

Title	Minutes of the Primary Care Commissioning Committee 23/08/17- Meeting in Public		
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06/09/2017	0.1	H Marshall	Initial draft
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Approved:			
Signature:			
		 Peter Bury, Lay Member (Chair of PCCC Meeting)

Primary Care Commissioning Committee

Meeting in Public

MINUTES OF MEETING

23 August 2017

Chair – Mr Peter Bury

ATTENDANCE

Committee Members

Voting members

Mr Peter Bury, Lay Member, Chair

Mr Stuart North, Chief Officer

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

Mrs Amy Lepiorz, Deputy Director of Primary Care

Mrs Fiona Boyd, Nurse Lay Member

Ms Sue Hargreaves, Interim Assistant Chief Finance Officer (On behalf of Mr Mike Woodhead)

Non-voting members

Dr Jeff Schryer, Clinical Director

Dr Kiran Patel, CCG Chair

Mrs Sara Roscoe, NHS England

Mrs Joanne Horrocks, Healthwatch representative

Mr Paul McCrory, LDC representative

Mrs Anne Brown, Patient Cabinet representative

Others in attendance

Mrs Helen Marshall, minutes

3 members of the public

MEETING NARRATIVE & OUTCOMES

1 WELCOME APOLOGIES AND QUORACY

Mr Bury welcomed those present to the meeting and noted apologies had been received from:

- Mr David McCann, Lay Member
- Dr Mohammed Jiva, Rochdale and Bury LMC representative
- Mrs Julie Gonda, Acting Executive Director- Communities & Wellbeing
- Mrs Lesley Jones, Director of Public Health, Bury Council
- Mr Mike Woodhead, Chief Finance Officer
- Mr Mohamed Patel, LPC representative
- Ms Wendy Craven, LOC representative

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

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

There were no further declarations made from those already recorded in the register in relation to the agenda items for discussion and decision.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/08/01	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 AND ACTION LOG		
	<p>Minutes The minutes from the last meeting were reviewed and accepted as an accurate record of the meeting.</p> <p>Action log The action log was reviewed; there were three open items from the last meeting all of which were updated and closed.</p>		

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/08/02	Decision	Agreed that the minutes of the meeting held on 26th July 2017 were approved as a true and accurate record	

4	PUBLIC QUESTIONS		
	There were no public questions received.		

5	MEDICAL SERVICE PROVISION FOR BEALEY COMMUNITY HOSPITAL		
	Mrs Lepiorz provided a verbal update following the closed meeting. The committee was asked to formally note the decision from the closed meeting to extend the Bealey contract for two years.		

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/08/03	Decision	Noted the verbal update provided	
PCCC/08/04	Decision	Noted the decision from the closed meeting	

6	PRIMARY CARE TRANSFORMATION PROPOSAL/GPFV		
	<p>Mrs Lepiorz presented the report which included a draft copy of the Greater Manchester Primary Care Transformation Agreement. The report was presented to bring the attention of the Primary Care Commissioning Committee to the agreement.</p> <p>The agreement awards NHS Bury CCG with £2,270,568 over the next 4 financial years and contains a number of conditions that NHS Bury CCG, Bury GP Federation and Bury and Rochdale Local Medical Committee must implement into the secure the</p>		

funding. A response to the agreement was submitted prior to the 22nd August 2017 and all three parties are committed to working together to implement the requirements.

The draft agreement covered a number of CCG tasked implementation areas including the work required for online consultations, training for reception and clerical staff, care navigations/ active signposting and the clinical pharmacy programme. Mrs Lepiorz suggested the tight turnaround is to allow localities to progress with plans. With regard to next steps all plans will be reviewed and each of the localities formally written to.

The Chair invited questions from around the table. Mr McCrory asked about potential clawback and if LMC committee members may be held responsible. Mr North made reference to section 15, point 15.1 of the agreement:

The CCG will be responsible and accountable for the delivery of the requirements as set out within this Agreement. However, Local Medical Committees and GP Provider/Federations are also requested to sign the Agreement to demonstrate their support in delivery.

Ms Roscoe noted that the Greater Manchester Primary Care Transformation Agreement is a legal agreement but clawback is not anticipated.

Dr Schryer suggested the report reflects the direction of travel, particularly around extended working hours and acknowledged the work of the CCG and its partners. Dr Schryer made the committee aware of the challenge to the CCG in operationalising the agreement due to significant pressures within the primary care operational side of the CCG. Mrs Boyd asked if this matter is contained on the Primary Care Commissioning Committee risk register. Dr Schyer confirmed that it isn't but suggested that the committee need to see returns and works in progress for information. Mrs Lepiorz confirmed such reporting will be delivered to the Primary Care Commissioning Committee via quarterly primary care strategy updates.

