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<b>Signature:</b>			
			..... <b>Chair</b>

# Primary Care Commissioning Committee

## MINUTES OF MEETING

26 July 2017

Chair – Mr Peter Bury

### ATTENDANCE

#### Committee 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 Amy Lepiorz, Deputy Director of Primary Care

##### Non-voting members

Dr Jeff Schryer, Clinical Director

Mr Ben Squires, NHS England (attending on behalf of Mrs. Gough)

Mrs Joanne Horrocks, Healthwatch representative

Mr Paul McCrory, LDC representative

Mr Mohamed Patel, LPC representative

#### Others in attendance

Mrs Helen Marshall, minutes

2 members of the public

### MEETING NARRATIVE & OUTCOMES

#### 1 APOLOGIES FOR ABSENCE

Dr Kiran Patel, CCG Chair

Mrs Fiona Boyd, Nurse Lay Member

Mrs Lesley Jones, Director of Public Health, Bury Council

Mrs Anne Brown, Patient Cabinet representative

Dr Mohammed Jiva, Rochdale and Bury LMC representative

Ms Wendy Craven, LOC representative

Mrs Julie Gonda, Acting Executive Director- Communities & Wellbeing

#### 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:			
<ul style="list-style-type: none"> <li>No changes</li> </ul>			
ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/07/01	Decision	<b>Noted the Register of Conflicts declared in respect of the members of the Primary Care Commissioning Committee and the associated business of the meeting</b>	

3 MINUTES FROM THE LAST MEETING/ ACTION LOG			
<p>The minutes from the last meeting were reviewed and accepted as an accurate record of the meeting.</p> <p>The action log was reviewed; the two items had been closed at the last meeting and appeared on this month's action log for information, both items are to be removed.</p>			
ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/07/02	Decision	<b>Agreed that the minutes of the meeting held on 28<sup>th</sup> June 2017 were approved as a true and accurate record</b>	

4 PUBLIC QUESTIONS			
No public questions were received.			

5 WHITEFIELD UPDATES			
<p>Mrs Lepiorz presented the report which provided an update on developments relating to the Whitefield scheme, following the decision made at the Primary Care Commissioning Committee's meeting in December 2016 regarding site selection. Revised financial estimates and conversations with the local planning department have resulted in the need to revisit the decision made in December.</p> <p>As the Whitefield Steering Group has progressed with the preferred option, NHSPS have revised their cost estimates and this has caused the financial viability of the preferred option to be questioned. More detailed financial information is currently being produced but early estimates suggest the costs for the preferred option are likely to rise by circa £1.5m.</p> <p>This is partly driven by the aspiration to retain the façade of Uplands House in the design of the preferred option. Conversations with the local planning department indicate that there is a significant risk that planning permission will be refused if the façade of Uplands House is not retained. It is therefore likely that the second preferred option, a total new build on the Wheatfield site, will need to be explored.</p> <p>Movement to a new site will be subject to a patient engagement phase to ensure any decision made to relocate services is made with the due governance. It would also result in a contract variation for the Uplands Practice.</p> <p>At this stage the Primary Care Commissioning Committee are being made aware of the current situation. It is expected that a paper will be presented at the August committee advising of the latest situation with recommendations on next steps.</p> <p>Taking note of the building issues Mr McCann asked what dialogue has taken place with GP partners and queried the number of patients registered with The Uplands</p>			

Medical Practice. Mrs Lepiorz confirmed that conversations have taken place with practice managers and partners and there is an understanding that matters outside of CCG control have occurred. Mrs Lepiorz confirmed the number of patients registered with The Uplands practice stands at 8979 patients.

Mr McCann sought to clarify if invitations had been made to other GP practices that may be interested in co-locating on the new site. Mr Woodhead advised the original dialogue with practices at the outset of this project had not been specific with regard to the Uplands site and, as such, all practices had been consulted on their interest in participating in the scheme regardless of site location. Mr McCann suggested the committee would want to ensure the focus is not on something in isolation and asked is there not an opportunity to look afresh on the direction of travel in Bury South and GP practices to get the improvements in primary care.

