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Approved:			
Signature:		 Peter Bury, Lay Member (Chair of the PCCC)

Primary Care Commissioning Committee

Meeting in Public

MINUTES OF MEETING

27th March 2019

Chair – Peter Bury

ATTENDANCE

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
Mrs Marie Clayton, Deputy Director of Primary Care

Non-voting members

Dr Jeff Schryer, CCG Chair
Dr Cathy Fines, Clinical Director
Mrs Ann Gough, NHS England
Mrs Joanne Horrocks, Healthwatch Representative
Dr Mohammed Jiva, Rochdale and Bury LMC Representative
Mr Richard Rawlinson, LOC Representative
Mr Paul McCrory, LDC Representative

Others in attendance

Kate Foster, Tower Family Healthcare
Paul Massey, Tower Family Healthcare
Jeanette Tilstone, Head of Medicines Optimisation
Helen Marshall, PA to the Executive Nurse (minutes)

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: <ul style="list-style-type: none">• Mr Geoff Little, Accountable Officer• Mrs Anne Brown, Patient Cabinet representative
1.2	The meeting was confirmed to be quorate.

2 Declarations of Interest			
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.		
Declarations of interest from today's meeting			
2.3	Dr Fines advised that her declared interest in Tower Family Healthcare required updating to reflect that her Member Practice has merged to form part of Tower Family Healthcare.		
2.4	With regard to agenda item 6- Redbank Application for Additional Accommodation at Radcliffe Primary Care Centre, Mr McCann highlighted a potential interest in relation to his role on the Board of Rock Healthcare. This was in light of Redbank Group Practice occupying the same floor as Rock Healthcare at Radcliffe Primary Care Centre. The Chair noted this potential conflict of interest and would advise on the preferred course of action for mitigating any conflict should it occur when the item is discussed.		
2.5	It was noted that there were no further declarations made from those already recorded in the register.		
Declarations of interest from the previous meeting			
2.6	It was noted that there were no declarations of interest in relation to the previous meeting.		
ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/03/01	Decision	Noted the published register of interests.	

3 Minutes Of The Last Meeting and Action Log			
Minutes			
3.1	The minutes of the Primary Care Commissioning Committee meeting held on 23 rd January 2019 were considered and agreed as a correct record.		
Action Log			
3.2	The action log was reviewed and the single open action was closed as the matter is included for discussion under agenda item 7- LCS Final Documents.		
ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/03/02	Decision	Approved the minutes of the meeting held on the 23 rd January 2019 as a true and correct record.	
PCCC/03/03	Decision	Noted the updates provided in relation to the action log.	

4 Public Questions	
4.1	There were no public questions asked.

5	Tower Family Healthcare Merger Update
5.1	Mr Massey and Ms Foster from Tower Family Healthcare provided a joint presentation which gave an update on the Tower Family Healthcare merger- 'Our Story so Far'.
5.2	Mr Massey provided some background information with regard to the financial and legal aspects of the merger, including the due diligence process. Mr Massey highlighted the significant level of investment, both from a financial perspective and from the point of view of time. Prior to the merger some of the practices had a partnership agreement in place and some did not, Mr Massey advised that a partnership agreement is now in place for all sites. He also advised that the outlook for the end of year forecast is positive.
5.3	Ms Foster provided an update from the point of view of Patients, Staff and Partners, she advised that the Patient Participation Groups (PPG), Staff and Partners have continued engagement and have recently commenced regular whole partnership meetings.
5.4	In reference to the beginning of the merger process, Ms Foster highlighted the contribution from the Bury CCG Primary Care Team and the NHS England Primary Care representative, she also acknowledged the contribution from the CQC Relationship Manager.
5.5	From an IT perspective Ms Foster advised that it has not yet been possible to completely merge, due to issues experienced during IT testing. Currently two patient databases are in operation, however it is anticipated these will merge to a single database by June 2019, as further rigorous testing has taken place and been successful.
5.6	Upon reflection of the initial barriers to communication between the practices at the beginning of the merger process, Mr Massey highlighted how these have been broken down along the way with the assistance of technology through Microsoft Teams.
5.7	With regard to the staff Transfer of Undertakings Protection of Employment (TUPE) process, Ms Foster highlighted the key role of employee representatives from each practice in that process and advised that all staff have been maintained on the same Terms and Conditions as prior to the merger.
5.8	Mr Massey highlighted the key achievements to date including cross site working which has enabled skill sharing, thus lower spend on locum staff. Intelligent rostering work will be ongoing in the next 3 months and it is anticipated that a working product of intelligent roster will be available to include room bookings.
5.9	Ms Foster added that the Tower Family Healthcare Administrative functions are working together on Electronic Prescription Services (EPS) and Docman. In terms of recruitment Ms Foster advised that Tower Family Healthcare have recruited GPs and Nurse Practitioners and there is also a Pharmacy division for all sites. The presentation concluded and questions were invited.
5.10	Firstly Miss O'Dwyer recalled an area of concern highlighted at the beginning of the merger process with regard to the Tower Family Healthcare footprint working alongside the development of Neighbourhood Teams. Miss O'Dwyer queried how this works in practice and secondly if Tower Family Healthcare have received any expressions of

