

Minutes

Primary Care Commissioning Committee

Date of meeting:	22 June 2016	Time	From 12.00 noon	To 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 Mrs Shenna Paynter (on behalf of Mrs Lesley Jones)</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>Apologies: Mrs Lesley Jones, Public Health Mrs Pat Jones-Greenhalgh, Bury Council, Health and Wellbeing Board representative Mr Stuart North, NHS Bury CCG</p> <p>Members of the Public Mr Duncan Buckley, public attendee</p>		

Item No	Agenda Item
1	Regular items
1.1	<p>Apologies for absence Mr Clough welcomed everyone to the meeting and noted apologies from:</p> <ul style="list-style-type: none"> Mrs Lesley Jones, Public Health and that Mrs Shenna Paynter was attending on behalf of Mrs Jones, with full delegated authority Mrs Pat Jones-Greenhalgh, Bury Council, Health and Wellbeing Board Representative Mr Stuart North, NHS Bury CCG
1.2	<p>Declarations of Interest 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 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. Mr McCann consulted with Mrs Featherstone and the Committee Chair where it was agreed that as the item was not for decision, and the paper was in the public domain, Mr McCann would remain in the meeting for the discussion. <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 25 May 2016 The minutes were accepted as an accurate record subject to the following amends:</p> <ul style="list-style-type: none"> • Item 1.2 Page 2 requires amending to reflect Dr Schryer declared his interests as set out in the Register, rather than in respect to the APMS contract • Item 2.2 Page 5, Paragraph 5 to be amended to read '...specifically for investment in health. The purpose of any • Item 2.4 Page 7, Paragraph 4 to be transferred to item 2.5 as this relates to the discussion on the Terms of Reference <p>The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> • accepted the minutes as an accurate record subject to minor amendments. <p>Action</p> <ul style="list-style-type: none"> • minor amendments to be progressed and final minutes filed
<p>1.4</p>	<p>Action Log The Action Log was reviewed and it was noted that all action were either completed or included on the agenda for today's meeting.</p>
<p>1.5</p>	<p>Matters arising There were no additional matters arising from the minutes.</p>
<p>2</p>	<p>Items</p>
<p>2.1</p>	<p>APMS update Mrs Alderson presented the paper and advised that it provided an update on the work completed within the previous period, reiterated the timeframe within which the re-procurement must be completed and outlined the key next steps/risks.</p> <p>The Invitation to Tender (ITT) documents have been shared with a number of colleagues, including the sector leads for comment, which will inform the final</p>

service specification for review and approval at the next PCCC meeting.

Dr Jiva queried if NHS England had provided legal advice on the MCP contract model as requested at the May meeting and Miss Roscoe confirmed that the 15 year contract is suitable, however there are some nuances in respect of break clauses which need to be looked into further. Dr Jiva also asked whether there is a notice period on the contract and was advised that this is being reviewed at the moment.

Ms O'Dwyer stated that the APMS contract, including the specification and the assessment criteria will be presented at the next meeting for final approval. It was agreed that in the interest of preserving integrity of the procurement, this would be undertaken in a closed meeting to members of the public, with careful consideration being given to conflicts of interest.

Mr Clough sought assurance on the process for communication with patients, and whether this is included as part of the overall project plan. Mrs Alderson confirmed a new communication plan will be written with colleagues from NHS England. Mr McCann further added that the exit plan in the current contract sets out a patient communication plan for service changes and that patient communication is already underway, however it would be appropriate for the CCG to ensure that the exit plans are in place for both contractors as a safeguard.

ACTION

- **Include APMS update on part two agenda for July meeting**

The Primary Care Commissioning Committee:

- **Noted the update presented**
- **Noted the requirement to prepare all ITT documentation which includes the Service Specification and Questions/Evaluation Methodology by the 27 July 2016**

2.2

Whitefield Development update

Mr Woodhead advised that the purpose of presenting this paper is to update the Committee on progress with regards to the development of the Whitefield scheme. Two key project documents were presented, which contain all of the relevant detail specific to the governance framework and the delivery of the scheme.

Mr Woodhead advised that these documents are shared for information and comment at this stage with approval of their content being sought by the CCG's Senior Management Team (SMT) at its meeting on Monday 27th June 2016.

Once the plan has been approved at SMT, the scheme will be progressed and it is anticipated that work will begin on the site in early 2017 and completed in April 2018.

Mr McCann advised that the proposal has been discussed at other Committees and the CCG have received assurance that the development is future-proof, however the level of patient engagement to date has been limited. Additionally it was noted that within the South Sector, there was concern that this development will 'suck in' a number of services, and therefore queried whether there is more engagement to be undertaken.

Mr Woodhead advised that patient engagement has been progressed through various communication and engagement events, and specifically referencing the concerns from the South Sector, advised that the schedule for inclusion within the development has been consulted on through the appropriate governance arrangements.

Dr Schryer shared that whilst there were initially high levels of discussion with practices, this has since declined and this may need to be revisited. Dr Schryer also suggested that it may also be worth revisiting the membership on the reference user group so this is more inclusive.

Mr Woodhead advised that the project team have sought to engage with practices, however the response rate has been low.

In response to Dr Jiva's query as to whether the Uplands practice were aware of the costs associated with the build, Mr Woodhead confirmed that although indicative figures are worked into the outline business case, the actual costs will not be known until the full business case is completed. This is expected to be written by January 2017. A review will then be conducted to ensure the scheme remains affordable.

The Committee discussed some of the additional aspects of the scheme, including the contract length, which was confirmed as 25 years although break clauses would apply.

