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Author	Helen Marshall
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Approved:	
Signature:	..... ### ### ###, **Chair**

Primary Care Commissioning Committee

MINUTES OF MEETING
24 May 2017
Chair – Mr Peter Bury

ATTENDANCE

Committee Members
Voting members Mr Peter Bury, Lay Member, Chair Mr Stuart North, Chief Officer 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 Mrs Fiona Boyd, Nurse Lay Member Non-voting members Dr Jeff Schryer, Clinical Director Dr Kiran Patel, CCG Chair Ms Joanne Horrocks, Healthwatch representative Ms Wendy Craven, LOC representative Mr Paul McCrory, LDC representative Mr Mohamed Patel, LPC representative
Others in attendance
Mr Daniel Lansley, Corporate Governance Manager Mrs Helen Marshall, minutes 3 members of the public

MEETING NARRATIVE & OUTCOMES

1	APOLOGIES FOR ABSENCE
	Mrs Anne Brown, Patient Cabinet representative Ms Sara Roscoe, NHS England Ms Anne Gough, NHS England Dr Mohammed Jiva, Rochdale and Bury LMC representative

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/05/01	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/ ACTION LOG
	The minutes from the last meeting were reviewed. Minor changes were made: • Item 9- Next Steps on the NHS Five Year Forward View, page 7, 3rd paragraph The following sentence is to be added to the end of the paragraph. Miss O'Dwyer suggested the metrics regarding the GPFV are considered as part of the dashboard development. • Item 9- Next Steps on the NHS Five Year Forward View, page 7, PCCC/04/06 Decision The decision reads that the committee noted the draft delivery plan being presented. Minutes changed to reflect that the committee received the key messages relating to Primary Care contained within the Five Year Forward View– Next Steps and noted the developing primary care performance dashboard. The action log was reviewed and all items were updated and closed.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/05/01	Action	**Update minutes with changes and send to the Chair**	H Marshall

4	PUBLIC QUESTIONS
	No questions were asked.

5	CONTRACT BREACH PROCESS (PRIMARY MEDICAL SERVICES)
	NHS Bury CCG recognise that its member practices perform to a very high standard, however we also recognise that concerns may be raised with regards to contract compliance. To ensure robust use of NHS funds and ensuring safe, equitable services to patients, Bury CCG have responsibility for the management of contracts which involves the issuing of breach notices when necessary. NHS England outlines the National Policy regarding Contract Breaches, Sanctions and Termination for core Primary Medical Services in the following document: https://www.england.nhs.uk/wp-content/uploads/2013/07/con-brea-sanc-term-pms.pdf The report provided an overview of the Policy, outlining how this will be implemented locally showing the procedure to be followed by the CCG when taking formal steps in resolving contractual issues within Primary Medical Services.

Please note, where professional performance concerns are raised, these sit outside of the CCGs remit and will defer such matters to NHS England. Fraud issues are also outside of the remit of this process and will follow a separate process.

There are two types of Contractual Breaches; a Remedial Breach which is capable of remedy and a Breach not capable of remedy. Mrs Lepiorz explained that the report articulated the local approach to issuing contractual breaches, the processes from NHS England are silent in this area. The idea of the paper is to try to clarify the grey areas of the NHS England policy and align the contract management processes used for both core and local services.

Mrs Lepiorz explained the process- Appendix 1- Core Contracts Breaches Process demonstrates how the National Policy has been translated at a local level, highlighting how this will work in Practice as follows:

- A contract breach occurs, triggering the escalation process
- Primary Care Manager writes to the Practice to advise of the breach and to request that this is rectified, where possible and an explanation for the breach to be given
- The Primary Care Manager will assess the response and where appropriate take to the Primary Care Workstream Group (PCWG) determine the next course of action, passing the recommendation to Primary Care Commissioning Committee (PCCC) for ratification
- If necessary, a breach or contractual sanction is agreed and notice issued, if the practice complies at this stage, a Notice Satisfied Letter will be issued
- Where a practice fails to comply, the PCWG will suggest the next course of action passing the recommendation to PCCC for ratification

Miss O'Dwyer joined the meeting at 12:10.

In relation to fraud issues and performance concerns Mrs Boyd asked if there is any formal process within the CCG. Mrs Lepiorz confirmed issues would come to the Primary Care team to assess. Fraud issues are managed under the remit of the Director of Finance and performance concerns are referred to NHS England.

Mr McCann made reference to the Core Contract Breaches Process (Appendix 1) and sought clarity on decisions that the Primary Care Commissioning Committee may be required to make as he was under the impression that it was an internal process. Mrs Lepiorz explained that the CCG has tried to align processes as much as possible and would usually speak to the practice first give them a chance to respond, not all decisions come to this Committee only the most serious ones.