Mr North acknowledged the points made by Mr McCann were important in light of the changing environment but noted it appears the costs of the preferred option were likely to rise by 50%. Mr North suggested we must address the commissioning of services but also take in to account all factors when considering the options.

Mr Woodhead noted that, following the financial viability of the preferred option being brought in to question, firstly the short term problem of obtaining robust costing information from NHSPS will need to be dealt with. In terms of the longer term Mr Woodhead confirmed that research is currently ongoing into various procurement and site options.

A discussion followed on the potential amount of time that could be added to the project which will be dependent upon the options and direction of the scheme, but as outlined in the report at this stage the committee is being made aware of the current situation.

Mr McCrory asked if the Uplands building is a listed building. Mr Woodhead stated the building is not listed but is considered to be a building of historical interest and is in a conservation area. Mr McCann added that any scheme on the existing Uplands site is therefore likely to need listed building consent.

The Chair noted from the report it is expected that a further paper advising of the latest situation will be presented at the next meeting. The Chair suggested if not a full report an interim report would be expected.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/07/03	Decision	<b>Noted the content of the report</b>	

<b>6</b>	<b>PRIMARY CARE STRATEGY UPDATE</b>
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Mrs Lepiorz presented the report which provided an update on the progress of the implementation of the primary care health and wellbeing strategy. As presented in the last quarterly update at the Primary Care Commissioning Committee meeting in April, the strategy itself comprises of three high level outcomes and five key themes for achievement by 2021.

The report presented included a copy of the delivery plan for implementation which highlighted the relevant projects that will be undertaken, the responsible officers and the key milestones.

The delivery plan has been developed to demonstrate how the strategy will come to fruition and has been written during a period of flux which will see the development of

One Commissioning Organisation and a Locality Care Organisation across Bury. This upcoming strategic change is being supported by new operational ways of working which sees the CCG's primary care team working closely with the GP Federation to strengthen the support provided to primary medical providers (GP practices).

As the new commissioning and provider landscape develops it is likely that responsibilities for a number of enabling and quality functions will change. This operational plan therefore talks about the work that 'primary care' will undertake. This generic term is in recognition of the blurring of boundaries that will occur as the projects described are designed and implemented. The 'primary care' approach also ensures that current skill sets are best used and resources are aligned to achieve the vision rather than the arbitrary designation of tasks to different organisations.

Since the publication of the strategy the Bury Locality Plan has been finalised. Rightly so there is cross over in the ambitions articulated and specific projects and services feature in both documents. This cross over has been considered in the production of this plan. For those areas which are seen as high priority such as social prescribing, the roll out of the healthy living framework and the system wide find and treat model- the development of these plans has commenced under the governance of the implementation of the strategy. It is envisaged that responsibility will change as the locality plan implementation governance is established.

Despite the changing situation with regards to governance and organisational responsibilities it is important that the operational work required to make the strategy a reality commences. The project plans developed provide the framework for implementation regardless of reporting structures and responsible officers.

The Chair invited any questions. Mr McCrory asked when this would expand in to dentistry. Mrs Lepiorz noted that the dental element is around the healthy living framework and the CCG would be looking to the LCO to include this and for the LCO to suggest how to implement locally.

Mr McCrory asked if the Govram platform will allow dentists to access healthcare records. Mrs Lepiorz confirmed that Govram is for NHS Wi-Fi and access to care records is a separate matter that would need to be agreed to nationally. Mr Squires confirmed that NHS England is currently piloting access to summary care records as the intention going forward is appropriate record sharing.

With regard to the social prescribing scheme, Mr McCrory suggested that dentists involved in social prescribing would require additional time and queried if there would be funding to support that. Mrs Lepiorz suggested as a CCG we will look at what we want to achieve and the desirable outcomes and look to the LCO to work through the operational matters.