Reflecting on the previous discussion in respect to communications, Dr Patel advised that it would be appropriate for the Committee to determine a communication strategy which supports feeding key messages into the wider system to engage more effectively with patients and stakeholders.

Mr Clough queried where the financial risks associated with the project are reported and whether these should be included in future updates. Mr Woodhead advised that there is a governance structure in place which oversees the associated risks and feeds into the CCG Committees as needed, however these could be circulated in the next update. The main risk concerns whether the CCG will receive the capital funding.

There was a further discussion on whether the Transformation Fund could be utilised should capital funding not be available at the required levels, however it was confirmed by Miss Roscoe that the fund is revenue based fund.

Dr Schryer asked when the decision on the site for the new building would be finalised and was advised that this will be explored in an options appraisal as part of the full business case.

Mr Woodhead confirmed that NHS Property Services will be taking the decision as the build will be their asset.

Ms O'Dwyer commented that this is a really exciting opportunity to have fit for purpose facilities that are future proofed to support delivery of local aspirations for patients and other stakeholders.

There was a further discussion in respect to the governance structure, and specifically the membership of the Steering Group, and it was agreed that a recommendation to increase the membership to include the Local Authority, recognising their input is currently through other parts of the structure, would be taken to the Strategic estates Group for consideration.

ACTIONS

- **update to be provided to next meeting**
- **key risks to be included within next written report to the Committee**

The Primary Care Commissioning Committee:

- **noted the contents of this paper, particularly with regard to the revised timeframes for approval and delivery.**

2.3

Due Diligence update

Mr Woodhead presented the paper which outlined the work that had been completed in validating and assuring the £25.5million budget received by the CCG in respect of Primary Care Commissioning. A comprehensive work plan has been in place to develop an understanding of the risks within and around the budgets transferred and to ensure a smooth transition of payment flows, developing effective processes and control mechanisms. Much of this work is now complete and clear responsibilities and processes are now in operation.

(Member of public left the room)

Mr Woodhead advised that monthly monitoring indicates that the budget feels appropriate, however it would be preferred if the CCG could compare with previous expenditure for Primary Care Commissioning, however finance colleagues are advised that historic spend is not available. Miss Roscoe to discuss further with NHSE colleagues and advise.

(Member of public re-entered the room)

Mr Woodhead further advised that the outstanding concerns relate to budgets for Estates and Facilities and ad-hoc payments and a potential risk concerning prior year liabilities which remain the responsibility of NHS England.

Mr Clough sought assurance that payments to practices have not been delayed or late and was advised this was the case and will be monitored monthly.

Mr McCann asked what plan is in place to make sure the CCG is comfortable with its understanding of the level of liability. Mr Woodhead advised that until the CCG is completely satisfied with the details provided, it would not be looking to pay more than historic levels, however further advised of a process that had previously been followed and would be applied again as part of the work with NHS Property Services.

The Primary Care Commissioning Committee:

- **noted the limitations which have been experienced in attempting to perform comprehensive due diligence in this area;**
- **acknowledged progress made to date;**
- **recognised the remaining uncertainty and potential risk surrounding the adequacy of the budget transferred to support service delivery;**

	<ul style="list-style-type: none"> • noted that further internal audit work particularly focussing on prior year liabilities would be welcomed in this area to provide assurance on cut-off procedures in NHS England.
<p>2.4</p>	<p>Draft GM Primary Care Strategy</p> <p>Ms O'Dwyer reflected that the first iteration of the draft GM Primary Care Strategy had been shared previously and the version presented today is an updated version, although remains draft with an expectation that the final version will be progressed through the GM devolution governance structure during July.</p> <p>The strategy gives a strong steer about primary care being at the 'heart' of transformation, reflects on delegated responsibility and the need for these to inform the locality plan. There is also a focus on empowerment and self-care, encouraging the patient to be aware of their needs, and the need to drive change forward with community based primary care providing the bedrock for this.</p> <p>Ms O'Dwyer advised that there is still an opportunity to inform the strategy and members of the PCCC can feedback comments to NHS England, via Ms O'Dwyer who will liaise with Miss Roscoe.</p> <p>Dr Schryer commented that this is a positive paper with emphasis on patients and asked if there would be opportunity to reference some of the good practice in Bury, such the Dementia services.</p> <p>There was a further discussion on the transformation fund and the feasibility of smaller applications being approved alongside those of the Vanguard. Mr Woodhead advised that from discussion at the Chief Finance officer meetings, the process feels very transparent, however the CFOs are not sighted on the overall picture and have therefore requested additional assurance and detail.</p> <p>Action</p> <ul style="list-style-type: none"> • Feedback any comments on the draft GM Primary Care Strategy to Ms O'Dwyer. <p>The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> • noted the Draft GM Primary Care Strategy
<p>3</p>	<p>Any Other Business</p>
<p>3.1</p>	<p>Dr Schryer requested clarity on the role of the Committee in respect of two issues, but also wider 'bubbling' issues that may warrant discussion :</p> <ul style="list-style-type: none"> • the transfer of patient notes; and • a recent Practice name change which has caused some confusion. <p>Miss Roscoe recognised the concerns in respect to the transfer of patient notes and reflected this has been escalated as it is a national concern since the retendering of the contract.</p> <p>Following discussion, it was agreed that the Committee's role is to support appropriate communication and escalation of concerns as required.</p>

	ACTION <ul style="list-style-type: none">• Feedback patient record issues to Miss Roscoe if they require escalating.• Inform GP Practices that the issue is in hand
6	Next meeting 27 July 2016, 12:00 – 1:30pm, 503/4 Townside Primary Care Centre, Bury