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		 ### ### ###, Chair

Primary Care Commissioning Committee

MINUTES OF MEETING

22 February 2017

Chair – Mr Peter Bury

ATTENDANCE

Committee Members

Voting Members

Mr Peter Bury, Lay Member - Quality and Performance, Chair
Mr David McCann, Lay Member
Ms Margaret O'Dwyer, Director of Commissioning and Business Delivery
Mrs Lesley Jones, Director of Public Health, Bury Council
Mrs Fiona Boyd, Governing Body Nurse
Mrs Amy Lepiorz, Deputy Director of Primary Care
Ms Sue Hargreaves, Assistant Chief Finance Officer (On behalf of Mike Woodhead)

Non-Voting Members:

Dr Kiran Patel, CCG Chair
Dr Jeff Schryer, Clinical Director
Mrs Anne Gough, NHS England (On behalf of Miss Sara Roscoe)
Mr Paul McCrory, Bury and Rochdale LDC Representative
Dr Mo Patel, LPC representative
Mrs Barbara Barlow, Healthwatch Bury
Ms Wendy Craven, LOC Representative

Others in attendance

Mrs Zoe Alderson, Head of Primary Care
Mrs Harvi Higgins, minutes
Ms Joanne Horrocks, Chief Officer, Healthwatch Bury

MEETING NARRATIVE & OUTCOMES

1 APOLOGIES FOR ABSENCE

Apologies were received from:

Miss Sara Roscoe, NHS England
Mr Mike Woodhead, Chief Finance Officer
Mrs Anne Brown, Patient Cabinet Representative

It was noted for the purpose of the minutes that Miss Hargreaves was attending on behalf of Mr Woodhead and would count towards the quorum along with assuming voting rights.

2	DECLARATIONS OF INTEREST		
	Mr McCann declared an interest in respect to the APMS update included on today's agenda due to his non-executive role of Rock Healthcare. Mr McCann consulted with the Committee Chair where it was agreed that although the item was not for decision, and the paper was in the public domain, Mr McCann would leave the meeting for the discussion.		
ID	Type	The Primary Care Commissioning Committee:	Owner
DC/22/02/17/01	Decision	Noted the Register of Conflicts declared in respect of the members of the Primary Care Commissioning Committee and the associated business of the meeting.	

3	MINUTES OF THE LAST MEETING		
	The minutes were accepted as an accurate record of the meeting.		
ID	Type	The Primary Care Commissioning Committee:	Owner
AC/22/02/17/01	Action	File confirmed minutes.	

4	ACTION LOG		
	The action log was reviewed and all items were closed.		

5	PRODUCTIVE GENERAL PRACTICES		
	<p><i>Mrs Jones joined the meeting at 12.08</i></p> <p>Mrs Lepiorz presented the paper.</p> <p>The Productive General Practice (PGP) programme is one of a number of national resources commissioned by NHS England to support GP practices and CCGs in the implementation of the General Practice Forward View. The programme aims to release 'time to care' by focussing mainly on administrative processes and introducing efficiencies. It is a national programme which CCGs were able to apply for on behalf of a group of practices or a federation.</p> <p>The programme composes of two elements. There are four Group Based Learning (GBL) sessions where practices come together to share learning. These sessions are led by a PGP facilitator and provide an opportunity to develop a local improvement learning community in General Practice. There are also six dedicated Practice Based Support sessions at participating practices to focus on specific needs and improvement areas identified.</p> <p><i>Mr North and Dr Patel joined the meeting at 12.10</i></p> <p>Mrs Lepiorz noted that strong feedback had been received from practices. The cohorts have worked together and an event is planned to share the knowledge across all cohorts.</p> <p>NHS England have taken interest and will be filming a promotional film on the scheme.</p> <p>Mrs Lepiorz is looking at what the next steps should be and would like to keep the momentum as well as share knowledge.</p> <p>Mr McCann asked how the team had achieved a high level of buy in from the Practices. Dr Schryer commented the Primary Care Team have very strong relationships with the practices which were key to the buy in process.</p>		

Miss O'Dwyer noted that this is a good news story and drew attention to celebratory event planned for 2 March 2017. Miss O'Dwyer also commented that the Governing Body will be looking at the national must dos and the 5 year forward plan at its next meeting and this will link into the Productive General Practices piece of work.

Mr North praised the excellent work of the team in working with Practices. Mr North noted it is important to also link in with the Practices that did not take part in the programme.

Mrs Boyd asked if there was a plan in place to sustain the good work the programme had achieved and if the GP standards would be reviewed. Mrs Boyd suggested approaching the leadership foundation to run a course for GPs. Mrs Lepiorz informed the committee that she and Dr Schryer are meeting with NHS England to discuss further opportunities.

