

<b>Title</b>	<b>Minutes of the Primary Care Commissioning Committee 28/03/18-Meeting in Public</b>		
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<b>Approved:</b>			
<b>Signature:</b>			
			..... <b>Peter Bury, Lay Member (Chair of the PCCC)</b>

# Primary Care Commissioning Committee

## Meeting in Public

### MINUTES OF MEETING

28 March 2018

Chair – Peter Bury

## ATTENDANCE

### Members

#### Voting members

Mr Peter Bury, Lay Member, Chair

Mr David McCann, Lay Member

Mr Stuart North, Chief Officer

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

Dr Jeff Schryer, Clinical Director

Ms Sara Roscoe, NHS England

Ms Barbara Barlow, Healthwatch representative

Ms Wendy Craven, LOC representative

Mr Paul McCrory, LDC representative

### Others in attendance

Zoe Alderson, Head of Primary Care

Helen Marshall, PA to the CFO (minutes)

Stephen Woods, Greater Manchester Shared Services

1 member of the public

## MEETING NARRATIVE & OUTCOMES

### 1 Welcome, Apologies And Quoracy

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

- Mrs Fiona Boyd, Nurse Lay Member
- Mrs Anne Brown, Patient Cabinet representative
- Dr Mohammed Jiva, Rochdale and Bury LMC representative
- Mr Mohamed Patel, LPC representative

1.2 The meeting was confirmed to be quorate.

<b>2</b>	<b>Declarations Of Interest</b>		
2.1	Mr Bury reminded the Primary Care Commissioning Committee members of their obligation to declare any interest they may have on any issues arising from agenda items which might conflict with the business of NHS Bury Clinical Commissioning Group.		
2.2	Declarations made by members of the Primary Care Commissioning Committee are listed in the CCG's Register of Interests which is presented under this agenda and also available from the CCG's Corporate Office or via the CCG website <a href="#">here</a> .		
2.3	<b>Declarations of interest from today's meeting</b> There were no further declarations of interest raised from those already recorded in the register.		
2.4	<b>Declarations of interest from today's meeting</b> There were no further declarations of interest raised.		
<b>ID</b>	<b>Type</b>	<b>The Primary Care Commissioning Committee:</b>	<b>Owner</b>
PCCC/03/01	Decision	Noted the published register of interests.	

<b>3</b>	<b>Minutes Of The Last Meeting and Action Log</b>		
	<b>Minutes</b>		
3.1	The minutes of the Primary Care Commissioning Committee meeting held on 24 <sup>th</sup> January 2018 were considered and agreed as a correct record.		
	<b>Action Log</b>		
3.2	The single item was closed at the last meeting.		
<b>ID</b>	<b>Type</b>	<b>The Primary Care Commissioning Committee:</b>	<b>Owner</b>
PCCC/03/02	Decision	Approved the minutes of the meeting held on the 24 <sup>th</sup> January 2018 as a true and correct record.	
PCCC/03/03	Decision	Noted the closed action on the action log.	

<b>4</b>	<b>Public Questions</b>		
4.1	There were no public questions asked.		

<b>5</b>	<b>Pharmaceutical Needs Assessment</b>		
5.1	Mr Woods from Greater Manchester Shared Services was in attendance to present the report and take any questions. The report included a copy of the the Bury Health and Wellbeing Board Pharmaceutical Needs Assessment 2018 to 2021, appendices and Equality Analysis form all of which were circulated electronically prior to the meeting.		
5.2	The Pharmacy Needs Assessment (PNA) was last completed in 2015. It is a legal document which details services which would be desirable and necessary in a locality based on the local health needs and population demographics. There is a requirement for the Bury PNA to be refreshed by 31st March 2018.		
5.3	Bury Council and CCG, along with the other localities within Greater Manchester, have commissioned Greater Manchester Shared Services (GMSS) to undertake the development of the revised PNA. The GMSS met a steering group for this locally, which included the Council, CCG, Healthwatch and LPC to discuss the process.		

5.4	The PNA was presented to and approved by the Bury Health and Wellbeing board on the 14 <sup>th</sup> February 2018.		
5.5	Mr Bury invited questions or comments from the Primary Care Commissioning Committee.		
5.6	Mr North commented that he supported the conclusions and suggested it worthy to note his recollection that for Bury the number of pharmacies per population is the lowest in GM noting the current additional financial pressures.		
5.7	Mr Woods reported he is aware of pharmacies with financial difficulties, Mr North commented that hopefully our pharmacies are more sustainable.		
5.8	Miss O'Dwyer highlighted as a clinical skill set there is an abundance of Pharmacists. Given the number of pharmacists Miss O'Dwyer suggested it is looking at how to use the pharmacists in a different way as we progress with Transformation.		
5.9	Mr Bury thanked Mr Woods for attending to present the report.		
ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/03/04	Decision	Received the report for information following approval at the Health and Wellbeing Board on the 14 <sup>th</sup> February 2018.	

