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11.05.2017	0.1	H Marshall	First draft written up
15.05.2017	0.2	A Lepiorz	Reviewed and amended
Approved:			
Signature:			
		 ### ### ###, Chair

Primary Care Commissioning Committee

MINUTES OF MEETING

22 March 2017

Chair – Mr Peter Bury

ATTENDANCE

Committee Members

Voting members

Mr Peter Bury, Lay Member, Chair

Mr David McCann, Lay Member

Mr Mike Woodhead, Chief Finance Officer

Miss Margaret O'Dwyer, Director of Commissioning and Business Delivery

Mrs Lesley Jones, Director of Public Health, Bury Council

Mrs Amy Lepiorz, Deputy Director of Primary Care

Non-voting members

Dr Kiran Patel, CCG Chair

Ms Sara Roscoe, NHS England

Mrs Anne Brown, Patient Cabinet representative

Ms Joanne Horrocks, Healthwatch representative

Dr Mohammed Jiva, Rochdale and Bury LMC representative

Ms Wendy Craven, LOC representative

Mr Paul McCrory, LDC representative

Others in attendance

Mrs Zoe Alderson, Head of Primary Care

Mrs Helen Marshall, minutes

MEETING NARRATIVE & OUTCOMES

1 APOLOGIES FOR ABSENCE

Mr Stuart North, Chief Officer

Mrs Fiona Boyd, Nurse Lay Member

Dr Jeff Schryer, Clinical Director

Dr Mohamed Patel, LPC representative

Mrs Barbara Barlow, Healthwatch representative

It was noted for the purpose of the minutes that Ms Horrocks was attending on behalf of Healthwatch Bury in place of Mrs Barlow.

The Chair re-organised the agenda and invited item 5 – Clinical Pharmacist Presentation to be presented first. For recording purposes the minutes reflect the chronological order and not the discussion order.

2 DECLARATIONS OF INTEREST

The Chair reminded the Primary Care Commissioning Committee members of their obligation to declare any interest they may have on any issues arising at Primary Care Commissioning Committee meetings which might conflict with the business of the CCG.

Declarations declared by members of the Primary Care Commissioning Committee are listed in the CCG's Register of Interests. The Register is available either via the Corporate Governance Manager or the CCG website at the following link:
<http://www.buryccg.nhs.uk/your-local-nhs/Boardroom/registerofinterests.aspx>

Declarations of interest from today's meeting

The following update was received at the meeting:

- No changes

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/04/01	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 FROM THE LAST MEETING

The minutes from the last meeting were reviewed. A number of changes were made:

- Item 7- Estates Request, final paragraph on page 4, 5th sentence

The sentence reads that the CCG would fund the room conversion via capital slippage. The word capital is to be removed as the CCG does not hold capital funds.

- Item 7 Estates Request, page 5, DC22/03/17/04 Decision

Minutes changed to reflect that the expansion of the lease for Radcliffe Medical Practice to include rooms 1087, 1088, 1089, 1094, 1102 and the associated shared space was agreed.

- Item 7 Estates Request, page 5, DC22/03/17/06 Decision

Supported the recommendation to convert rooms at Redbank Group Practice. Explore with CHP whether the necessary resources can be identified via the 17/18 capital allocation. To be included as an Action as opposed to a Decision.

- Item 9 Greater Manchester Response to the GP Forward View, page 7, second sentence

The working group will reach into the 10 Greater Manchester localities to support them.

- Item 9 Greater Manchester Response to the GP Forward View, page 7, final paragraph

Mr McCrory stated he had asked if there were any GM proposals/discussions around asking for the dental budget to be devolved and had asked if GM was in a position to request devolution of part of the dental budget. Mr McCrory recalled that Mr North indicated that there had been some limited consideration of the possibility of the former but that it would require legislative change.