ID	Type	The Primary Care Commissioning Committee:	Owner
DC/22/02/17/02	Decision	Noted the content of this report	
AC/22/02/17/02	Action	Were invited to attend the GBL4 Celebration Event on the 2 March 2017, 1.30-4.30pm, Elizabeth Suite, Bury Town Hall.	

6	PRACTICE MERGER PROCEDURE
	<p>Mrs Lepiorz presented the paper which has been written with the intent of providing the Primary Care Commissioning Committee with the formal arrangements which need to be followed when a practice merger request has been submitted to the CCG.</p> <p>The paper also gives information on what a merger is and process for merger requests. There is a possible merger that may be presented to the committee. Section 3.1 details the general processes for the merger.</p> <p>Dr Schryer commented that a newly merged practice would be expected to provide all services. The CCG wants quality and enhanced services for all practices. We need the capability to give the services.</p> <p>Mrs Boyd queried where the funding for upskilling the practice to offer new services would be budgeted. Dr Patel confirmed the funding would be made available through the budget for local commissioned services and the CCG would not be responsible for additional administrative costs.</p> <p>Miss O'Dwyer requested that the wording on financial support for mergers is made easier to read.</p> <p>Mr McCrory asked why practices would merge. Dr Schryer confirmed mergers would enable practices to become more resilient, cut costs and improve the services offered. Mrs Lepiorz noted that it is a business merger and not about moving sites.</p> <p><i>Miss Gough joined the meeting at 1230.</i></p> <p>Mrs Boyd asked for further details about the informal arrangements. Mrs Lepiorz commented informal arrangements are outside of this paper.</p> <p>Mr McCann requested the process is reviewed annually by the PCWG and proposed amendments are then signed off by Primary Care Commissioning Committee.</p>

Dr Schryer noted that different sites will have varying IT systems in place.

Miss Gough confirmed that all cases are dealt with individually and the final outcome must support patients. This will then benefit the CCG. There are many factors to be considered, ie. does the merger fit with the Primary Care strategy and estates strategy. The process is not set in stone.

Miss Gough also commented that where practices merge, there is a termination of one of the contracts. The CCG need to be mindful of the risk of challenge of the terminated contract. The merger application must have a clear rationale for the merger to mitigate the risk.

Miss Gough stated that practices that have informal arrangements for sharing a site or locums do not need to inform NHS England. For a merger to be complete the data for both practices must be merged.

Miss O'Dwyer queried if the functionality to support mergers is in place. Mrs Alderson confirmed this was the case for site specific issues. We are able to gather local data but will not be able to see if patients have moved between practice sites.

ID	Type	The Primary Care Commissioning Committee:	Owner
DC/22/02/17/03	Decision	Supported the proposed Merger Process to be implemented at Bury CCG	
DC/22/02/17/04	Decision	Agreed that any merger applications received will be initially considered by the Primary Care Workstream Group who will review and feed their recommendations into the PCCC for final agreement	
DC/22/02/17/05	Decision	Agreed that any member of the PCWG or PCCC who has a COI within either of the practices wishing to merge be excluded from all decision making.	
AC/22/02/17/03	Action	Merger paper to be updated and brought back to the group following feedback	Amy Lepiorz
DC/22/02/17/06	Decision	Provided advice on the associated risks as detailed	

7	QUALITY AND PERFORMANCE PRIMARY CARE CONTRACT PHASE 2
	<p>The paper was presented by Mrs Lepiorz and Mrs Alderson.</p> <p>In October 2015 Clinical Cabinet supported the recommendation that a phased approach to the delivery of the 9 GM Standards was required given the resources available to Bury CCG, this was outlined as:</p> <ol style="list-style-type: none"> 1. By 1 April 2016 (Phase 1) – five standards for implementation recognising that we are doing quite a lot of work in each domain already, and this will be maintained during 2016-17. 2. By 1 April 2017 (Phase 2) - Have a comprehensive scheme incorporating all GM Standards, supported by Primary Care, Medicines Management and Public Health working on an integrated basis. <p>In response to this agreed phased approach a Quality in Primary Care Locally Commissioned Service (LCS) has now been developed which focuses on the implementation of all 9 standards across Bury from 1 April 2017.</p>

Mrs Barlow queried how the KPIs have been set. Mrs Lepiorz confirmed the KPIs are measured against GM targets and have been customised for Bury. Dr Patel noted the project started when devolution in Manchester three years ago. The KPIs have been set to raise the current standards and are higher than the GM standards.