<b>6</b>	<b>Two Way Texting</b>		
6.1	The report was presented by Mrs Lepiorz. Two way text messaging is now available to all practices in Bury, some practices have been using one way messaging for a number of years and the CCG has picked up the cost of the messages. However, with two way text messaging now being available the CCG would like to level up the practices by paying for the setup of two way messaging and any associated campaigns (with the practices picking up the cost of business as usual messaging (appointment reminders). This report has been to the local IM&T group who support the move to two way messaging but agreement could not be reached on practices picking up the Business as Usual costs.		
6.2	Two way text messaging allows practices to interact with their patients in a new and convenient way for both the practice and the patient. Two way messaging allows the patient to quickly cancel a pre-booked appointment by sending a text message which automatically makes that appointment available for another patient and read codes the original appointment as cancelled by patient. Two way messaging also allows for targeted Health & Social Campaigns by allowing simple questions to be answered by patients on their phones in a matter of seconds. This form of interactive text message campaigns are now normal in everyday life and are highly effective in getting targeted customer feedback.		
6.3	There are a number of benefits to implementing two way text messaging: <ul style="list-style-type: none"> <li>• Ability to create and re-charge for any centralised campaign</li> <li>• Ability for patients to interact with the practices in a modern way</li> <li>• Practices will have the ability to utilise two way messaging for Friends and Family</li> <li>• Public Health would be able to run targeted campaigns via text message</li> </ul>		

<p>6.4</p> <p>6.5</p> <p>6.6</p>	<ul style="list-style-type: none"> <li>• Texts cost 0.035p per text average cost of a letter is £1.10 (one and two way costs are similar)</li> <li>• Ability for practices to reduce DNA rates</li> <li>• Automatic Read Coding when the patient cancels via text message</li> <li>• Solution applied to all practices</li> </ul> <p>The Primary Care Commissioning Committee were asked to:</p> <ul style="list-style-type: none"> <li>• Approve the deployment of Two Way Text messaging</li> <li>• Approve the funding for the set up and yearly service charge costs for two way messaging</li> <li>• Approve that Practices will pick up the cost of text messaging as part of business as usual regardless of whether this is two way or the existing one way function</li> <li>• Support the proposal that all future campaigns being pushed out via two way messaging will need to be funded by the requestor of the campaign</li> </ul> <p>Mr McCrory queried the charge per text message both for practices and patients and asked if links to things such as dental health videos are sent out. Mrs Lepiorz clarified that 0.035 pence is the cost to practices and there is no cost to the patient. Mrs Lepiorz explained at the moment using one way text messaging we do not provide links within messages but part of the two way text agreement is to include links going forward.</p> <p>Mr McCann declared his support for the recommendations outlined above, recognising this as the way people communicate and the need to evolve.</p>		
<p><b>ID</b></p> <p>PCCC/03/05</p>	<p><b>Type</b></p> <p>Decision</p>	<p><b>The Primary Care Commissioning Committee:</b></p> <p>Approved the recommendations.</p>	<p><b>Owner</b></p>

<p><b>7</b></p>	<p><b>Primary Care Education Strategy</b></p>
<p>7.1</p> <p>7.2</p> <p>7.3</p> <p>7.4</p> <p>7.5</p> <p>7.6</p>	<p>Dr Schryer presented the Workforce, Leadership &amp; Development Strategy. This strategy sets out the case to develop and implement a coordinated approach to workforce transformation in Bury. It will be led by the Workforce, Leadership &amp; Development Group which is a collaboration of NHS Bury CCG and Bury GP Federation. It was reviewed in November 2017 to build upon the framework of the Bury Locality Plan and the Primary Care Health and Wellbeing Strategy.</p> <p>The strategy primarily relates to general practice as the responsibility for optometry, dental and pharmacy education sits elsewhere. However, we recognise the importance of close working relationships and work done locally will include wider primary care where relevant.</p> <p>Dr Schryer invited questions in relation to this report.</p> <p>Mr McCann asked if it is felt that mergers would have an impact on the collaboration between the CCG and GP Federation. Dr Schryer acknowledged there may challenges but also opportunities to develop.</p> <p>Mr McCann referred to the communications and engagement plan. Dr Schryer recognised that Communications and Engagement are key to this piece of work moving forward.</p> <p>Mr McCrory asked if optometry, pharmacy and dentistry are to be integrated in to the</p>

7.7	<p>strategy. Mrs Lepiorz explained that as a CCG we have a responsibility for education within GP practices, but obviously want to work closely with the rest of primary care to ensure consistency in messages. Dr Schryer reported that in addition find and treat will be looking at working with colleagues, skilling up on things such as hypertension.</p> <p>Ms Roscoe commented that the strategy is a very good document. Dr Schryer expressed recognition to the author of the report Marina Ricioppo for her work.</p>		
ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/03/06	Decision	Approved the Workforce, Leadership & Development Strategy.	