Dr Schryer acknowledged the points Mr McCrory had made and suggested some things are covered in the locality plan in terms of dental hygiene but an adequate voice for non-general practice providers is needed within the LCO.

Mr McCann expressed concern about a possible absence of public engagement, whether it be CCG engagement through communications or Healthwatch. Mrs Lepiorz and Mr McCann agreed to liaise on this matter outside of the meeting. Mrs Horrocks suggested that an effort needs to be made to avoid duplication as some engagement groups she had attended overlap with the locality plan and seem to be discussing similar items.

The committee agreed that there are challenges ahead to avoid duplication and to keep momentum through the changing landscape. Mrs Lepiorz confirmed that quarterly updates are scheduled to be brought to future Primary Care Commissioning Committee meetings.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/07/04	Decision	<b>Noted the content of the report</b>	
PCCC/07/01	Action	<b>Mrs Lepiorz and Mr McCann to liaise on the matter of public engagement outside of this meeting</b>	A Lepiorz D McCann

## 7 GP PATIENT SATISFACTION RESULTS

Mrs Lepiorz presented the report. The report provided the Primary Care Commissioning Committee with the latest GP Patient Satisfaction Survey results which were released in early July.

The GP Patient Survey (GPPS) is an England-wide survey, providing practice-level data about patients' experiences of their GP practices. Ipsos MORI administers the survey on behalf of NHS England. In NHS Bury CCG, 9,145 questionnaires were sent out, and 3,422 were returned completed. This represents a response rate of 37%. The GP Patient Survey measures patients' experiences across a range of topics, including:

- Making appointments
- Waiting times
- Perceptions of care at appointments
- Practice opening hours
- Out-of-hours services

The key headline to note is that in Bury 86% of patients rated their overall experience of their GP practice as good, compared to a national average of 85%.

On a matter not covered within the report Mrs Lepiorz added that the Primary Care Team has done some key calculations and worked alongside the Communications team to look at potential ways to increase satisfaction rates.

Mr McCrory asked if there are plans to send out a similar satisfaction survey to providers of dentistry, optometry and pharmacy. Mr Squires suggested there is a view to include aspects of dental services however a short survey is already in existence regarding specific dental services but there is opportunity to bring in some intelligence in to that. Mrs Lepiorz stated that optometry has no obligation to undertake surveys but it is in the contract for Pharmacy.

Mrs Lepiorz made reference to the quality premium indicator within the 'making an appointment' section of the GP Patient Survey results on page 28, to make a 3% improvement on the overall experience of making an appointment. The results show the CCG achieved the same 74% result as last year, therefore failed the quality premium. Mrs Lepiorz suggested there is a need to look at what improvements can be made for next year.

Dr Schryer confirmed that the GP satisfaction results were discussed at the July south sector meeting and there was a reflection that some patients may not be seen for some time, but have perceptions based on previous experience which take time to change. An example would be the upgrade on the telephone system at Prestwich Health Centre that has led to some improvement but more is expected as time moves on.

A discussion followed in relation to telephones, Mr North made reference to the variation in results on the ease of getting through to GP surgeries by telephone and the lowest performing 25% satisfaction rate. Mrs Horrocks suggested effective marketing of information to patients could help improve the results. Dr Schryer agreed and noted the ongoing work with the CCG communications team which is triangulated with individual practice surveys and patient participation groups and suggested it is also important to note the highest satisfaction rate was 95%.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/07/05	Decision	<b>Noted the latest GP Satisfaction Survey Results</b>	

<b>8</b>	<b>PRIMARY CARE WORK STREAM MEETING</b>		
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The report provided the Primary Care Commissioning Committee (PCCC) with an overview of the work currently being discussed/ progressed via the Primary Care Workstream Group (PCWG) and any associated risks to delivery.

Mrs Lepiorz talked through the briefing which highlighted the main areas discussed at the July workstream meeting including the primary care health and wellbeing strategy, primary care performance dashboard and primary care quality visits.

