

<b>Title</b>	<b>Minutes of the Primary Care Commissioning Committee 22/01/2020-Meeting in Public</b>		
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11/02/2020	0.1	H Marshall	Initial draft submitted to A Lepiorz for review
18/02/2020	0.2	H Marshall	Amendments received from A Lepiorz
<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

22<sup>nd</sup> January 2020

Chair – Peter Bury

### ATTENDANCE

#### Members

##### Voting members

Mr Peter Bury, Lay Member, Chair  
Mr Geoff Little, Accountable Officer  
Mr Mike Woodhead, Chief Finance Officer  
Miss Margaret O'Dwyer, Director of Commissioning and Business Delivery  
Mrs Lesley Jones, Director of Public Health  
Mrs Fiona Boyd, Nurse Lay Member  
Mrs Amy Lepiorz, Deputy Director of Primary Care /Head of Delivery, Bury Local Care Organisation

##### Non-voting members

Dr Jeff Schryer, CCG Chair  
Dr Cathy Fines, Clinical Director  
Mrs Ann Gough, NHS England Representative  
Ms Barbara Barlow, Healthwatch Representative  
Dr Mohammed Jiva, LMC Representative

#### Others in attendance

Zoe Alderson, Head of Primary Care  
Rachele Schofield, Primary Care Manager  
Helen Marshall, PA to the Executive Nurse (minutes)

### MEETING NARRATIVE & OUTCOMES

<b>1</b>	<b>Welcome, Apologies And Quoracy</b>
1.1	Mr Bury welcomed those present to the meeting and noted apologies had been received from: <ul style="list-style-type: none"><li>• Mr Mohamed Patel, LPC Representative</li><li>• Mr Richard Rawlinson, LOC Representative</li></ul>
1.2	Mr Bury advised that although the meeting required the presence of one more voting member to be quorate, the meeting would commence, with decisions taken in good faith until an additional voting member arrives.

<b>2 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.		
<b>Declarations of interest from today's meeting</b>			
2.3	It was noted that there were no further declarations made from those already recorded in the register.		
<b>Declarations of interest from the previous meeting</b>			
2.4	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/01/01	Decision	Noted the published register of interests.	

<b>3 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 27 <sup>th</sup> November 2019 were considered and agreed as a correct record.		
<b>Action Log</b>			
3.2	The action log was reviewed and updates recorded on the action log.		
3.3	On a matter not recorded on the action log Mr Bury asked if Mr Little had resolved the query of public accessibility to the Local Care Organisation (LCO) Board meetings. Mr Little advised he would raise the query at the next LCO Board meeting and provide an update to the Primary Care Commissioning Committee (PCCC). It was agreed that this item is to be added to the action log.		
3.4	Mr Bury advised that action PCCC/11/02 (PCCC Finance Reports) would be updated later in the meeting when Mr Woodhead arrives (see closing matters).		
3.5	On a different matter not included on the action log Mrs Lepiorz provided a brief update with regard to the Memorandum of Understanding (MoU). Confirmation has been received that 3 of the 4 networks are satisfied with the content with an extended deadline of today (Wednesday 22 <sup>nd</sup> January) set for the fourth Primary Care Network (PCN). Mrs Lepiorz advised that she will provide an update as soon as confirmation from the fourth PCN is received.		
<i>Miss O'Dwyer, Mrs Jones and Mr Woodhead joined the meeting at 12:05 and the meeting was confirmed to be quorate.</i>			
ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/01/02	Decision	Approved the minutes of the meeting held on the 27 <sup>th</sup> November 2019 as a true and correct record.	
PCCC/01/03	Decision	Noted the updates provided in relation to the action log.	

PCCC/01/01	Action	Mr Little agreed to raise the query of public accessibility at the next LCO Board meeting and provide an update to the PCCC.	
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<b>4</b>	<b>Public Questions</b>
4.1	There were no public questions asked.