8	Quality in Primary Care 18/19 contract
8.1	The report presented by Mrs Lepiorz provided details of the final content for Phase 3 of the Quality in Primary Care Contract and associated financial details.
8.2	The Quality in Primary Care Contract, Phase 3 was presented for review and agreement to the Primary Care Commissioning Committee (PCCC) on 28th January 2018, along with a number of financial models to support commissioning arrangements. During that meeting in depth discussion took place with regard to funding for the contract. The Primary Care Commissioning Committee agreed to support the commissioning of the contract in principle, voting for finance model Option 1.
8.3	Mrs Lepiorz reported that in the meantime the Primary Care team and Dr Schryer have done some work on the contract for this year. The report presented outlines the changes made to the contract (Appendix 1) and is provided to cite the Primary Care Commissioning Committee on those changes.
8.4	The Contract and supporting financial model option 1 have been presented to General Practice for sign up and the final decision regarding the financial envelope is now with Governing Body for decision.
8.5	In the context of the financial envelope Mr Woodhead informed the Primary Care commissioning Committee of the recommendation from the Financial Planning Task & Finish Group to leave this envelope intact, but stressed the point to make at Governing Body is if we fail to make savings in other areas that this is not necessarily protected.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/03/07	Decision	Noted the contents of the report.	
PCCC/03/08	Decision	Supported the recommendation to Governing Body to commission Phase 3 of the Quality in Primary Care Contract from 1 April 2018 at the suggested level of finance as detailed.	
PCCC/03/09	Decision	Received and approved the attached Phase 3 Quality in Primary Care Contract, where necessary delegating any minor changes to the Contract to the Deputy Director of Primary Care and Clinical Lead.	

9	Primary Care Workstream Meeting
9.1	Dr Schryer presented the report which 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). The report provided an update from the Primary Care Workstream Group (PCWG) meetings held in February and March including the progress on operating plan issues.
9.2	Dr Schryer reported the PCWG has explored the possibility of drilling down data at site specific level, particularly with reference to proposed mergers. In most cases the CCG will not be able to obtain this level of detail. As it is the intention to commission on population, practices will be responsible for providing site specific data; however, depending on the model adopted, this data may be unreliable (e.g. if patients can access any site). This will make neighbourhood population targets allocated to practice populations technically unlikely to be achieved.
9.3	Recognising the difficulties Miss O'Dwyer indicated that she was not hearing that this is impossible. Dr Schryer stated that a foolproof, robust system is impossible and reported at the moment a proxy marker is used, but when patients start to move around the system it would be difficult to keep a track of that.
9.4	Mrs Jones asked with regard to differential patient outcomes if we can look to analyse differently via postcode to address inequalities. Discussion followed and it was agreed that Mrs Jones would bring something back to the Primary Care Commissioning Committee to test and look at in terms of outcomes relating to neighbourhoods, it was agreed that Ms Roscoe would also assist with this.
9.5	Mr North suggested diabetes could be used as an example as there are 9 key interventions that could be recorded by neighbourhoods, this would show what patients in each neighbourhoods are receiving.
9.6	With regard to clinical waste, Dr Schryer reported that the PCWG had noted there are ongoing cost pressures around the waste collection contract despite the fact this was intended to be a cost saving measure for GM CCGs. The current contract is more expensive for Bury CCG and information requests to the providers are not being responded to. There also appears to be some GM challenges around addressing contract problems. Ms Roscoe stated that bills have increased across GM and informed the Primary Care Commissioning Committee of the ongoing dialogue in terms of validation. Ms Roscoe added the risk at the moment is the cost to the CCGs.
9.7	Mr North asked if a report is being pulled together in terms of the clinical waste issue and where is it being reported to. Ms Roscoe emphasised the ongoing dialogue on this matter and asked if there is need to request a report. Mrs Lepiorz pointed out that we have this from the finance report and although Bury CCG is paying more it is not as badly hit as some other areas. Ms Roscoe stated that she would bring a formal update to the next meeting of the Primary Care Commissioning Committee in May.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/03/01	Action	Mrs Jones and Ms Roscoe to gather information around outcomes relating to neighbourhoods to bring back to a future Primary Care Commissioning Committee meeting.	L Jones S Roscoe
PCCC/03/02	Action	Ms Roscoe to provide a formal update in relation to Clinical Waste at the next meeting in May.	S Roscoe
PCCC/03/10	Decision	Noted the contents of the report presented for information.	