Mr McCrory asked if a performance dashboard will eventually be available for providers of other services such as dentistry, optometry and pharmacy. Mrs Lepiorz stated that some discussion had taken place internally but noted the focus at the moment is on services commissioned directly by the CCG. Mr Squires suggested there are different ways to develop information and include dental data using national data sets where available, conversations around how to use GM level data to support localities could also give a wider perspective on the position of Bury.

Mr North expressed support of Mr Squires' suggestions and indicated that smart dashboards are needed which could be brought to meetings held in public, such as the Primary Care Commissioning Committee and Governing Body where appropriate media briefings can take place to get positive messages across. Mr North suggested it would be beneficial to think about what performance dashboard information would be useful for projects and to get those important messages out.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/07/06	Decision	<b>Noted the briefing being presented</b>	

<b>9</b>	<b>PRIMARY CARE RISK REGISTER</b>		
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Miss O'Dwyer presented the report which provided an updated position in respect to those risks that have been identified, assessed and categorised as having a potential impact on the CCG in relation to Primary Care. The report presented the risk position and status as at 30 June 2017.

There are currently a total of 31 risks being monitored across the organisation (excluding the Governing Body Assurance Framework) of which 2 are included on the Primary Care Commissioning Committee Risk Register.

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

Since the last report to the committee, **0** risks have been reviewed. The next assessment dates for the following two risks are scheduled for;

- **New Build re: Uplands Health Centre – Structure – September 2017**
- **Uplands Health Centre - Existing Infrastructure – March 2019**

In line with process any risks which are the responsibility of the Primary Care Workstream and have a current risk score of 15+ or are recommended for closure will require the support of the Primary Care Commissioning Committee.

Miss O'Dwyer brought the attention of the committee to the four risks that were considered at the Primary Care Workstream Group on 05 July 2017, all of which have reduced in score down to target level and are recommended for closure:

- **RR\_S\_C\_50 Capita – Primary Care Support Services**

Through the Primary Care Workstream Group, it was agreed that the risk had been reduced and mitigated to its target level (8) with all outstanding actions completed.

The recovery plan, which is a control of the risk, is in place and progressing well, coupled with added assurance that concerns are not increasing. All communications which are received from Capita are reviewed operationally to keep a watchful eye, therefore the current level of management is considered minimal.

Following a discussion the Primary Care Commissioning Committee agreed to support the recommendation to close this risk and noted the onward reporting to the Audit Committee September 2017. It was agreed to add a new risk for the next meeting regarding maintenance issues of primary care premises.

- **RR\_HR\_C\_51 Resilience – Capacity and Staffing**

Through the Primary Care Workstream Group, it was agreed that the risk had been reduced and mitigated to its target level (3) with the outstanding action completed.

The rationale for recommending this risk for closure is primarily due to the implementation of the contingency plans within the Data Quality Team which provides sufficient assurance. Additionally over the last three months new ways of working have been embedded across the relevant CCG teams, supporting a matrix working approach, and delivering resilience.

The Primary Care Commissioning Committee agreed to support the recommendation to close this risk and noted the onward reporting to the Audit Committee September 2017.

- **RR\_SD\_C\_53 Delegated Commissioning – Contractual Knowledge**

Through the Primary Care Workstream Group, it was agreed that the risk had been reduced and mitigated to its target level (2) with the outstanding action completed.

Arrangements are now in place and embedded including a full suite of reports which add controls and provide assurance that decisions are made with the relevant input, information and expertise.

Whilst it is recognised that learning will continue as different contract issues arise, continued exposure, experience and development will provide the assurance that they

can be addressed accordingly.

Following a discussion around indemnity fees the Primary Care Commissioning Committee agreed to support the recommendation to close this risk and noted the onward reporting to the Audit Committee September 2017.

- **RR\_B\_C\_52 APMS Contract Retender**

Although this at target level (4) since April 2017, the risk has remained on the register while all outstanding actions had been completed, however it is to be noted that these outstanding actions did not affect service mobilisation.