<b>5</b>	<b>Quality in Primary Care (Phase 4)</b>
5.1	Mrs Lepiorz introduced the report, providing a background overview. Mrs Alderson and Ms Schofield were present to answer any technical queries in relation to the report.
5.2	In 2016/17 Bury CCG purchased an IT tool within Vision + to support the monitoring and delivery of the Quality in Primary Care (QIPC) contract. The tool known as 'Outcomes Manager' was purchased to provide the CCG with a way of automatically extracting data within a set of parameters, to enable the monitoring of locally commissioned services (LCS) at a pseudo level, thereby releasing data quality (DQ) time to focus on DQ work.
5.3	The report outlined the issues experienced to date with regard to this tool. Historically there have been issues when rolling out updates/changes to the contract, mainly due to the complexity of the searches that are built to interrogate general practice systems. However unlike previous years it has not been possible this year to completely resolve the issues in order to have a tool that is fully functional within a reasonable timeframe.
5.4	The report outlined the issues experienced to date and the contributing factors to this years' tool being unusable within a reasonable timeframe. With 2 months remaining the CCG are continuing to work alongside Vision to try to resolve these issues.
5.5	The PCCC were asked to consider the information presented in the report along with the potential risks, and to discuss and agree how to proceed from the 3 possible options, given the likely challenge come year end reconciliation of achievement against the contractual requirements.
5.6	Discussion ensued in relation to the content of the report, with a focus on the 'Bespoke Search' data source as outlined in table 1, at section 3.4 of the report. Within table 1 the KPIs measured via bespoke search (which are still within the practices control to achieve) were split in to three categories, these are 'yes', 'possible' and 'no'. Mrs Alderson highlighted that the priority areas to focus on are the 'possible' and the 'no'.
5.7	Miss O'Dwyer summarised her understanding that even if the issues with Outcomes Manager could be resolved, there are still issues in the DQ specification. Mrs Alderson reported that it is now considered that Outcomes Manager has reached an appropriate point in line with what has been requested, this is to be rolled out today (Wednesday 22 <sup>nd</sup> January) and it is expected that the information should be correct.
5.8	Mr Bury asked if the Outcomes Manager will be an ongoing issue moving forward. Mrs Lepiorz advised that by time the Phase 5 contract is underway, it is unlikely that this will be an issue. Mr Woodhead sought clarity if he was hearing correctly that, if the DQ was improved, then the service issues would be resolved. Mrs Lepiorz advised that it is not just the DQ but a combination of DQ service from Vision and Greater Manchester Shared Services (GMSS), and contractual issues.

5.9	Mr Bury asked the PCCC to consider the next steps to take this forward which may be to delegate to a group of PCCC members and the Primary Care Team to work through queries and provide an update. Dr Schryer agreed and suggested a rapid decision is needed. Mrs Alderson recommended that the PCCC should not discuss the 'yes' category but as a minimum should be discussing the 'no' and 'possible' category.
5.10	Mr Woodhead noted there was not a clear recommendation from the report but advised that he supported Mrs Alderson's view that there should be discussion with regard to the 'no' and 'possible' category but not the 'yes' category. Discussion followed in relation to each category 'yes', 'no' and the 'possible'.
5.11	Mrs Lepiorz pointed out that looking at the performance for this year in comparison to last the 'possible' are more case by case. Mr Woodhead asked if there is a level of tolerance on the 'possible' category, Mrs Lepiorz advised that there is. Mr Woodhead also asked how Clinicians may feel about not being held to account on the 'no' category; being held to account on the 'yes' category and having a level of tolerance on the 'possible' category. Dr Schryer indicated that he would agree with not holding practices to account on the 'no' category as it would create logistical problems.
5.12	Mr Woodhead proposed to follow option 1 (to continue to work with vision in the hope that the tool is ready and accurate as soon as possible) with any practice management queries directed to a delegated group of Mr Woodhead, Mrs Lepiorz and Dr Schryer. Mr Woodhead advised that he would liaise with the CCG IT lead with regard to DQ and requested that he is made aware of any issues with regard to DQ.
5.13	Mrs Jones expressed a level of concern with regard to DQ as it underpins the work we undertake. Mrs Jones suggested that the PCCC as a committee needs assurance around how the DQ issues are being tackled.
5.14	Mr Bury asked if the PCCC were satisfied with the proposed approach to the three different categories and how the queries are to be managed and delegated. The PCCC agreed that they were in support of Mr Woodhead's proposal detailed above and agreed this approach as the way forward.
5.15	Mrs Lepiorz drew the attention of the PCCC back to action PCCC/11/01 (amended wording of the revised service specification at standard 9) and circulated copies of the proposed updated wording to the contract variation. Discussion ensued with regard to the update wording. Mrs Jones asked how any disputes would be handled; Mrs Lepiorz advised that the primary care team would be able to break down any disputes by practice.
5.16	In relation to the second bullet point within the amended wording, Miss O'Dwyer pointed out that individuals will have their own perspective of the meaning of the word 'reasonable'. Dr Fines suggested Neighbourhood leads could possibly discuss this point further, however Mrs Alderson highlighted the limited time available until the end of March and suggested that leaving the wording as 'reasonable' will encourage practices to continue towards the target. Mr Woodhead queried the value associated with this variation; Mrs Lepiorz advised the value is £17k in total, highlighting the role of the dispute panel and the need to allow that panel to undertake its role.
5.17	Following this discussion Mr Bury asked if the PCCC agreed with the updated wording of the contract variation as presented. The PCCC agreed the updated wording

