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27.10.16	0.1	H Higgins	First draft written up
03.11.16	0.2	A Lepiorz	Updated
03.11.16	0.3	D Lansley	Updated
07.11.16	0.4	A Lepiorz	Updated
<b>Approved:</b>			
<b>Signature:</b>			
			..... <b>Mr Chris Wild, Chair</b>

# Primary Care Commissioning Committee

## MINUTES OF MEETING

Wednesday 26 October 2016

Chair – Mr Chris Wild

### ATTENDANCE

#### Voting Members:

Mr Chris Wild, Lay Member (Chair)  
Mr Peter Bury, Lay Member  
Mr Stuart North, NHS CCG Bury Chief Officer  
Mr Mike Woodhead, NHS Bury CCG Chief Finance Officer  
Ms Margaret O'Dwyer, NHS Bury CCG Director of Commissioning  
Ms Lesley Jones, Director of Public Health  
Ms Fiona Boyd, NHS Bury CCG Nurse Lay Member  
Mrs Amy Lepiorz, NHS Bury CCG Deputy Director of Primary Care

#### Non Voting Members:

Miss Sara Roscoe, GM Health and Social Care Partnership/NHS England  
Mrs Anne Brown, Patient Cabinet  
Ms Wendy Craven, LOC Representative  
Mr Howard Hughes, Clinical Director (as deputy for Dr Schryer)  
Mrs Barbara Barlow, Healthwatch Bury

#### CCG Staff:

Mrs Harvi Higgens

#### Members of the public:

Mr Asif Naik, Boots

#### Apologies

- Dr Kiran Patel
- Mr David McCann
- Dr Jeff Schryer
- Dr Mo Jiva
- Mrs Pat Jones-Greenhalgh

### MEETING NARRATIVE & OUTCOMES

<b>1</b>	<b>Apologies for absence</b>
	Although the named Chair of the meeting (Mr Peter Bury, Lay Member for Quality and Performance) was present, this was his first meeting and as Mr David McCann (Vice Chair) had given his apologies, it was felt prudent for Chris Wild to chair the meeting. The agenda had been reviewed in advance of the meeting and there was seen to be no item on the agenda which could provide conflict with Mr Wild's role as Conflict of Interest Guardian.

The Chair noted that for the purposes of the quorum, and in line with 5.2 of the Committee terms of reference, Mr Howard Hughes was attending as a nominated deputy for Dr Jeff Schryer.

**2 Declaration of Interests**

Mr Wild invited declarations of conflicts of interest in respect of the previous meeting and items on today's agenda.

No additional declarations of interest, other than those already recorded were raised in respect of today's meeting.

**3 Minutes from the last meeting**

The minutes were accepted as an accurate record subject to correction of minor typos.

ID	Type	Risk/Issue/Action/Decision/Outcome Description	Owner
AC/26/10/16/1	Action	Minor amendments to be progressed and final minutes filed	H Higgens

**4 Action Log**

The Action Log was reviewed. All actions were noted to be complete or on the agenda for future meetings.

**5 Practice List Closure Procedure**

Mrs Lepiorz presented the paper. It describes the process and considerations in relation to an application for a practice to close their list.

Applications for closed lists must be considered within 21 days of receipt. It is therefore important that all members of the Primary Care Commissioning Committee are aware of the process and able to make an informed decision if an application needs to be presented virtually.

Mr Wild noted that the paper should include case studies and asked whether such requests are a frequent occurrence. Miss Roscoe confirmed applications for closed lists are common across Greater Manchester and the rest of the country.

Only one application from a practice for list closure can be considered in a 12 month period. Practices are not able to reapply before this time.

Mr North asked if there is any flexibility in the scheme to delay making a decision. Miss Roscoe confirmed that a decision can be delayed.

Miss Roscoe also noted that closing the list for one practice will have a knock on effect on surrounding practices who could also apply to close their lists and therefore applications should not be considered in isolation.