With regard to the risk register Mr McCrory recalled he asked if the committee should wish to give consideration to including the issue of indemnity premium levels on the risk

register on account of the Government's recent change in the discount rate, that consideration would be given to including this issue on the register.

Mrs Roscoe clarified that GM does commission dental services as the budget does sit within GM, but the legislative change was to do with the contracts that GM commissions in Primary and Secondary Care.

The Chair requested that Mr McCrory's points were added to the minutes and changes sent through to the Chair to confirm.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/04/01	Action	Update and send changes to the Chair to confirm.	H Marshall

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

5	CLINICAL PHARMACIST PRESENTATION
	<p>The presentation was delivered by Ms Bell- Senior Clinical Pharmacist for GP Federation. The presentation covered the introduction of clinical pharmacist into GP practices across Bury. The initiative is part of a national pilot that will see over 400 clinical pharmacists working in general practice. The role of a clinical pharmacist is separate to that of pharmacist working in a community (High Street) setting.</p> <p>Clinical pharmacists work as part of the general practice team to resolve day-to-day medicine issues and consult with and treat patients directly. This includes providing extra help to manage long-term conditions, advice for those on multiple medications and better access to health checks. The role is pivotal to improving the quality of care and ensuring patient safety. Having a clinical pharmacist in GP practices means GPs can focus their skills where they are most needed, for example on diagnosing and treating patients with complex conditions. This helps GPs manage the demands on their time.</p> <p>Paul McCrory Joined the meeting at 12.15pm</p> <p>The Chair thanked Ms Bell for the presentation and invited questions:</p> <p>Mr McCann asked what the key drivers are whether it was to improve clinical outcomes or assist in under resourced primary care. Ms Bell confirmed it was both with the recent focus has been on paediatric asthma target for Bury CCG and confirmed asthma is a big area therefore easier to demonstrate from that point of view. Ms Bell confirmed the way pharmacists work in practice can be different and the idea of this was a more formulated plan. Mrs Lepiorz confirmed that driver origins are from the Royal Pharmaceutical Society and the General Practitioners Committee UK, due to increase in number of schools of pharmacy and hence pharmacists.</p> <p>Mr McCann suggested the feedback from practices is that they struggle to recruit and asked Ms Bell as senior pharmacist if she sees far more integration. Ms Bell confirmed this is a 3 year pilot and by end of the 18 month training the aim is to be more integrated in to the practice. Ms Bell suggested that those practices that have embraced the pilot scheme have seen the benefits of it.</p>

Miss O'Dwyer commented that it would be useful in the first annual report to describe what the added value is and suggested developing the report in terms of added value.

Dr Patel suggested it is important to see this as separate programme, pharmacists bring skills such as medication safety and complex medication reviews. Dr Patel suggested it is important that we learn the added value lesson.

Mrs Brown asked if there was any comparative data and if there is a clinical pharmacist in every GP practice. Ms Bell confirmed there is a clinical pharmacist in each practice but there is not currently any comparative data.

Ms Horrocks queried patient experience and any refusals or negatives. Ms Bell confirmed data relating to patient experience had not been collated and explained as the role expands more can possibly be done on patient experience. Ms Bell explained that a clinical pharmacist brings additional examination skills and training to the role in general practice which helps a practice deal with patients that bypass pharmacy.

Dr Jiva suggested GPs undertaking asthma reviews would make sure they are done properly and asked moving forward would senior pharmacists undertake reviews. Ms Bell confirmed this would be the case and also suggested communication between pharmacies and practices is key.

Mr McCrory raised a point on diagnosis role or monitoring, looking at potential adverse drug reactions and the requirement for indemnity. Ms Bell confirmed every pharmacist would look at that in the medication review, but diagnosis is done by GPs. Mrs Lepiorz confirmed in relation to the indemnity role a pharmacist has responsibility for their own indemnity and has their own separate indemnity to practice.

Miss O'Dwyer asked Ms Bell to provide a further presentation on the progress of this model later in the year Ms Bell agreed.