	interest from other practices.
5.11	With regard to the first part of the question Ms Foster outlined the involvement of some of the GPs from Tower Family Healthcare in the development of Neighbourhood Teams across all sectors and suggested the actions of Tower Family Healthcare have shown a commitment to neighbourhood working. Ms Foster also made reference to a meeting due to take place later in the week to discuss the Primary Care Network (PCN).
5.12	In reference to the second part of the question Mr Massey advised that Tower Family Healthcare have received contact and held conversations with other GP practices with regard to the merger process. However, following initial enquiries no practices have pursued subsequent conversations with Tower.
5.13	In terms of learning, Mrs Horrocks asked if patients have been asked for feedback with regard to their thoughts on the merger process. Ms Foster advised that this has been sought via Patient Participation Groups (PPGs) and advised that the feedback received has not differed to that from prior to the merger. Ms Foster added that Electronic Prescription Service (EPS) has made a difference to patients and staff as it has increased interaction and it is felt this has made the experience more positive.
5.14	Dr Schryer asked with regard to the progress in terms of quality improvement and improving patient outcomes. Mr Massey highlighted that improving patient outcomes is the first and foremost the main focus and in the new financial year Tower Family Healthcare patients will have the ability to reach across sites.
5.15	From a performance perspective Ms Foster advised that over the last three months the performance team across Tower Family Healthcare have centralised; referred to as 'Team CAM' the team has worked together to allow a global overview of performance across all sites. Mr Massey added that bringing in new technology such as Microsoft Teams has enabled excellent communication between staff.
5.16	Mr Bury thanked Mr Massey and Ms Foster for the presentation and update provided. Miss O'Dwyer suggested both representatives are invited back to the September meeting of the Primary Care Commissioning Committee to provide an update with regard to patient outcomes 13 months after the establishment of Tower Family Healthcare. The Committee agreed to include this on the forward plan for September 2019.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/03/04	Decision	Noted the contents of the presentation and update provided.	
PCCC/03/01	Action	Additional Tower Family Healthcare Merger update to be included on the forward plan for September 2019.	MC

6	Redbank Application for Additional Accommodation at Radcliffe Primary Care Centre
6.1	Mrs Clayton presented the report which sought approval to fund additional space, as per the enclosed Application for Additional Accommodation submitted to the Bury Strategic Estates Group by the Practice (Appendix 1).
6.2	The report included the response and recommendation from the Bury Strategic Estates Group following their assessment of the request to convert a sub-waiting area

	(reference 2076) to a non-clinical office space at Radcliffe Primary Care Centre.		
6.3	The Primary Care Commissioning Committee reviewed the application together with the assessment made by the Bury Strategic Estates Group and were asked to: <ul style="list-style-type: none"> Note the contents of the report. Consider the request for additional rooms at Radcliffe Primary Care Centre to accommodate non-clinical staff in sub-wait area (2076). 		
6.4	Upon consideration of this request and the comments from the Estates Sub-Group, the Primary Care Commissioning Committee decided not to support the application for the reasons outlined in the report under section 5.1, and therefore the application from Redbank Group Practice was not supported.		
6.5	In relation to the potential conflict of interest as referenced under agenda item 2- Declarations of Interest, it was noted that no conflict had arisen during the discussion.		
	Type	The Primary Care Commissioning Committee:	Owner
PCCC/03/05	Decision	Noted the contents of the report and agreed not to support the application from Redbank Group Practice.	

7	LCS Final Documents
	<u>Quality in Primary Care (QiPC) Contract (Phase 4)</u>
7.1	The Quality in Primary Care (QiPC) Contract, Phase 4 was presented for review and agreement to the Primary Care Commissioning Committee at the last meeting on 23 rd January 2019.
7.2	At the meeting in January the Primary Care Commissioning Committee noted that the financial envelope had yet to be determined before the final release of the Contract to General Practice for sign up and therefore gave delegated authority to a sub-group of its members for changes to be made to the contract.
7.3	Mrs Clayton presented an updated report to the Primary Care Commissioning Committee (27 th March 2019) following the review of the contract and the changes made in line with the awarded delegated authority. The report included the final Contract for Phase 4 enclosed at Appendix 1 with the changes made since 23 rd January 2019 reflected in the documents detailed mark-up.
7.4	The Primary Care Commissioning Committee was asked to note the contents of the updated report presented and to receive and approve the Final Phase 4 Quality in Primary Care Contract. Mrs Clayton advised that the financial envelope for the contract is still to be determined by the Governing Body later in the day (27 th March 2019) and that any further changes identified by the Governing Body will be made accordingly.
7.5	In terms of next steps following approval from the Primary Care Commissioning Committee, the final Phase 4 contract and supporting financial methodology (once approved by Governing Body) will be issued to General Practice for their intent to sign the contract for delivery from mid-April 2019.
7.6	Phase 4 of the Contract will see the continued implementation of all 9 Standards alongside a suite of Overarching Population Based targets to move the contract forward, ensuring Bury retains stability and builds on the foundations laid across the first 3 years of the contract whilst recognising the changing landscape, ensuring the