Mr McCann asked what sanctions are likely to be imposed. Mrs Lepiorz confirmed sanctions can include withholding payment or cancelling the contract in extreme circumstances, such as if breaches are repeated several times. However a breach notice is the warning and if a practice doesn't respond then further action can be taken.

For the purpose of clarity the Chair confirmed Primary Care Team will assess the seriousness of situation first before anything comes to the Primary Care Commissioning Committee.

Ms Horrocks queried if part of the process is about learning. Mrs Lepiorz confirmed that this is the case, for example following a CQC visits the CCG undertakes quality visits

	and will work with the practice to try and resolve any contractual or quality issues that come to light. Common themes are then shared with other practices. Mr McCrory asked if the procedure is to be standardised across all areas i.e. dentistry, pharmacy and optometry. Mrs Lepiorz confirmed each provider has its own contract and associated NHS England policy, the aim is to have a standardised approach to each contractor group, rather than across the different professions. Mrs Boyd enquired if a practice could appeal a decision. Mrs Lepiorz confirmed that practices are able to appeal to the Secretary of State, via the NHS Litigation Authority. This is free of charge to both practices and the CCG.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/05/02	Decision	**Noted the contents of the report and approved the recommendations**	

6	PRACTICE LIST CLOSURE PROCEDURE
	The report was presented by Mrs Lepiorz. This report accompanied that submitted to the Primary Care Commissioning Committee in October 2016 authored by Mrs Lepiorz. Within that paper, the NHS England application process for list closure was explained and this second paper written to provide a decision making tool to support that process. NHS England has produced Commissioner Guidelines for Responding to Requests from Practices to Temporarily Suspend Patient Registration (Formal and Temporary/Informal) and the CCG has produced the following local guidance based on the content of that document: https://www.england.nhs.uk/wp-content/uploads/2016/12/suspend-pat-reg-respns-guid.pdf GMS and PMS contracts allow for Practices to request permission from the CCG to close their lists to new patients via a Formal List Closure. Practices may also approach the CCG to discuss an Informal / Temporary List Closure where the practice is experiencing short term issues which could impact on patient safety. It should be noted that an informal closure is not recognised under the GMS/PMS/APMS regulations/contract. The report outlined the procedure that member practices and Bury CCG are to follow should an application be made. Mrs Lepiorz suggested what has been recognised by NHS England is the pressure that practices have been under nationally and this is very much about taking a supportive role. The CCG will adhere to principles, as a CCG we should not routinely recognise informal list closures, and ensure dialogue and conversations take place. The CCG would want to keep lists open if possible but would only close a list if it be demonstrated a closure was needed and as a CCG would support a practice in terms of communications to patients if the list was to be closed. Mrs Lepiorz made reference to the flow chart in Appendix 1 which outlined the process. Mr North stated he could not see the informal/temporary list closure being used. Mr McCann added as a CCG we would not want this to be routinely used and asked if this can come back to this Committee in 12 months' time to see if any closures have been made. Mrs Lepiorz confirmed this item is to be put on forward plan for May 2018,

	but also stated that PCCC would be informed if and when any applications for list closures were submitted, or if an informal/temporary list closure had taken place. The Chair suggested letting local Elected Representatives know about any list closures as members of the public often go to Councillors with concerns.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/05/03	Decision	**Noted the contents of the report and approved the recommendations**	
PCCC/05/02	Action	**Practice List Closure Procedure to be added to the forward plan for May 2018**	H Marshall