The Chair thanked Ms Bell for the presentation Ms Bell left the meeting at 12:45.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/04/02	Decision	Noted the presentation delivered	

6	QUALITY IN PRIMARY CARE
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Mrs Lepiorz provided a brief verbal update and stated that all practices are signed up to the Quality in Primary Care Contract for 2017-18.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/04/03	Decision	Acknowledged the update provided.	

7	APMS UPDATE
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The author of the report Mrs Alderson was present at the meeting. The briefing was presented by Mrs Lepiorz, to provide members of the Primary Care Commissioning Committee (PCCC) with a general update regarding the APMS contract held by Rock Healthcare for services delivered from Moorgate and Radcliffe Primary Care Centre which mobilised on the 1st April 2017.

The Primary Care Commissioning Committee (PCCC) agreed to the re-procurement of Alternative Provider Medical Services (APMS) at both Moorgate Medical Centre and Radcliffe Primary Care Centre with a view to service delivery by 1st April 2017.

The existing provider at Moorgate Medical Centre (Rock Healthcare) was confirmed as the preferred bidder for both sites and therefore mobilisation discussions have predominantly been ongoing regarding the Radcliffe Site. The purpose of this briefing is to provide members of the PCCC with closing position statement. Despite encountering a number of issues Rock Healthcare began service delivery on the 1st April as planned for both sites.

Issues/Risks still being worked through regarding Radcliffe were provided within the report. Miss O'Dwyer referred to Information screens / Patient calling update. Currently both screens are wired into one appointments system and therefore will need separating and re-configuring. Mrs Alderson confirmed all previous information screens were provided by the CCG, so had to provide this practice with one for consistency. A quote has been received and authorised, and work will be carried out post mobilisation.

A 'Lessons Learnt' meeting is in the process of being organised, and any relevant points will be presented to the Primary Care Commissioning Committee (PCCC) at a later date.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/04/04	Decision	The committee noted the contents of the report provided	

8 PRIMARY CARE STRATEGY ACTION PLAN

The author of the report Mrs Alderson was present at the meeting .The report was presented by Mrs Lepiorz. Bury CCG's Primary Care Health and Wellbeing Strategy was approved by the Primary Care Commissioning Committee (PCCC) in December. The strategy itself sets out Bury's ambition for Primary Care in its widest sense recognising the contribution made by the workforce in GP, dental, ophthalmic and pharmacy practices and describes Primary Care's contribution to the Bury Vision of a population that is healthy, happy and as independent as possible'.

The paper provided the Primary Care Commissioning Committee (PCCC) with sight of the overarching delivery plan which is currently in draft form and to seek views on how to effectively engage both on the strategy itself but also the intended approach to deliver the strategic vision.

Mrs Lepiorz confirmed the plan is very high level at present and the key focus is around engagement. Miss O'Dwyer requested that regular progress updates of the strategy implementation are presented to the Committee.

Mr Woodhead confirmed support of high level objectives and made clear to the Committee that it is part of much bigger jigsaw. He also commented that certain objectives sit in the remit of other groups, such as the Strategic Estates Group and that it is important that close working takes.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/04/02	Action	Quarterly updates to be added onto the forward plan for July	H Marshall
PCCC/04/05	Decision	The Committee noted the draft delivery plan being presented	