Miss O'Dwyer suggested a process for future applications is put in place to make sure they have been through all the relevant steps and processes.

Miss O'Dwyer commented this is the first time the Primary Care Commissioning Committee has received an application. The Committee must decide whether it is

appropriate for it to make decisions on list closures or if decisions should be delegated.

Mr North stated that the CCG's Primary Care Team work closely with member practices and will be aware of any issues but there could be instances where they are not. Mr North also suggested that he would meet with Dr Patel as the CCG Chair if an application required a decision to be made outside of a Primary Care Commissioning Committee meeting.

Mr Wild commented that this is an important decision and must be made at the highest level and requires a robust sign off process.

Mr Wild asked if member practices have business continuity plans in place. Mr North confirmed practices have plans in place for fire and other risks but not for list management. The Primary Care team is looking at business continuity with practices.

Mr Wild queried if list management was included on a CCG risk register. Miss O'Dwyer said that list management will be added to the CCG risk register.

Mrs Lepiorz stated that practices may choose to close their list immediately if there is a concern for patient safety and seek permission retrospectively.

Mrs Barlow asked when Healthwatch would be informed as part of the process. Mrs Lepiorz confirmed that as a stakeholder Healthwatch would receive a letter during the consultation before the application is reviewed by Primary Care Commissioning Committee.

Mrs Jones queried if decisions could be made virtually. Miss Roscoe noted that in some cases extraordinary meetings have been convened to enable a decision to be made.

Miss O'Dwyer requested a further paper detailing the principals and stakeholder engagement.

**Primary Care Commissioning Committee:**

- **familiarised themselves with the content of this paper**

ID	Type	Risk/Issue/Action/Decision/Outcome Description	Owner
AC/26/10/16/2	Action	Present additional list closure process paper to the December meeting.	A Lepiorz

6	List Closure
	<p>Mrs Lepiorz presented the paper. It contained an application from St Gabriel's Medical Practice to close their practice list. The application was received by the CCG and sent to NHS England to process. NHS England recommended the CCG visit the Practice to discuss the content of the application. The application is based on an increase in the number of patients registering with the practice and the relocation of a number of practices in the Salford area</p> <p>NHS England contacted the required stakeholders as per the NHS England procedure including practices within a mile radius of St Gabriel's Medical Centre.</p> <p>Mr Wild asked if there was more information and data available for the Practice such as have there been any complaints.</p> <p>Mr North noted that having spoken to the Practice there is more than one underlying</p>

reason for the list growth. A nearby Salford practice has moved without any communication with Bury CCG.

Mr North also noted that the decision is being made at a public meeting and this could impact on people registered at the practice in question as well as neighbouring practices.

Miss O'Dwyer requested further information about St Gabriel's MC and if there is capacity at nearby practices to take on new patients if the list is closed. Miss O'Dwyer requested that this one of the criteria to be included in the checklist.

Mrs Brown suggested that the list growth could also be due to the changes in urgent care and the need to be registered with a Practice.

Mr Woodhead commented that if a decision is made with limited information it would set a precedent for future applications.

Mr North suggested that the decision is deferred and more support is given to the Practice by the CCG to help resolve the issues. Mrs Jones commented that support should be provided to member practices and any issues should be reported earlier on.

Ms Boyd supported the suggestion to defer the decision and commented that information on the risks to patient safety and how the practice is currently operating is needed before a decision is made.

Mr Wild noted that a decision must be made on this application today and the CCG needs to engage with member practices to be able to help deal with issues. Miss Roscoe commented that there is a national programme to support practices.

Mr Hughes commented that the paper does not include a recovery plan.

Mr Wild confirmed that there is not enough information and a recovery plan is needed before a decision can be made and on this basis the decision will be deferred to the November Primary Care Commissioning Committee meeting.

**Primary Care Commissioning Committee:**

- **deferred the decision on the application to close the practice list at St Gabriel's Medical Centre to the November meeting**

**7 Primary Care Commissioning Finance Report**

Mr Woodhead presented the report. The year to date financial position shows a £17k under spend. The forecast position is an over spend of £79k after the confirmation of £510k non recurrent support.