Miss O'Dwyer queried the timeline of when each of the localities will be written to. Ms Roscoe confirmed a letter of notification is due to follow. It is therefore anticipated that the receipt of a letter of confirmation can be reported at the next meeting of the Primary Care Commissioning Committee.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/08/05	Decision	Noted the content of the report	

7	PRIMARY CARE CONTRACTING- DEVELOPMENT SESSION
	<p>Mrs Lepiorz led the development session in the form of a presentation titled Primary Care Contracting- in five slides. The presentation provided an outline of the following areas:</p> <ul style="list-style-type: none"> • Primary and Secondary Legislation • Contractors and the types of core contracts • The must do, can do and may do of services including dental, general practice, optometry and pharmacy. <p>Mrs Lepiorz explained the difference between the must do can do and may do categories, in that must do services are expected to be provided throughout England, can do services consist of additional and advanced services and may do schemes have no specific definitions and are completely locally determined.</p>

The final slide included a triangle of influence, which outlined the level of influence of NHS England/ Department of Health and that of local commissioners over the three categories, the influence of local commissioners being limited to the May Do category at the top of the triangle.

Following the conclusion of the presentation the Chair invited any comments or questions. Mr North commented on the additional services listed under dental and noted the limitations of sedation within dentistry, Mr McCrory added that sedation was reduced to limited use.

Mr North queried the pharmacy must do element in relation to online pharmacies and questioned the possibility of online pharmacies being able to provide more than a dispensing service. Mrs Lepiorz noted this is an excepted category, as a distance only pharmacy would have to demonstrate to NHS England that they can provide all of the essential services and not just a dispensing service. In addition standard operating procedures would be in place i.e. upon using applications such as Skype. In terms of the disposal of unwanted medicines Mrs Lepiorz confirmed an online pharmacy would have to collect such items free of charge and return them directly to the pharmacy.

Mr North suggested services are being tailored to suit the needs of Bury and questioned how online pharmacy would be able to service the needs of Bury. Mrs Lepiorz referred back to the triangle of influence and that of local commissioners being contained within the May Do category, therefore from the point of view of Bury CCG the influence is what we can put in to the May Do category to strengthen the service and achieve what we want to achieve in Bury.

Ms Horrocks queried from a service user perspective how service users could start to influence commissioners. Mrs Lepiorz suggested the main influence is walk with your feet and looking at how we can get more involved locally. Dr Schryer suggested it could be a useful piece of work to look at how we encourage service users and neighbourhoods to influence the services that are delivered.

Mr McCrory questioned what the May Do category represents in monetary terms and in terms of feeding in to policy and commissioning going forward.

Dr Patel noted that GP payments for the three categories per patient are based on the way the core GP contract is written. In Bury the core payment within the Must Do category is £75- £78 per patient. Dr Patel outlined that for additional services provided within the Can Do category GPs receive £20 per head. For both the Must Do and Can Do categories prices cannot be determined locally, however within the May Do category where we can commission locally current prices are approximately £15 per head.

Mrs Brown asked if demographics are a factor in the level of payments received by GPs. Dr Patel stated practice area and population breakdown does have an influence and a factor may be added to determine the amount paid. Dr Patel made reference to minor ailments schemes and Mrs Brown queried if flu injections provided in pharmacy contribute towards GP practice targets. Dr Schryer confirmed vaccinations that are not carried out in GP surgeries can contribute towards targets, Mrs Lepiorz added although this is the case it depends if patients give consent for their details to be passed back to their GP, however all vaccinations carried out by NHS services do add to GP targets.

The Chair noted that an interesting wider picture of optometry, dentistry and pharmacy was presented to the Primary Care Commissioning Committee in May in the form of Local Professional Networks Transformation plans and suggested we could consider

asking the three areas for something more specific. The committee agreed to consider this suggestion and a conversation followed with regard to how patient and public engagement could help in commissioning services to implement and develop the locality plan.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/08/06	Decision	Noted the content of the report	

8 PRIMARY CARE WORK STREAM MEETING

The report provided the Primary Care Commissioning Committee with an overview of the work currently being discussed/ progressed via the Primary Care Workstream Group and any associated risks to delivery.

Dr Schryer talked through the briefing which highlighted the main areas discussed at the August work stream meeting including primary care work programme highlight reports, RightCare and the GP Patient Survey 2017 results as summarised in appendix 2. Dr Schryer made specific reference to next steps and the friends and family test as outlined on pages 6 and 7 of the appendage which demonstrates how we will change our approach for year ahead.

Mrs Boyd asked how the friends and family test triangulates with other feedback sources. Dr Schryer explained that part of the quality review is to look at the GP Patient Survey results and triangulate these with the friends and family test and individual practice surveys.

Miss O'Dwyer commented on the positivity of the next steps and suggested the attention of the committee should be drawn to the actions and changes over next 12 months.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/08/07	Decision	Noted the briefing presented	

9 PRIMARY CARE RISK REGISTER

Miss O'Dwyer presented the report which provided an updated position in respect to those risks that have been identified, assessed and categorised as having a potential impact on the CCG in relation to Primary Care. The report presented the risk position and status as at 10 August 2017.

There are currently a total of **32** risks being monitored across the organisation (excluding the Governing Body Assurance Framework) of which **2** are included on the Primary Care Commissioning Committee Risk Register.

An assessment of each risk is undertaken between the risk owner and risk manager, on a schedule specific and appropriate to each risk, with any changes or progress being recorded and outlined within the report.