	contract remains fit for purpose.
7.7	Miss O'Dwyer provided further context in relation to Primary Care funding as part of the whole resource envelope and overarching financial plan. This prompted detailed discussion in relation to the contents of the Quality in Primary Care financial envelope due to be determined by the Governing Body later in the day (27 th March 2019).
7.8	Consideration was given by the Primary Care Commissioning Committee with regard to a proposed adjustment in funds being committed to support Quality in Primary Care. In depth discussion ensued in relation to funding, outcomes, delivery of GM Standards and to the potential impact upon GP engagement and Practices. It is proposed to the Governing Body that the financial envelope is reduced by £300k and the report identified the metrics which would be omitted in recognition of this reduction.
7.9	Mr McCann queried the involvement of the LCA and asked if there had been a change to the original intention for the LCA to oversee this process.
7.10	Mrs Clayton advised that the original intention was for the LCA/ GP Federation to lead this process. However developments with the LCA meant that the timescale would not permit for this to be done in time to agree the Quality in Primary Care contract for April 2019. Two previous versions had been shared with Practices, prior to the decision that the CCG should oversee the agreement process for the 2019/20 Quality in Primary Care scheme.
7.11	Mrs Clayton then described the engagement process, advising that the standards have remained the same but the Key Performance Indicators (KPIs) have changed. Mrs Clayton highlighted the ongoing dialogue with practices since the beginning of the calendar year (2019) and also the opportunities provided for consultation during that period.
7.12	Further discussion followed with regard to consultation with practices in relation to the financial envelope. It was noted that separate funding schemes are available and practices are sighted that there will be variations in year. It was also noted that the finances are ultimately a decision for the Governing Body.
7.13	Considering that the financial envelope is yet to be settled and that the month of April commences within the next week Dr Jiva sought clarity from a General Practice point of view if GP practices should continue in the existing circumstances until there is clarity. Miss O'Dwyer reminded that there is a contract in place from April 2019 and there is need to maintain the status quo, until changes are agreed with both parties. <i>Dr Schryer and Dr Fines left the meeting at 13:30.</i>
	<u>Combined LCS Contract (2019/20)</u>
7.14	Miss O'Dwyer presented the report which outlined the proposed content for the Combined LCS Contract for 2019/20, with the full contract enclosed at Appendix 1.
7.15	Bury CCG intends to recommission the Combined LCS Contract from 1 st April 2019 to 31 st March 2020. It was noted that the Combined LCS remains predominantly unchanged from 2018/19, however, to ensure continued business justification, the CCG have expanded the Clinically Appropriate Blood Testing section, as outlined within 'Table 1' on pages 4-5 of the report.

7.16	The CCG are currently awaiting confirmation of the financial envelope as agreed by Governing Body which will be paid to practices via the weighted Carr Hill formula (adjusted on a quarterly basis), based upon the registered population figures provided by NHS England for 1 st April 2019.
7.17	The Primary Care Commissioning Committee were asked to agree to the additional content and financial envelope for the Combined LCS for 2019/20.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/03/06	Decision	Noted the contents of the Quality in Primary Care (Phase 4) report.	
PCCC/03/07	Decision	Noted the proposed reduction of £300k and associated metrics for the Quality in Primary Care scheme for 2019/20.	
PCCC/03/08	Decision	Noted that the Governing Body will be considering the allocated resources with the Quality in Primary Care as part of the overall financial plan, later on that day and as such this is not yet agreed.	
PCCC/03/09	Decision	Noted that further work may be required in terms of the metrics for discussion with Practices prior to finalisation.	
PCCC/03/10	Decision	Noted the contents of the Combined LCS Contract report and agreed to the additional content and financial envelope.	