Dr Schryer noted there is a need for more patient focused KPIs alongside the contractual KPIs.

Mrs Jones noted the GM standards are continuously being developed.

Mr North suggested a communication detailing the standards and KPIs is developed. It was noted that Bury CCG is one of the few CCGs applying the standards.

Mrs Gough queried if the decommissioning of the Avoiding Unplanned Admissions Directed Enhanced Service will have an impact on the delivery of the new standards. Dr Schryer confirmed conversations are on-going with practices and funding will be provided through a different channel.

Mr McCrory asked if there were any hard to reach groups. Dr Schryer stated that the hard to reach groups include mental health groups and people with learning disabilities. Mr McCrory suggested dentists may be able to communicate with the hard to reach groups. Dr Schryer noted that there is a project underway to have to improve communication with hard to reach groups of the community.

Miss O'Dwyer queried whether the new contracts would cover the requirement to invest an additional £3 per head in Primary Care. Mrs Lepiorz confirmed that this is the case and funding is also being made available through PMS monies, Mental Health budget and the Cognitive LES.

Mrs Lepiorz stated the changes will be made by contract variation as standard and this will ensure there are no issues for dispute resolution.

Mrs Lepiorz confirmed the contract has been shared with practices through sector meetings and other various events. Practices have been given the opportunity to feed into the discussion. Dr Patel also noted engagement with practices has taken place through workshops.

Dr Schryer requested further information on point 4, Commissioning Options and if it is a varied contract or a new contract. Mrs Alderson confirmed that she is meeting with Mr McCann to discuss the contract options.

Mr North noted that it is much more straightforward for practices to subcontract additional services rather than the CCG making the subcontracting arrangements. Mr McCann was concerned over the control of the subcontract. If a service is subcontracted by practices the CCG would not have any control over the subcontractor.

Dr Schryer commented the issue will become clearer from April when the contract is phased in. Mr North confirmed the different phasing options will be given to Practices.

It was agreed that any changes needed to the contract would be delegated to the Primary Care team to ensure the go-live date of the 1 April is met. Miss O'Dwyer requested that final changes are made to the paper and brought back to the Primary Care Commissioning Committee for information.

Ms Hargreaves queried if contracts would be backdated if they do not sign straight away. Mrs Lepiorz requested that this is discussed further at the April meeting if relevant.

Dr Schryer asked if the paper would be presented to Governing Body. Dr Patel confirmed the paper will be on the agenda for the April Governing Body meeting.

Mrs Jones suggested that it could also be taken to the Health and Wellbeing Board.

ID	Type	The Primary Care Commissioning Committee:	Owner
DC/22/02/17/07	Decision	Reviewed and considered the Locally Commissioned Service, which is currently in draft form (Appendix 1)	
DC/22/02/17/08	Decision	Reviewed and supported the funding proposal (Appendix 2)	
DC/22/02/17/09	Decision	Considered and recommend which one of the three Commissioning options being proposed within section 4.	
DC/22/02/17/10	Decision	Noted the risks	

8 APMS MOBILISATION UPDATE

Mr McCann left the meeting at 13:20.

Mrs Alderson presented the paper. In November 2016 the Primary Care Commissioning Committee (PCCC) supported the recommended bidder report which advised that Bidder 1 be awarded the Alternative Provider Medical Services (APMS) Contract for both Lot 1 (including additional services) and Lot 2 and to progress to mobilisation with a view to service delivery by 1st April 2017.

The purpose of this briefing is to provide members of the PCCC with a general update as well as an overview of the risks to delivery.

Bidder 1 can now be confirmed as Rock Healthcare. As Rock is the current provider for Lot 1 most of the mobilisation discussions that are now taking place relate to Lot 2 (Radcliffe Site). Mobilisation meetings have been established and a number of sub workstreams are progressing at pace.

Mr North commented the process is the same as a practice merger and suggested it should be dealt with in the same way. Miss Gough confirmed that this is a new contract as the P code is held by the current provider.

Mrs Lepiorz commended Mrs Alderson for managing the process and noted a great deal of work has gone on behind the scenes by the team.

ID	Type	The Primary Care Commissioning Committee:	Owner
DC/22/02/17/11	Decision	Noted the contents of the update being provided	
DC/22/02/17/12	Decision	Noted the additional IT costs identified	
DC/22/02/17/13	Decision	Noted the risks to mobilisation and mitigating actions being taken to address	

9 FOCUS ON OPTOMETRY

Mr McCann joined the meeting at 13:30

Miss Craven presented a paper on optometry. Optometrists are primary health care specialists trained to examine the eyes to detect defects in vision, signs of injury, ocular

diseases or abnormality and problems with general health. They were previously known as ophthalmic opticians. In Bury we have 18 Optical practices providing general ophthalmic services (sight tests) and extended primary care eye services across the locality.