		presented as final.	
ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/01/04	Decision	Considered the information presented within the report.	
PCCC/01/05	Decision	Considered the potential risks both financial and reputational.	
PCCC/01/06	Decision	Agreed the preferred course of action to take from the options described within the report as option 1, with any practice management queries to be directed to a delegated group of Mr Woodhead, Mrs Lepiorz and Mrs Alderson.	
PCCC/01/02	Action	Mr Woodhead to liaise with the CCG IT lead with regard to DQ.	MW
PCCC/01/07	Decision	Approved the updated wording to the contract variation in relation to action PCCC/11/01.	

6	Quality In Primary Care (Phase 5) update
6.1	Mrs Lepiorz presented the report, which followed on from the Phase 5 reports submitted to the Primary Care Commissioning Committee (PCCC) on 25 <sup>th</sup> September 2019 and on 27 <sup>th</sup> November 2019.
6.2	The report presented today (Wednesday 22nd January 2020) gave an overview of the developments since the last meeting and advised of the next steps, as progress is made towards Stage 3 – Contracting, the aim of which is to develop and agree a contracting and payment mechanism. The report also included the draft service specification for the next financial year enclosed at appendix one.
6.3	<p>The proposed contract spans three years, commencing on 1 April 2020 ending on 31 March 2023 with the intended delivery outlined as follows:</p> <ul style="list-style-type: none"> <li>• Section 1: Contractual Gateway Requirements- the minimum requirements of any practice signing up to deliver against the service specification.</li> <li>• Section 2: Neighbourhood Selected Outcome Based Indicators- a selection of grouped outcome-based indicators in clinical areas which have been shown to have the greatest impact of the health of our communities.</li> <li>• Section 3: Performance Measures- Practices will work with their neighbourhood colleagues to ensure their action plans contain a list of performance measures and a detailed trajectory for those performance measures.</li> </ul>
6.4	In terms of next steps, Stage 3 of the project (where the contracting conversations will take place between the commissioner and the provider) is now scheduled to begin. It is intended that February 2020 will see the final version of the contract issued to providers for signature, along with any sub-contracts that may be required. This will require the PCCC to make a decision on the final contract outside of the scheduled business slots.
6.5	The project will reach its close in March 2020 with signed contracts being returned to the CCG, alongside a formal update being passed to the PCCC, culminating in the contract going live on 1 April 2020. At this point, the project will be reviewed, and an evaluation conducted to establish the lessons learned whilst developing this new

	commissioning model for primary care.
6.6	<p>It was recommended that the Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> <li>• receive the paper as assurance that the Quality in Primary Care (Phase 5) project approach is being followed</li> <li>• receive the outputs since November</li> <li>• approve the continued work through the project process</li> </ul>
6.7	Discussion followed with regard to the financial resource envelope for the Phase 5 contract in terms of it not being part of the delegated budget.
6.8	Mr Bury asked if the PCCC were willing to accept the recommendations as outlined within the report as above. The PCCC agreed that they were satisfied with the recommendations.
6.9	In terms of the PCCC being required to make a decision on the final contract outside of the scheduled business slots, Mr Bury asked if an additional PCCC meeting is required to take place in February 2020. Considering agreement is required by the end of March 2020, Mrs Lepiorz suggested holding off on arranging an additional meeting for the time being as a detailed project plan can be produced by the end of February/ beginning of March with an additional meeting arranged if required.

	Type	The Primary Care Commissioning Committee:	Owner
PCCC/01/08	Decision	Received the paper as assurance that the Quality in Primary Care (Phase 5) project approach is being followed.	
PCCC/01/09	Decision	Received the outputs since November.	
PCCC/01/10	Decision	Approved the continued work through the project process.	
PCCC/01/11	Decision	Agreed not to arrange an additional PCCC meeting in February for the time being, but to do so if it becomes apparent that an additional meeting is required.	

