that have been identified are the potential underlying pressures from NHS England in the future.</p> <p>In respect of Estates Strategy, Dr Schryer reflected that this is an important area of work which sets the scene and links closely with the Primary Care Strategy which is expected to be in final draft by July.</p> <p>Mr Woodhead confirmed that accommodation is also included as part of the due</p>

	<p>diligence and advised that work is on-going in respect of the Whitefield development and that a communications and engagement strategy for the public and stakeholders is being drafted. Current planning suggests that work on the site will begin in early 2017, and although there has been a slight delay in the project, NHS Property Services have stated that this will not affect funding. Mr Woodhead and Mrs Lepiorz will be working on the strategy going forward.</p> <p><i>(Mr North joined the meeting)</i></p> <p>The Primary Care Co Commissioning Committee:</p> <ul style="list-style-type: none"> • approved the minutes. <p>ACTION:</p> <p>Due Diligence update and Whitefield Development to be added as substantive items on the agenda for June meeting.</p>
1.4	<p>Action Log</p> <p>The Action Log was reviewed. All actions were noted to be complete or on the agenda for today's meeting.</p>
1.5	<p>Matters arising</p> <p>There were no additional matters arising from the minutes.</p>
2	<p>Items</p>
2.1	<p>APMS update</p> <p>Mrs Alderson presented the APMS update paper to provide assurance to the Committee on the timescales associated with the project, update on the market feedback report and seek approval of the Commissioning principles to be applied to the procurement documentation.</p> <p>Mrs Alderson further advised that following six initial expressions of interest, 5 returns have been received and following discussion with the project group, it had been agreed that the contracts should be offered out separately with providers being able to express an interest in more than 1 contract.</p> <p>The recommendations of the engagement exercise have determined that the GMS rate is considered appropriate and the contract length of 5years is deemed acceptable.</p> <p>There are some outstanding risks in respect of maintaining viable list sizes and lack of TUPE clarification from one provider; however these will be explored in more detail with the relevant parties.</p> <p>Reflecting on the change of core hours, it was noted that a specific communications plan will need to be implemented to ensure patients are aware of the changes to extended hours and access.</p> <p>Mr Clough queried whether market testing is a standard approach and was</p>

advised this has been adopted across Greater Manchester (GM) with the intent of determining the level of interest in the market on the terms offered.

Dr Jiva asked for clarity in respect of contracting arrangements where one provider might be successful in being awarded both contracts. Dr Jiva reflected that it would be important to safeguard against patients having to travel to an alternative site. Mrs Barlow also raised concern that patient choice could be reduced if one practice is successful for a number of contracts and this would need to be duly considered. Mrs Alderson agreed to seek further guidance from NHS England.

Dr Jiva also suggested that there might be some merit in offering the contact on a 5 + 5 + 5 basis in order to align to the voluntary contract that is in development as part of devolution. Mr Clough queried whether any amendments to proposed contract terms would impact on the expressions of interest already received. Miss Roscoe stated that legal advice on process and implementation will be sourced through NHS England.

Mr North asked whether there was an expectation for successful bidders to become a member of GP Federation, as this is what we are currently encouraging locally, and there would be some concern that there could be an element of isolation if this was not pursued, which would not fall in line with LCO arrangements. Dr Jiva reflected that we need to be clear on whether the expectation is to be a member of the GP Federation, which is an independent company or the LCO and it was agreed this question could be explored as part of the evaluation criteria linked to partnership working expectations.

Ms O'Dwyer outlined that to ensure all the areas are addressed and the service to be delivered reflects the needs of the CCG and its population, drafting a clear and robust specification will be particularly important and queried when it would be developed for sharing with the group.

There was a further discussion in respect to a number of additional services which are relevant for a specific cohort of patients. It was agreed that Enhanced Services around Bradshaw House, The Elton Unit, Paediatric Phlebotomy and The Priory should be explored further with the existing provider in order to establish up to date specifications.

ACTION:

Mrs Alderson to review and refresh specifications for additional services with the existing provider.

Miss Roscoe to explore the contract terms and length and feedback at a future meeting.

The Primary Care Commissioning Committee:

- **noted the work undertaken to date;**
- **noted the issues raised;**
- **noted the need to consult with patients regarding opening hours as part of the EWH communications plan;**

	<ul style="list-style-type: none"> • agreed the recommendations regarding additional services currently by one provider; • approved the Market Engagement Report with the caveat to re look at the contract term (5years + 2x5years =15years) • agreed that contract configuration is to be determined by the market at tender stage; • agreed procurement at a standard GMS rate; and • noted the requirement to prepare ITT documentation by the 27th July.
2.2	<p>PMS update</p> <p>Mrs Alderson presented a PMS update paper which provided the Primary Care Commissioning Committee (PCCC) with an update following the joint PMS review process, which has now concluded, and advised that the findings and recommendations were originally presented to PCCC and Clinical Cabinet in September 2015.</p> <p>Mrs Alderson confirmed that currently 5 out of 10 practices have returned their revised contracts, however noted that the guidance was clear in that until the CCG has published its intentions on how funds will be spent, there is no requirements on the practice to sign the contract. Mr North supported that ensuring a clear communication to practices will be important, and that the savings realised through the PMS reviews will be used to support delivery of the GM Standards. The Committee was advised that until contracts have been signed, the adjustment will not be processed by NHS England.</p> <p>Dr Jiva reflected that the progress made in Bury is positive as in other areas contracts have not yet been signed, although Dr Schryer advised the Committee that this success is due in part to the financial values being relatively small and confirmed with a high degree of confidence that there is no indication that those practices who have not yet returned a signed contract have any concerns.</p> <p>Following a discussion specific to the commissioning of sexual health services and IUCDs and the return of funds to Public Health, Dr Jiva queried whether there was an opportunity for the funding to be considered as part of a pooled budget so the CCG could influence and inform how it would be spent. Mr North confirmed this is the overall aim and direction of travel, but this would not be delivered immediately.</p> <p>A further query from Mrs Brown in respect to ability to ring-fence the funding specifically for investment in health, pose of any pooled budget is to ensure best use of funding for wider population, which may be wider than health need.</p> <p>Concern was raised in respect of oversight of any investment, and the Committee was reminded that the Director of Public Health is a voting member of the Committee.</p> <p>Mrs Alderson made a verbal recommendation that the PMS IUCD monies should be transferred to Public Health in order to align with reimbursement requirements for GMS contacts; but that the Sexual Health service monies continue to be paid to Tottington Heath Centre by the CCG until such time that Public Health had a) carried out its wider review of sexual health service within the borough and b) explored pooled budgets in greater detail. The committee supported this</p>