8	Innovation & Evolution GP Contract Reform – 5 Year Framework
8.1	Due to the level of discussion during the previous agenda items, there would not be sufficient time for Mrs Clayton to provide the presentation on the 5 year framework.
8.2	It was therefore agreed that this item would remain on the agenda for the next meeting of the Primary Care Commissioning meeting scheduled to take place on the 22 nd May 2019.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/03/11	Decision	Agreed to defer the presentation to the next meeting of the Primary Care Commissioning Committee in May.	
PCCC/03/02	Action	GP Contract Reform – 5 Year Framework to be included on the agenda for the next meeting in May 2019.	MC

9	Non- Medical Prescribing Policy
9.1	Mrs Tilstone was invited to join the meeting to present the report which outlined the Non-Medical Prescribing Policy.
9.2	Whilst NHS Bury CCG now has a designated Non-Medical Prescribing (NMP) Lead, it does not have a strategy around Non-Medical Prescribing to provide assurance around current prescribers and to promote further development of this resource which is becoming essential for the successful transformation of primary care services.
9.3	Mrs Tilstone highlighted the key purpose of the policy to set out a framework to establish a consistent approach for Non-Medical Prescribing within the CCG. It applies

	to all registered nurses, pharmacists and other appropriate allied health professionals employed by a GP practice (or other provider linked to the CCG prescribing budget where the provider does not have its own NMP Lead) who, in accordance with their job descriptions, undertake prescribing as part of their role.		
9.4	Mrs Tilstone advised that the policy had been discussed previously at the Clinical Cabinet meeting on 6 th February 2019, where it was recommended that the policy be adopted and implemented across Bury, subject to ratification from the Primary Care Commissioning Committee.		
9.5	The Primary Care Commissioning Committee accepted the report along with the recommendation from the Clinical Cabinet and approved the Non- Medical Prescribing Policy for adoption and implementation across Bury.		
ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/03/12	Decision	Approved the recommendation of the Clinical Cabinet for the policy to be adopted and implemented across Bury.	SC

10	Primary Care Finance Report		
10.1	Due to the level of discussion during the previous agenda items, time would not permit discussion of this report or any of the subsequent reports marked for information.		
10.2	The Primary Care Commissioning Committee therefore agreed to note the contents and accept the recommendations of this report and that of all subsequent reports marked for information.		
ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/03/13	Decision	Noted the contents of the report and the risks identified to the delivery of the 2018/19 financial position.	

11	Primary Care Risk Register		
11.1	In line with the discussion under agenda item 10 (Primary Care Finance Report), the Primary Care Commissioning Committee noted the contents of the risk report and accepted the recommendations.		
ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/03/14	Decision	Noted the update provided in the executive summary.	
PCCC/03/15	Decision	Received the risk report.	
PCCC/03/16	Decision	Noted the risks on the risk register as reflected in Appendix A and B.	
PCCC/03/17	Decision	Discussed the updates provided.	
PCCC/03/18	Decision	Noted the summary position; and the risks that will be reported through the Corporate Risk Register.	

12	GP Federation Contract Update		
12.1	In line with the discussion under agenda item 10 (Primary Care Finance Report), the Primary Care Commissioning Committee noted the contents Bury GP Federation contract meeting action log.		
ID	Type	The Primary Care Commissioning Committee:	Owner

PCCC/03/19	Decision	Received the Bury GP Federation contract meeting action log for information.	
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13	Primary Care Workstream Update		
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13.1	As per the discussion under agenda item 10 (Primary Care Finance Report), the Primary Care Commissioning Committee noted the contents of the Primary Care Workstream report and accepted the recommendations.		
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ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/03/20	Decision	Noted the briefing being presented and supported the recommendation to amend standard 7 within phase 4 of the Quality In Primary Care Contract (Section 13, Appendix 4)	

14	Closing Matters/Forward Plan		
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14.1	It was noted that there were no closing matters in relation to the agenda for discussion.		
14.2	On a separate matter Mr Bury advised that this was Mrs Horrocks final Primary Care Commissioning Committee meeting before her retirement. Mr Bury extended thanks to Mrs Horrocks on behalf of the committee for her valued contribution, and this was endorsed by the Primary Care Commissioning Committee		
14.3	The forward plan was noted and accepted.		

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/03/21	Decision	Accepted the forward plan.	

Primary Care Commissioning Committee Action Log

Status	Date agreed	Action	Update	Responsible
Closed	23-Jan-19	PCCC/01/04- Sub-group of PCCC members to hold a discussion outside of the meeting with regard to the Quality in Primary Care Contract 2019/20 (Phase 4) finances.	27/03/19- Included on the agenda for discussion under agenda item 7- LCS Final Documents. Action closed.	PB, JS & SH
Closed	27-Mar-19	PCCC/03/01- Additional Tower Family Healthcare Merger update to be included on the forward plan for September 2019.	04/19- Item included on the forward plan for September 2019. Action closed.	MC
Closed	27-Mar-19	PCCC/03/02- GP Contract Reform – 5 Year Framework to be included on the agenda for the next meeting in May 2019.	04/19- Item included on the forward plan/agenda for May 2019. Action closed.	MC