<b>7</b>	<b>Primary Care Networks</b>
7.1	<p>Mrs Lepiorz presented the Primary Care Networks (PCN) paper. The GP contract framework set out seven national service specifications that will be added to the Network Contract Direct Enhanced Service (DES), with five services starting from April 2020, and a further two from April 2021. The five services are:</p> <ul style="list-style-type: none"> <li>• Structured Medication Reviews and Optimisation</li> <li>• Enhanced Health in Care Homes (jointly with community services providers)</li> <li>• Anticipatory Care (jointly with community services providers)</li> <li>• Personalised Care; and</li> <li>• Supporting Early Cancer Diagnosis</li> </ul>
7.2	<p>The DES and the GM response to the consultation were enclosed within the report for information. The DES had been brought to make the committee aware of the content of the DES and to show how commissioners manage that. Mrs Lepiorz advised the committee that the CCG had missed the 10<sup>th</sup> January deadline to feed in to the GM response, however Bury would not have wished to have fed back anything different.</p>

7.3	Mrs Lepiorz highlighted that the DES it is quite descriptive around community services to aligning with Network footprint. Dr Jiva advised the PCCC that the Bury and Rochdale LMC provided positive feedback to GM with regard to additional staff and funding. Mrs Gough reiterated that there is a sense of positivity, but there is still more work to do.		
7.4	The PCCC noted the enclosed draft service specifications and it was noted that this agenda item will be a regular item for the rest of 2020.		
ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/01/12	Decision	Received the enclosed draft service specifications.	

<b>8 Locally Commissioned Services (LCS)</b>			
8.1	Bury Clinical Commissioning Group (CCG) currently commission three additional services from Rock Healthcare, an Alternative Provider Medical Service (AMPS). The CCG began commissioning the additional services from Rock Healthcare on 1 <sup>st</sup> April 2018 with all 3 contracts are due to expire on 31 March 2020. The report outlined each additional service in Table 1 at section 2.1.		
8.2	Rock Healthcare are required to submit quarterly returns to the CCG reporting on performance against Contractual KPIs. The report advised that Rock Healthcare have performed consistently against those KPIs since inception with the performance against each contractual KPI as at Q2 2019/20 shown in tables 2, 3 and 4 at section 3.1 of the report for reference.		
8.3	The CCG wrote to Rock Healthcare on 25 <sup>th</sup> November 2019 to advise that, as part of standard commissioning processes the CCG were reviewing both the need for these services and the current contracting arrangements in place and further advised that the review would be complete in January 2020 noting that, unless otherwise informed, all 3 contracts would end on 31 March 2020.		
8.4	Mrs Lepiorz advised the PCCC that although some performance issues had recently come to light; there had been no prior performance issues and the CCG are satisfied with the service provided overall. Therefore the recommendation is to continue to commission all three contracts from Rock Healthcare on a rolling 12-month basis in order to allow adequate time to review the services in line with the complex needs of the system.		
8.5	Mrs Lepiorz advised that subject to agreement by the PCCC, the continuation of the three contracts on a rolling 12-month basis would be recommended to the CCG Finance, Contracting and Procurement Committee. Miss O'Dwyer suggested based on the procurement advice she would agree with the recommendation and for this to be taken to the Finance, Contracting and Procurement Committee.		
8.6	The PCCC agreed the recommendation to continue with the current commissioning arrangements with Rock Healthcare on a 12-month rolling basis and for this to be recommended to the Finance, Contracting and Procurement Committee.		
ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/01/13	Decision	Agreed the current commissioning arrangements with Rock Healthcare on a 12-month rolling basis.	



<b>9</b>	<b>Commissioning Reviews</b>
9.1	Due to the length of discussion in relation to the previous agenda items, there would not be sufficient time for Dr Schryer to provide a verbal update with regard to the three Commissioning Reviews (Urgent Care, Intermediate Tier and Learning Disability & Respite). It was noted that the three reviews had been discussed at the Strategic Commissioning Board meeting in January.

<b>10</b>	<b>Primary Care Risk Register</b>
10.1	Due to the length of discussion in relation to the previous agenda items, there would not be sufficient time to discuss the risk report in full.
10.2	Miss O'Dwyer advised the single risk reported is ongoing.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/01/14	Decision	Received the risk report.	
PCCC/01/15	Decision	Noted the risks on the risk register as reflected in Appendix A.	
PCCC/01/16	Decision	Noted the summary position.	
PCCC/01/17	Decision	Noted that no risks from the PCCC risk register are reported onto the Corporate Risk Register.	