9	NEXT STEPS ON THE NHS FIVE YEAR FORWARD VIEW- PRIMARY CARE IMPLICATIONS		
	<p>The report was presented by Miss O’Dwyer setting out the key points in as far as they relate to Primary Care. On 31 March 2017, NHS England published the Next Steps to progress the NHS’s Five Year Forward View (FYFV).</p> <p>A significant number of initiatives, new indicators had been trialed and were included in Miss O’Dwyer’s last presentation to the Governing Body. However, the document provided further clarification and introduced a few requirements for CCGs and local systems.</p> <ul style="list-style-type: none"> • 85% satisfaction rating – GPs. • More of a population health and prevention focus in General Practice, more GPs and a wider range of staff, more integration with community, MH and specialist services. • During 17/18 Practice profiles will be published to include ease of making an appointment and patient survey results. • From October 17, any GP which shuts for half a day will not be able to access the £88m extended access scheme. • 100% bookable GP appointments at weekends/evenings by March 19. • Support for GPs (MH); extra 5000 Drs by 2020. • 800 MH therapists in primary care; new physician associates. • Encourage Practices to work together in hubs or networks. • Will work to develop a successor to QOF £700m to be reinvested in improved patient access, professional led quality improvement, population health management, patient supported self-management. <p>Miss O’Dwyer confirmed that a Primary Care Performance dashboard is being worked up. From a Bury perspective there are 47 GPs per 100k population in Bury, England on average is 60%.</p> <p>To clarify Mrs Lepiorz confirmed with regard to the Primary Care performance dashboard a conversation is required with Local Representative Committees first.</p>		
ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/04/06	Decision	Noted the draft delivery plan being presented	

10	PRIMARY CARE WORKSTREAM MEETING REPORT		
	<p>Mrs Lepiorz presented the report in the absence of Dr Schryer, the briefing had been prepared to provide the Primary Care Commissioning Committee (PCCC) with an overview of the schemes and progress currently being delivered/supported by the team. Work is ongoing to produce a robust Workstream programme.</p>		

	Reference was made to point 2.1.4- National Diabetes Audit Summary- which noted 100% participation from Bury GPs. Reference was also made to point 2.2.3- CQC Reports and the latest CQC report which saw Huntley Mount go from Requires Improvement to Good overall.		
ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/04/07	Decision	Noted the briefing being presented	

11	PRIMARY CARE FINANCE REPORT		
	<p>The report was presented by Mr Woodhead. The year to date financial position shows an overspend of £16k compared to an underspend of £34k at month 11, giving an adverse movement of £50k.</p> <p>The main movements in the £50k adverse movement in YTD actuals compared to month 11 forecast relates to a £69k adverse variance for property voids and subsidy costs using the latest information provided by Community Health Partnerships and NHS Property Services. This is offset by a favourable variance of £30k for suspended GP costs which NHSE had previously anticipated would continue until March 2017.</p> <p>The annual budget increased by £2k in month 12 due to an allocation adjustment for GP Repatriation.</p>		
ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/04/08	Decision	Noted the contents of the report and the risks identified to the delivery of the 2016/17 financial position	

12	PRIMARY CARE RISK REGISTER		
	<p>The report was presented by Miss O'Dwyer. 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 included those risks assigned to the Primary Care Commissioning Committee in line with the Risk Management Strategy.</p> <p>It was noted that the risks associated with the Whitefield development will now be reported to the Primary Care Commissioning Committee (PCCC), though the risk owner remains as MW. An update on the Whitefield scheme will be presented in June.</p>		
ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/04/09	Decision	Received the risk report	
PCCC/04/10	Decision	Noted the updates on the risk register as reflected in Appendix A and B;	
PCCC/04/11	Decision	Noted the update provided and the summary position.	

13	NOTIFICATION OF CONTRACTUAL CHANGES TO PRIMARY MEDICAL SERVICES		
	<p>The report was presented by Miss Roscoe. The purpose of this paper is to update the committee of any contractual changes relating to GP medical contracts during the month of March 2017.</p> <p>Dr Hibbert is taking retirement but will be returning as a Partner. Miss Roscoe confirmed in terms of section 1.2- Remedial breach notices that since writing the paper</p>		

the practice has provided the evidence required, therefore the issue is now resolved.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/04/12	Decision	Noted the contents of the paper	

Next Meeting

Wednesday 24 May 2017, 12:00 – 13:30
503/504 Townside Primary Care Centre, Bury