7	LOCAL PROFESSIONAL NETWORKS TRANSFORMATION PLANS
	The report was presented by Mrs Lepiorz and outlined the Greater Manchester Local Professional Networks (LPN) transformation plans for dental, eye health and pharmacy. Each of the LPN plans aligns to the GM Health and Social Care Partnership Strategic plan - 'Taking Charge of our Health and Social Care in Greater Manchester' and the Primary Care Contribution. They include the contribution of the wider primary care professional groups to the wider ambition of the strategic plan for Greater Manchester. Local Professional Networks (LPN) were created nationally in 2013 in response to changes to the Health and Social Care Act. They were created to provide clinical input in the commissioning of Dental, Eye Health and Pharmacy services. In Greater Manchester LPNs for the three professional groups are well established and have been contributing to the commissioning of wider primary care services. The LPNs have been established in Greater Manchester for over three years and have responded to the changing commissioning landscape. The role of LPNs is explained in more detail on the video referred to in the report. The report outlined the key priority areas for the three professional groups, Mrs Lepiorz invited the experts around table to speak about their own professional area. Ms Craven picked out the pertinent points in the paper 'Delivering improved Eye Health across Greater Manchester' that at least 50% of visual impairment may be avoided or cured by suitable intervention. Good management of the remaining cases can minimise the visual loss and disability that is related to chronic eye disease thus enabling people to remain independent. It is about the end point of saving someone's sight and there is a clear economic case for early and effective intervention to prevent vision impairment and to overcome barriers experienced by people with sight loss as this has highest number of appointments for outpatients. Ms Craven stated recognising optometry as an integral part of primary care is vital if we are to transform eye care services and support wider primary care transformation. The first project has been developed and embedded within schools starting in the areas of GM with most need in order to increase awareness of eye care and encourage referral of children who may be suffering from vision difficulties for sight tests. Ms Craven confirmed a Community Eyecare pathway for adults and young people with LD has been set up- providing longer eye tests. Ms Craven suggested we need to harness working together and giving the same messages, using all outlets to get better uptake in the screening service. The Minor Eye Conditions Services (MECS) provided by primary care optometry has been successful,

providing access to urgent eye care services close to home at local optical practices. Also enhanced referral for cataracts, which enables a patient to go back to optometrist that referred the patient to begin with and the glaucoma pathway. The aim is to create capacity and relive pressures on general practice, A&E and secondary care, the paper gives a flavor of what can be done.

The Chair thanked Ms Craven for providing this overview and invited questions.

Ms Horrocks asked is there any training for making every contact count, Ms Craven confirmed healthy living opticians is being developed and that see the adoption of that approach.

Mr North commented that consideration needed to be given to GM services with local commissioning. Ms Craven stated it is unlikely that services would be commissioned at a GM level but if an area was to have a MECS it needs to be same. The aim is to have a suite of services developed at GM.

Mr M Patel outlined the key points in the paper 'Pharmacy's contribution to Greater Manchester 2017-2021' and summarised the key issues with medicines. Adherence to newly prescribed medicines is poor with only 16% of patients taking a new medicine as prescribed, receiving as much information as they need and experiencing no problems when taking their new medicine. Medicines may also contribute to patient safety incidents. At least 6% of emergency re-admissions to hospital are caused by avoidable adverse reactions. In 2010 at least 1.7 million serious prescribing errors occurred in primary care.

Mr M Patel confirmed Healthy Living Pharmacies (HLP) are involved in minor ailments and there have seen a big increase in pharmacies that administer flu vaccinations. Mrs Lepiorz added a key element of pharmacy commissioning sits locally and the part of work pharmacy are doing is looking at services across GM to bring consistency to the local commissioning. Pharmacy have led the way with the Healthy Living Framework and dementia friendly pharmacies. Patient safety is paramount and engrained in day to day pharmacy's world. Mrs Lepiorz highlighted that there are nationally funded schemes that we are not getting the most out of locally. In pharmacy there is an excess of pharmacists along with professional registered pharmacy technicians and the full skill mix needs to be used.

Mr North referred to national initiatives encouraging internet pharmacies and queried how does this approach fit in? Mrs Lepiorz confirmed the reason why we have seen an increase in this type of pharmacy is because under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 internet pharmacies are exempt from needs tests. This is due to EU law that cannot discriminate against on line business which doesn't recognise the extra value. This has led to a perceived excess of pharmacies and resulting funding costs. The concern is the impact the funding cuts may have on high street pharmacies who have a low footfall and the potential to lose local health and wellbeing hubs due to national decisions.

Mr M Patel also raised the newly introduced quality payments which aim to limit the impact of the funding cuts.

Mr North suggested one other challenge is getting consistent advice across board, and we as commissioners need to think how we feed in to this. Mrs Lepiorz confirmed that this is a real challenge.