recommendation.

ACTION:

Mike Woodhead to review the level of Enhanced Service Funding previously transferred to Public Health in order to ensure that this assumption had not already been actioned

The Primary Care Commissioning Committee:

- noted the update presented;
- approved the verbal recommendation for the CCG to continue funding the sexual health service provided by Tottington Health Centre until such time that Public Health have a) carried out its wider review of sexual health service within the borough and b) explored pooled budgets in greater detail.
- approved the recommendation to transfer relevant funding to support PMS IUCD claims via Public Health subject to confirmation from Finance regarding previous transfers for Enhanced Services.

2.3

Internal Audit Review of Primary Care Co-Commissioning

Ms O'Dwyer advised that as part of the annual work programme for 2015-16, Mersey Internal Audit Agency have undertaken a review of Primary Care-Co Commissioning and Conflicts of Interest, reflecting that nationally it is recognised that weak controls and processes relating to management of conflicts of interest and decision making could impact on commissioning services in a transparent manner in accordance with recommended best practice and NHS guidance.

The review focused on assessing the arrangements that the CCG has put in place for co-commissioning and management of potential conflicts of interest to ensure that they comply with legal requirements and national guidance.

An overall assurance rating of significant was awarded with four recommendations, assessed at medium risk, suggested to support improvement. It should be noted, that whilst these have been identified during a review specific to Primary Care Co-Commissioning, they remain relevant to the wider governance and administration arrangements of the CCG and the will support the effective operation of the Primary Care Commissioning Committee.

Mr Clough asked if the progress of recommendations could be reported to the committee and if there is a system to record the progress made on each recommendation. Mrs Featherstone confirmed there is a process in place to feedback progress to Audit Committee in respect of internal audit reports however an update can also be provided to the PCCC as required.

The Primary Care Commissioning Committee:

- noted the report.

2.4 Conflicts of Interest guidance specific to Primary Care Commissioning

Ms O'Dwyer presented the paper which takes stock of the CCGs arrangements for managing conflicts of interest in light of the specific requirements outlined within the revised draft guidance "Managing Conflicts of Interest: Revised Statutory Guidance for CCG's, Draft for Discussion" issued by NHS England issued April 2016, in respect to Primary Care Commissioning. Ms O'Dwyer further advised that the guidance is expected to be formally published in June 2016, with full implementation expected by November 2016.

(Mrs Brown left the meeting)

Significant progress has been made during the last 9 months to strengthen the arrangements for managing conflicts of interest generally across the CCG, with the collating of registers for each committee and sub-committee of the Governing Body and the refresh of the Policy.

Overall the CCG arrangements are robust and satisfy many of the new arrangements outlined within the revised draft guidance, however there is still some work to be undertaken to embed conflicts of interest generally across the CCG and ensure that where declarations have been made the arrangements for managing these are clearly communicated and actioned.

Mrs Alderson sought guidance on the level of information to be provided from the sub-groups reporting into the PCCC given the level of detail discussed and it was agreed this should be a highlight report, which also respected the anonymity of practices.

Mr North pointed out that the PCCC is required to have 3 lay members as part of its membership. Mrs Featherstone suggested there could be a clinical cabinet of PCCC set up. The 2 groups would have 1 meeting with a list of voting and non-voting members.

The Primary Care Commissioning Committee:

- **noted the update provided.**

2.5 Primary Care Commissioning Committee Terms of Reference

Ms O'Dwyer presented the revised Terms of Reference for the Primary Care Commissioning Committee (PCCCC), which is a committee responsible for the delegated commissioning of primary [medical] services under Section 83 of the NHS Act, except those relating to individual GP performance management.

The Terms of Reference have been developed in accordance with the requirements set out in the Model Terms of Reference issued by NHS England within Next steps towards primary care co-commissioning (Publications Gateway Reference: 02501) and are also reflective of local discussions and feedback from Committee colleagues, and the recently issued draft guidance for managing conflicts of interest.

Mr Clough queried when the Terms of Reference would be ready for use. Ms

	<p>O'Dwyer stated the Terms of Reference need to be approved by CCG members in accordance with the CCG Constitution, however would be worked to in principle until this was agreed.</p> <p>The Committee supported the Terms of Reference for approval by the Membership and it was agreed that Dr Patel and Dr Jiva would co-sign a letter on behalf of the Committee for distribution to the membership to request approval.</p> <p>ACTION:</p> <p>Draft ToR and supporting letter to be submitted to the membership</p> <p>The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> • reviewed the revised Terms of Reference as presented; • recommended the Terms of Reference for approval by the CCG Membership; and • supported working, in principle, under the Terms of Reference, pending formal approval.
3	Any Other Business
	There was no any other business.
4	<p>Next meeting</p> <p>22 June 2016, 12:00 – 1:30pm, 503/4 Townside Primary Care Centre, Bury</p>