The contract is now four months in to delivery with no known issues or risks reported with all outstanding actions completed. Therefore it is proposed this risk is now closed.

The Primary Care Commissioning Committee agreed to support the recommended closure of this risk and noted the onward reporting to the Audit Committee September 2017.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/07/07	Decision	<b>Received the risk report</b>	
PCCC/07/08	Decision	<b>Noted the updates on the risk register as reflected in Appendix A and B;</b>	
PCCC/07/09	Decision	<b>Noted the update provided</b>	
PCCC/07/10	Decision	<b>Supported the agreed closure of the four risks presented, including onward reporting to the Audit Committee</b>	
PCCC/07/11	Decision	<b>Noted the summary position including that 0 risks are due for review in July 2017</b>	
PCCC/07/02	Action	<b>Agreed to add a risk for maintenance issues of primary care premises</b>	M Woodhead

10	GP FEDERATION CONTRACT MEETING REPORT
	<p>The GP Federation contract meeting highlight report was presented by Mrs Lepiorz. The report provided a summary of the GP Federation Contract meeting held on 19 June 2017.</p> <p>Prior to any discussion Mr McCann stated that if the committee wished to hold a wider discussion then he would need to declare a conflict of interest with reference to Rock Healthcare and therefore leave the room.</p> <p>Mrs Lepiorz acknowledged McCann's declaration and stated that the report is for information only and therefore there was no need for Mr McCann to leave the room. However for Mr McCann's information there will be a paper presented at the August Primary Care Commissioning Committee that covers GP cover at Bealeys.</p> <p>A discussion followed in relation to the Vulnerable Patient Scheme (VPS) which is designed to reduce A&amp;E attendances at weekends; however A&amp;E attendances on a Monday at Fairfield are significantly higher than on other days. Mrs Lepiorz suggested that the care home element of the VPS is operational and a piece of work had been done on sharing examples between practices to encourage uptake from them, conversations are also taking place with the urgent care lead on how else we use the service.</p>

Mr North suggested the logic is understandable but the question being if the system is working appropriately. Dr Schryer queried how robustly the system is being evaluated. Mrs Lepiorz confirmed the system became live in March this year and monthly data is received by the CCG; from this a review will take place when sufficient data is received.

Dr Schryer noted the timelines in terms of the Bealey's paper due for the next committee as the contract expires in October.

Miss O'Dwyer made reference to the fourth paragraph of the report and asked if the GM guidance had been released and benchmarked. Mr Squires spoke about 7 day access and suggested in terms of guidance it will form part of the investment agreement around the locality of primary care. Mr Squires confirmed there had been some delay due to specific matters, but the funding implications around service level requirements is made explicit.

Miss O'Dwyer asked if there will be some additional resource potentially due in our locality. Mrs Lepiorz clarified that a lot of the expected funds have already been allocated at risk, therefore there are likely to only be limited new funds.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/07/12	Decision	<b>Noted the highlight report</b>	

<b>11</b>	<b>CLOSING MATTERS/ FORWARD PLAN</b>		
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A copy of the Primary Care Commissioning Committee forward plan was presented.

As a closing matter Mr McCrory stated he had received a request from the LDC to send someone along to their meeting. Mr North asked Mr McCrory to provide the dates for the next few meetings and from that a meeting could be arranged with a CCG representative and a LCO representative.

In addition with regard to screening Mr McCrory suggested that increasing screening rates is likely to result in more cases which may be presented incorrectly by the press. Mr North referred back to the smart dashboards as discussed within item 8 that could be brought to meetings held in public to ensure clear explanations are given.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/07/13	Decision	<b>Accepted the forward plan</b>	
PCCC/07/03	Action	<b>Mr McCrory to provide Mr North with dates for LDC meetings</b>	

<b>Next Meeting</b>	
Wednesday 23 August 2017, 12:00 – 13:30 503/504 Townside Primary Care Centre, Bury	