	Mr McCrory gave an overview of the dentistry paper 'Putting the mouth back in the body'. The Greater Manchester Population Health Plan identifies improving oral health as a key objective within the Early Years model. Oral Health is a key determinant of health and wellbeing, and as such aligns dental care developments directly to shared strategic priority areas for the local population. Oral health and dental disease are understood to be associated with other aspects of health and well-being, contributing to long term conditions such as diabetes and glaucoma. We can clearly make a greater impact on not only the oral health but wider wellbeing of individuals and communities across Greater Manchester through the integration and transformation of dental care within the wider public sector offer under devolution. Mr McCrory made reference to the Baby Teeth DO Matter programme, Healthy Gums DO Matter project and Older Peoples Dental Project. Mr McCrory also gave an overview of transformation themes, developments and outcomes including Enabling Better Care-Medical Histories DO Matter and the standardisation of clinical records. With regard to integration across GM Mr McCrory stated proper access to work is needed but on the flip side how do we protect access. Mrs Lepiorz confirmed the commissioning of dental services both in primary and secondary care solely sits with NHS England. Miss O'Dwyer questioned how we take this forward and suggests, perhaps working with all three contractors concentrating on what we can do locally to influence at GM level and move forward in a meaningful way. Mrs Jones stated developments in these proposals are welcome and our challenge is how we make the most of this locally. The first part is the elements we look at and the second part an opportunity to look at plans and how they align with other pieces of work. As we go forward it is about how we ensure engagement with the Locality Care Organisation (LCO). Dr Kiran Patel confirmed we are now starting to take steps in to what the GM project is about and how we contribute to the Greater Manchester Health & Social Care Partnership (GMHSCP). Mrs Lepiorz added the content in the plans are not new and the main themes are captured in the Primary Care Health and Wellbeing Strategy and form part of the action plan. It is via this mechanism that PCCC will receive assurance around the local implementation of these plans, where appropriate.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/05/04	Decision	**Noted the content of the plans and agreed the recommendations**	

8	PRIMARY CARE WORK STREAM MEETING
	The report was presented by Dr Schryer. The briefing provided the Primary Care Commissioning Committee (PCCC), with an overview of the work currently being discussed/ progressed via the Primary Care Workstream Group (PCWG). Dr Schryer made reference to Appendix 1- GP online services graph and suggested most of our practices are well ahead of the NHS England target and GM average. Mr North reiterated the strong performance on access to records.

	Dr Schryer expressed the Committee should recognise how well our IT services responded to the Cyber-attack.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/05/05	Decision	**Noted the briefing presented**	

9	NOTIFICATION OF CONTRACTUAL CHANGES TO PRIMARY CARE MEDICAL SERVICES
	Mrs Lepiorz confirmed this item was a nil return to note.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/05/06	Decision	**Noted the nil return**	

10	CLOSING MATTERS/FORWARD PLAN

The QIPC Phase 2 Contract Variation Recommendations report was presented by Mrs Lepiorz as an additional report under closing matters. The report was late due to the cyber- attack. The report outlined the contractual variations required to the Quality in Primary Care Contract 2017/2018.

NHS Bury CCG issued the Quality in Primary Care Contract 2017/2018 to all member practices in March 2017 and all 30 practices have signed up to deliver against the contract. Following feedback from Practices and Clinical Leads, there are several revisions now required to ensure the smooth running of that contract over the coming year.

Mrs Lepiorz asked the Committee to approve the proposed contractual variations as outlined in Appendix 1- Section 4 – The Standards.

- Standard 4- AUDIT C or FAST baseline and requires increase (the increase is to be confirmed once the baseline is known).
  Rationale- Both AUDIT C and FAST are validated tools with many practices using FAST as default

- Standard 6 - 80% of patients who had an MI in 16/17 to have received an echo within 12 months of the MI.
  Rationale- The revised wording is to bring clarification

- Standard 7 - Patients with CKD stage 3b, 4 or 5 or with a latest eGFR of <45 mL/min.
  Rationale- Recognition the CKD 3a is not usually clinically significant

- Standard 8 - ≥65% flu uptake (all children aged 2-4).
  Rationale- It is recognised that an 80% target has not been achieved not been achieved nationally and the purpose of the programme is not heard immunity.

- Standard 9- Evidence of compliance with the standard via the return of MDS which includes:

- ≥ 5% of practice list size on a risk register
- ≥ 4.5% of registered patients to have a care plan in place
- ≥ 90% of patients with a care plan will receive an annual review or a review following unplanned admission/A&E attendance.
  Rationale- This is to correct a typo in the original document.
  This target recognises that some patients may choose not to have a care plan or

	it may no longer be clinically appropriate. This reduced target negates the need for exception reporting, which brings an associated administrative burden. A discussion followed on Standard 8 and the reduced KPI for uptake of flu immunisations. Mrs Jones expressed concerns around reducing the target for child flu vaccination and queried if we are not being ambitious enough. Dr Schryer confirmed that this decision had been made as following advice from Public Health England the aim was not to achieve herd immunity in this age group. It was also noted the revised target is still ambitious and reflects the fact we are improving year on year. With regard to closing matters Miss O'Dwyer acknowledged that the Primary Care Commissioning Committee not received a risk report this month.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/05/07	Decision	**Noted the contents of the report and approved the variations**	

	Next Meeting
	Wednesday 28 June 2017, 12:00 – 13:30 503/504 Townside Primary Care Centre, Bury