It has been recommended by the NHSE central team that the remaining shortfall on central funding be taken from the Primary Care 0.5% contingency reserve. Further work is required to assess the robustness of the forecast assumptions, in order to judge whether any transfer of funds is required.

As the budget allocations for 2017/18 will include progression payments, it is unclear at this stage what any recurrent impact on primary care budgets will be.

**Primary Care Commissioning Committee:**

- **noted the contents of the report and the risks identified to the delivery of the 2016/17 financial position.**

**8 Performance report**

Mrs Lepiorz presented the report. For the CCG to commission an effective and sustainable health care service it needs robust systems which enable Performance Monitoring. These systems need to allow monitoring of the performance of the CCG and of those services it commissions.

The purpose of this report is to provide an update on the performance of Primary Care in respect to duties delegated to NHS Bury CCG by NHS England under delegated authority.

This report specifically focusses on the performance of the Out-Of-Hours provider for Primary [medical] Care Services for the 2015- 16 reporting period and has been populated from the monthly returns submitted to the CCG.

Mr Bury commented on the variance in the numbers for patient experience and asked if it could be because of the small number of responses. Miss O'Dwyer commented that the CCG works closely with BARDOC to scrutinise data and will check this with them.

**Primary Care Commissioning Committee:**

- **received the collated OOH provider performance report**
- **noted the next steps and future development of the Primary [medical] Care Services performance report, including quarter submission to the Committee following review by the Primary Care Quality Improvement Group.**

**9 Primary Care Commissioning Committee Risk Register**

Risk management provides a systematic and consistent integrated framework through which the CCG's strategic objectives are pursued. This involves the identification of risks, threats and opportunities to achieving those objectives and taking steps to mitigate, manage and control the associated risks to delivery.

The report presents those risks that have been identified in relation to primary [medical] care commissioning. There are 7 risks included on the register.

The primary care commissioning risk register is a work in progress and will continue to be developed.

Miss O'Dwyer commented this is the first draft of the risk log and it will be updated for each meeting. Progress is being made with the referral booking system backlog. Two risks have been escalated to the corporate risk register which is presented to Governing Body. Mr North asked for mitigations to be added to risks scored at 12 and above.

**Primary Care Commissioning Committee:**

- **received the risk report**
- **noted the risks on the risk register as reflected in Appendix**
- **noted the updates provided and support the recommendations for closure**
- **noted the summary position**

ID	Type	Risk/Issue/Action/Decision/Outcome Description	Owner
AC/26/10/16/3	Action	Update risk report with mitigations for risks scored at 12 and above	M O'Dwyer

10	GM Primary Care Strategy
	<p>Mrs Lepiorz presented the Greater Manchester Health and Social Care Partnership Primary Care Strategy. This strategy will influence the final NHS Bury CCG Primary Care Health and Wellbeing Strategy.</p> <p>The strategy was launched on 5 October 2016. It was written by Miss Roscoe. Mr North felt the strategy was a positive document.</p> <p><b>Primary Care Commissioning Committee:</b></p> <ul style="list-style-type: none"> <li>noted the publication of the GM Primary Care Strategy</li> </ul>

11	Primary Care Health and Wellbeing strategy
	<p>Mrs Lepiorz gave a verbal update. The strategy has been circulated to Sectors for comment and these will be incorporated into the next draft. The updated draft will be presented to the November meeting of Clinical Cabinet before it is put on the agenda for the December meeting of Primary Care Commissioning Committee.</p> <p><b>Primary Care Commissioning Committee:</b></p> <ul style="list-style-type: none"> <li>received the verbal Primary Care Health and Wellbeing strategy update</li> </ul>

	Next Meeting
	<p>Wednesday 23 November 2016 12.00 – 13.30 503/504 Townside Primary Care Centre, Bury</p>