<b>10 Primary Care Finance Report</b>			
10.1	Mr Woodhead presented the report which outlined the current and forecast financial position in respect of the budget delegated to the CCG from NHS England for Primary Care commissioning.		
10.2	The financial position shows a year to date (YTD) over spend of £5k and a forecast break even position against plan. Mr Woodhead confirmed here was nothing exceptional to report and this is in line with expectations at this stage. Mr Woodhead invited any questions from the Primary Care Commissioning Committee.		
10.3	There were no questions asked.		
ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/03/11	Decision	Noted the contents of the report and the risks identified to the delivery of the 2017/18 financial position.	

<b>11 Primary Care Risk Register</b>			
11.1	Miss O'Dwyer presented the report which provided an updated position in respect of those risks that have been identified, assessed and categorised as having a potential impact on the CCG in relation to Primary Care.		
11.2	The report presented the risk position and status as at <b>28 February 2018</b> .		
11.3	There are currently a total of <b>28</b> risks being monitored across the organisation excluding the Governing Body Assurance Framework (GBAF) of which <b>2</b> are included on the Primary Care Commissioning Risk Register.		
11.4	Miss O'Dwyer outlined the two risks which are relevant to the Primary Care Commissioning Committee.		
11.5	<ul style="list-style-type: none"> <li>• <b>OR_BI_09 Uplands Health Centre- Existing Infrastructure</b></li> </ul> <p>This risk was last assessed on the 23 November 2017 and reviewed by the Primary Care Committee on the 24 January 2018. The next risk assessment is due to take place on the 22 March 2018 for onward reporting in May 2018. No maintenance issues have been identified since this risk was last assessed and therefore there is no imminent likelihood of increase to the level of risk at this time.</p>		
11.6	Miss O'Dwyer asked when an update in relation to the Whitefield scheme may be provided to the Primary Care Commissioning Committee. Mr Woodhead advised following discussion at the Joint Shadow Executive Meeting that a further update should be available to bring back to the Primary Care Commissioning Committee.		
11.7	<ul style="list-style-type: none"> <li>• <b>WS_PC_F_01 Significant unforeseen financial risk in Primary Care Prescribing</b></li> </ul>		
11.8	This risk has remained a level 20 risk since October 2017, and will remain at this level until a response is received from GMH&SCP (a formal response date has not been identified by GMH&SCP). Once a response is received this risk will then be reassessed and any recommendations actioned thereafter.		



11.9	The next risk assessment is due to take place on the 27 March 2018, whereby the action and risk target due dates will be reassessed to take in to account the GMH&SCP response, if made available. A decision will also be made to consider whether this risk continues to be a risk for 2018/19 financial year.
11.10	Published prescribing data supports the monitoring of the financial impact of this risk. During the January 2018 risk assessment, it was identified that since October 2017 drugs for hypertension, depression and fungal diseases have increased in price significantly indicating that the full price concession impact from April - November 2017 is £1,014,608 with November 2017 alone being £162,838.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/03/12	Decision	Received the risk report.	
PCCC/03/13	Decision	Noted the risks on the risk register as reflected in Appendix A and B.	
PCCC/03/14	Decision	Noted the update provided.	
PCCC/03/15	Decision	Noted the summary position and the risks that will be reported through the Corporate Risk Register.	

<b>12</b>	<b>Closing Matters/Forward Plan</b>		
12.1	As this was Dr Patel's last Primary Care Commissioning Committee meeting, Mr Bury thanked Dr Patel for his work both on behalf of this Committee and the CCG. Dr Patel acknowledged Mr Bury's remarks.		
ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/03/16	Decision	Accepted the forward plan.	





**Primary Care Commissioning Committee Action Tracker**

Status	Date agreed	Action	Update	Responsible
Open	28-Mar-18	PCCC/03/01- Mrs Jones and Ms Roscoe to gather information around outcomes relating to neighbourhoods to bring back to a future Primary Care Commissioning Committee meeting.		LJ/SR
Open	28-Mar-18	PCCC/03/02- Ms Roscoe to provide a formal update in relation to Clinical Waste at the next meeting in May.		SR