The local optical committee (LOC) represents the contractors and practitioners in the area and covers both HMR & Bury. GM Primary Eyecare Ltd (GMPEC) is a not for profit LOC single provider company used as a contracting vehicle for the network of local optical practices across GM to be able to deliver services as a single provider. Currently Bury has commissioned two extended primary care (eye) services, the minor eye conditions service (MECS) & the GM learning difficulties pathway. Optometry plays its part in the GM health and social care devolution agenda via the GM Local Eye Health Network, GM optometry advisory group and GM primary care advisory group informing the GM health & social care partnership.

Miss Craven made a suggestion to put in place a pre cataract service for patients to go to before having surgery.

Miss Craven noted that there has been a 40% rise in cataract surgery.

Mr Bury requested that the data is reviewed by Mrs Lepiorz and Miss Craven.

It was agreed that Mrs Lepiorz and Miss Craven would write a business case for the pre-cataract service for Clinical Cabinet to review.

Miss O'Dwyer requested the optometry standards are presented to Primary Care Commissioning Committee.

Mr North suggested the optometry checks could be linked with the NHS checks for patients with learning disabilities. Mrs Lepiorz confirmed this is being reviewed as part of a piece of work by Nigget Saleem.

Miss O'Dwyer commented the pre-cataract checks could be built into the locality plan and may be a possible project for the transformation fund.

ID	Type	The Primary Care Commissioning Committee:	Owner
DC/22/02/17/14	Decision	Noted the contents of the report and consider commissioning a glaucoma repeat reading pathway and pre-cataract pathway in the interim prior to a possible GM wide service.	

10 PRIMARY CARE WORK STREAM MEETING REPORT

Mrs Lepiorz presented the paper. This briefing has been prepared in order to provide Primary Care Commissioning Committee (PCCC) with an overview of the work currently being discussed/progressed via the Primary Care Workstream Group (PCWG).

ID	Type	The Primary Care Commissioning Committee	Owner
DC/22/02/17/15	Decision	Noted the briefing being presented	

11 PRIMARY CARE COMMISSIONING FINANCE REPORT JANUARY 2017

Ms Hargreaves presented the paper. The year to date financial position shows an underspend of £170k with a forecast underspend of £31k, an improvement to the forecast outturn of £32k.

ID	Type	The Primary Care Commissioning Committee:	Owner
DC/22/02/17/16	Decision	Noted the contents of the report and the risks	

		identified to the delivery of the 2016/17 financial position.	
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12	PRIMARY CARE RISK REGISTER
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Miss O'Dwyer presented the paper. 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.

This paper includes those risks assigned to the Primary Care Commissioning Committee in line with the Risk Management Strategy.

The report provides narrative on those risks which have been reviewed in the reporting period and specifically includes:

- risks which have increased in score;
- risks which have decreased in score;
- risks that are proposed for closure or have been closed;
- risks that have reached their target level; and
- new risks included on the register for the first time.

ID	Type	The Primary Care Commissioning Committee:	Owner
DC/22/02/17/17	Decision	<ul style="list-style-type: none"> • received the risk report; • noted that there are now no risks on the Primary Care Committee risk register; • noted the update provided; and • noted the summary position. 	

13	NOTIFICATION OF CONTRACTUAL CHANGES TO PRIMARY MEDICAL SERVICES
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Miss Gough presented the paper. The purpose of the paper is to update the committee of any contractual changes relating to GP medical contracts during the month of January 2017.

ID	Type	The Primary Care Commissioning Committee:	Owner
DC/22/02/17/18	Decision	noted the contents of the paper.	

14	GP FEDERATION CONTRACT MEETING HIGHLIGHT REPORT
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Miss O'Dwyer presented the paper. The report is a summary of the GP Federation Contract meeting held on the 31 January 2017.

Mr McCann commented there was a discussion at this month's West Sector meeting and concerns were raised over reductions of appointments at weekends. Mr McCann was concerned that there are mixed messages about the Extended Working Hours scheme. Mrs Lepiorz stated that this was not the case and confirmed that the patient cabinet member was articulating their feelings rather than GPs.

ID	Type	The Primary Care Commissioning Committee:	Owner
DC/22/02/17/19	Decision	Noted the highlight report.	

Next Meeting	
Wednesday 22 March 2017, 12:00 – 13:30 503/504 Townside Primary Care Centre, Bury	