The report included all open risks, irrespective of risk score for risks assigned to this committee and any risks that are the responsibility of the Primary Care Workstream, which, have a current risk level of 15+ and any risks which have been recommended for closure. It is the Committee's responsibility to oversee these risks, seek assurance that appropriate controls are in place to manage the risks and that actions are being implemented to further reduce the risk and achieve target risk score.

Since the last report to the committee there is **1** risk with no reported change:

- **New Build re: Uplands Health Centre – Structure**

This risk was not scheduled to be reviewed until 30 September 2017, however due to changes reported at the last meeting of the Primary Care Commissioning Committee in respect of the delays to the development of a new build from which services will be delivered, a re-assessment was undertaken to ensure the current level of risk (9) had not increased.

Following discussion with the risk owner, whilst the delays to the new build are known, it is expected that the target of a fully mitigated risk, to level 1, will be achieved by November 2019, in line with the revised high level milestone plan formed by NHSPS. The risk will be re-assessed in September 2017.

There is **1** risk which has reached the target score:

- **RR_SB_F_05 Uplands Health Centre - Existing Infrastructure**

This risk is intrinsically linked with the build of the new Whitefield development and is currently assessed at Level 4.

As reported, delays to the Whitefield development have been reported, which means the existing structure will need to remain suitable for service delivery for a longer time period, however this risk is currently being mitigated and managed appropriately and there is no increase to the risk of the current structure at this time due to the delays reported.

A watching brief will be maintained and the risk, although at target level will remain on the risk register until its next review in 31 March 2019. Any further impact from the new build will be considered as they arise.

During this reporting period **0** new risks have been added to the risk register.

At the last Committee Meeting it was agreed that a generic NHSPS maintenance risk would be captured to identify any concerns. This is currently under review with the Acting Chief Finance Officer. The Committee will receive an update at the September meeting.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/08/08	Decision	Received the risk report	
PCCC/08/09	Decision	Noted the updates on the risk register as reflected in Appendix A and B;	
PCCC/08/10	Decision	Noted the update provided	
PCCC/08/11	Decision	Noted the summary position including that 0 risks are due for review between 11 to 31 August 2017	

10	GM MEDICINES OPTIMISATION STRATEGY
	Miss O'Dwyer presented the first draft of a proposed Greater Manchester Medicines Strategy, which is an early iteration for sign off through the Greater Manchester Governance process in September/ October 2017. Miss O'Dwyer invited comments from the Primary Care Commissioning Committee to inform the development of this strategy.
	A discussion followed regarding the vision and key objectives contained within section 3

of the strategy and financial implications. Mr North commented that key objective 6 outlines the implementation of various prescribing measures but suggested the adherence to GM standards may be more difficult if there are more grey areas.

Dr Schryer commented that the vision of “right medicine to the right person at the right time” seems to be written from a provider perspective with a lack of public engagement and education when talking about self-care. Miss O’Dwyer added there would be an expectation that an education element within a strategy would be a significant component to align with other locality strategies.

Dr Schryer made a specific point that GPs and pharmacies had been acknowledged within the strategy but not practice nurses. Dr Patel commented that a strategy should include debates and suggested the draft strategy seemed more of an operational document. Mrs Horrocks agreed and added that the draft strategy refers to start well, live well and age well but there is a lack of reference to die well and patient choices.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/08/12	Decision	Commented on the proposed Greater Manchester Medicines Strategy	

11	WHITEFIELD UPDATE		
	Mrs Lepiorz provided the Primary Care Commissioning Committee with a brief verbal update. Mrs Lepiorz stated that work is ongoing with NHSPs with regard to obtaining robust costing information and confirmed it is expected that a further report will be presented at the next meeting of the Primary Care Commissioning Committee in September.		

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/08/13	Decision	Noted the verbal update provided	

12	PRIMARY CARE HEALTH AND WELLBEING STRATEGY SUMMARY DOCUMENT		
	<p>Dr Schryer presented the summary document which had been produced to help with patient and public engagement during the implementation of the primary care strategy. Dr Schryer talked through the patient facing summary which highlighted the key areas to help focus understanding and with promotion of the strategy. Mrs Lepiorz added that a plain English check had also been carried out on the summary document.</p> <p>Mr North made reference to the Asthma scenario on page 4 of the summary document and suggested it would be useful to include the expected outcome for asthma sufferers under ‘our vision’.</p> <p>The Chair commented that some of the information within the summary document may not be accessible for all to read, due to some of the text and background colours used. Mrs Lepiorz stated that an accessible version is also available in a plain word document.</p> <p>Mr McCrory suggested it may be a good idea to include an interactive QR code to the summary document which could then link to the website. Dr Schryer acknowledged and supported Mr McCrory’s suggestion, a discussion followed on the use of interactive QR codes and how they work.</p>		

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/08/14	Decision	Noted the content of the report	

13	CLOSING MATTERS/ FORWARD PLAN		
	A copy of the Primary Care Commissioning Committee forward plan was presented.		
	The meeting closed at 13:45.		
ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/08/15	Decision	Accepted the forward plan	

	Next Meeting		
	Wednesday 27 September 2017, 12:00 – 13:30 503/504 Townside Primary Care Centre, Bury		