<b>11</b>	<b>Primary Care Workstream Update</b>
11.1	Mrs Lepiorz presented the update report which differed from the regular format with a focus this month on Digital First Primary Care.
11.2	The NHS Long-Term Plan commits that every patient will have the right to be offered digital-first primary care by 2023/24. An important step will be to help existing GP Practices to digitise their offer.
11.3	Recently, there has been a growth in new digital GP providers offering a model which allows patients to register with them directly and contact the practice through an app. Under current arrangements, the expansion of these models has taken place by registering patients across wide geographies from a single GP Practice (based in Hammersmith and Fulham CCG).
11.4	As the name suggests a Digital First Primary Care approach will put an increasing focus on the use of digital solutions thereby changing the way in which patients will access primary care. The report outlined where Bury CCG is against the key digital asks and provided an update regarding online consultations specifically. The report also highlighted the compatibility, capability and capacity issues that may impact on delivery timelines.
11.5	NHS England expects GP Practices to make progress towards the digital changes that will become contractual requirements from April 2020 and April 2021. These include that all practices will be offering online consultations by April 2020 at the latest. There is also a requirement for the delivery of video consultations by April 2021.
11.6	Mrs Gough advised that a GM Digital First event is taking place on the 30 <sup>th</sup> January 2020 which will be focussing on practice and PCN engagement within the digital agenda. Mrs Gough highlighted that some funding will be available and decisions made about best use for that funding.

11.7	The recommendations asked the PCCC to note a number of key points including the potential risk that Bury will not fully deliver against the online consultation's requirement by the deadline of April 2020 and therefore the approach that is being taken to have an interim solution in place using email.		
ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/01/18	Decision	Noted that there is a potential risk that Bury will not fully deliver against the online consultation's requirement by the deadline of April 2020.	
PCCC/01/19	Decision	Noted the current position with regards to video consultations and the project management support that is now needed to drive this forward by the required deadline of April 2021.	
PCCC/01/20	Decision	Noted that there is a discrepancy between contractual and aspirational targets for online access.	
PCCC/01/21	Decision	Noted that three practices are currently not meeting contractual obligations of 10% for online access.	
PCCC/01/22	Decision	Noted that there is currently no robust method for measuring the percentage of appointments that are offered online.	
PCCC/01/23	Decision	Noted the interoperability issues with our current IT system and the impact this has on meeting key requirements by the deadlines required.	

<b>12</b>	<b>Forward Plan</b>		
12.1	The forward plan was noted and accepted.		
ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/01/24	Decision	Received and accepted the forward plan.	

<b>13</b>	<b>Closing Matters</b>		
13.1	The agenda under closing matters included a point for discussion with regard to an extraordinary meeting of the PCCC in February. This point was discussed under agenda item 6 (Quality in Primary Care Phase 5 update) where it was agreed not to arrange an additional PCCC meeting in February unless it becomes apparent that an additional meeting is required.		
13.2	At the end of the meeting Mr Bury reminded the committee that there was one outstanding action for review on the Action Log (PCCC/11/02, PCCC Finance Reports). This was discussed and updated as displayed on the action log.		

## Primary Care Commissioning Committee Action Log – 22/01/2020

### Status Rating



- In Progress



- Completed



- Not Yet Due



- Overdue

Date	Reference	Action	Lead	Status	Update
25/09/2019	PCCC/09/01	Mrs Gough to check which functions will transfer to BSA and feedback.	AG		27/11/2019- AG to chase up with colleagues in the Dental team.  22/01/2020- AG advised this was in relation to an admin function and NHS England will communicate fully with regard to progress. Action completed.
27/11/2019	PCCC/11/01	Quality in Primary Care (Phase 4) wording of the revised service specification at standard 9 of the contract variation is to be amended and then circulated virtually to the PCCC for final sign off.	AL		22/01/2020- AL circulated copies of the updated wording for the contract variation and suggested the revised wording be discussed and a working agreed under agenda item 5 (Quality in Primary Care Phase 4). The PCCC subsequently agreed the updated wording as final. Action completed.
27/11/2019	PCCC/11/02	To look to include information in relation to scrutiny of the QIPP target within future PCCC finance reports.	MW		22/01/2020- AL clarified that the request was specifically around Primary Care Medicines Optimisation. MW advised those specific lines can be included within future PCCC finance reports. Action completed.
22/01/2020	PCCC/01/01	Mr Little agreed to raise the query of public accessibility at the next LCO Board meeting and provide an update to the PCCC.	GL		
22/01/2020	PCCC/01/02	MW to liaise with the CCG IT lead with regard to DQ issues in relation to Quality in Primary Care (Phase 4).	MW		