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

Primary Care Commissioning Committee

Meeting in Public

MINUTES OF MEETING

25 April 2018

Chair – Peter Bury

ATTENDANCE

Members

Voting members

Mr Peter Bury, Lay Member, Chair
Mr David McCann, Lay Member
Mr Stuart North, Chief Officer
Mr Mike Woodhead, Chief Finance Officer
Miss Margaret O'Dwyer, Director of Commissioning and Business Delivery
Mrs Amy Lepiorz, Deputy Director of Primary Care
Mrs Fiona Boyd, Nurse Lay Member

Non-voting members

Dr Jeff Schryer, CCG Chair
Mrs Ann Gough, NHS England
Mrs Joanne Horrocks, Healthwatch representative
Mr Paul McCrory, LDC representative
Mrs Anne Brown, Patient Cabinet representative
Dr Mohammed Jiva, Rochdale and Bury LMC representative

Others in attendance

Howard Hughes, Clinical Director
Lisa Featherstone, Deputy Director of Business Delivery
Zoe Alderson, Head of Primary Care
Bhavini Bharath, Communications and Engagement Officer
Niamh White, (work experience, Bury CCG)
Kate Foster, Programme Manager, Tower Family Healthcare
Dr Wiz El-Jouzi, GP, Tottington Health Centre
Dr Simon de Vial, GP, Minden Family Practices
Dr Victoria Moyle, GP, Spring Lane Surgery
Dr Kiran Patel, GP, Greenmount Medical Centre
Mary Naylor, Bury Times
5 members of the public
Helen Marshall, PA to the CFO (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:

1.2	<ul style="list-style-type: none"> • Mrs Lesley Jones, Director of Public Health, Bury Council • Mrs Julie Gonda, Acting Executive Director- Communities & Wellbeing • Ms Wendy Craven, LOC representative • Mr Mohamed Patel, LPC representative <p>The meeting was confirmed to be quorate.</p>
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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 here .
2.3	<p>Declarations of interest from today's meeting</p> <p>Mr Bury asked in relation to today's agenda if there are any further declarations of interest from those already recorded in the register. The following declarations were made in relation to agenda item number 4:</p> <ul style="list-style-type: none"> • Mr McCann declared that he is a registered patient of one of the Minden practices seeking to merge. • Dr Jiva declared as Rochdale and Bury LMC representative he is in attendance representing all GP practices. • Mr Hughes who was in attendance at today's meeting and therefore not included on the register of interests declared a potential relevant interest through his role as a Director of Prestwich Pharmacy Ltd as it is within the footprint of the practices that are proposing to merge.
2.4	Mr Bury acknowledged the declarations made and asked if the committee agreed that none of the interests declared would preclude any members of the Primary Care Commissioning Committee or those in attendance from taking part in the discussion.
2.5	The Primary Care Commissioning Committee agreed that they were comfortable with all committee members remaining in the discussion during the meeting, and quoracy was confirmed on this basis.
2.6	<p>Declarations of interest from the previous meeting</p> <p>There were no further declarations of interest raised.</p>

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/04/01	Decision	Noted the published register of interests and noted the declarations of interest from today's meeting.	
PCCC/04/02	Decision	Agreed that they were comfortable with all committee members remaining present in the discussion during the meeting and quoracy was confirmed on this basis.	
PCCC/04/03	Decision	Agreed that Mr Hughes could also remain present in the discussion during the meeting.	

3	Minutes Of The Last Meeting and Action Log
3.1	<p>Minutes</p> <p>The minutes of the Primary Care Commissioning Committee meeting held on 28th March 2018 were considered and agreed as a correct record.</p>
3.2	<p>Action Log</p> <p>The two actions contained on the action log are due to be updated at the next scheduled meeting of the Primary Care Commissioning Committee in May.</p>

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/04/04	Decision	Approved the minutes of the meeting held on the 28 th March 2018 as a true and correct record.	
PCCC/04/05	Decision	Noted the two actions on the action log are due for update at the next scheduled meeting in May.	

4	Tower Family Healthcare Merger Application
4.1	The report was presented by Mrs Lepiorz. Tower Family Healthcare is the organisational name given to the six practices within NHS Bury CCG that have applied to merge their contracts.
4.2	<p>The practices are listed below along with their current contractual status:</p> <ul style="list-style-type: none"> • Greenmount Medical Centre (P83023) Personal Medical Services (PMS) • Minden Family Practices (P83020) PMS • Minden Family Practices (P83019) General Medical Services (GMS) • Minden Family Practices (P83008) PMS • Spring Lane Surgery (P83029) GMS • Tottington Medical Practice (P83012) PMS
4.3	The Primary Care Commissioning Committee is being asked to decide if it approves the merger due to the powers that have been delegated from NHS England. As part of this arrangement the decision making process must be in line with the NHS England's Primary Medical Care Policy and Guidance Manual, the NHS (General Medical Services Contracts) Regulations 2004, the NHS (Personal Medical Services Agreements) Regulations 2004 and the Health and Social Care Act 2012.
4.4	Mrs Lepiorz made reference to the business case and associated documents contained within Appendix A of the report. The business case proposes that Greenmount Medical Centre, the three Minden Family Practices and Spring Lane Surgery merge onto the PMS agreement currently held by Tottington Medical Practice. The PMS agreement would then be held by the partners of Tottington (P83012) and the former practices operating as Tower.
4.5	Should the merger be approved, the practices wish to merge on the 1 July 2018, with practice databases merged onto one system in a phased approach as articulated in the mobilisation plan (see appendix 27 of the business case).
4.6	On pages 15-17 of the business case Tower Family Healthcare have set out what they believe are the potential patient implications of the merger. Pages 24-35 articulate the

	<p>patient engagement that has taken place. The Committee should consider if the responses provided by Tower Family Healthcare satisfactorily answer the questions raised.</p>
4.7	<p>Mrs Lepiorz confirmed an Equality Impact Assessment of the business case has been completed in line with standard CCG procedures. This has concluded that the merger is likely to have a neutral to a positive impact on those patients with protected characteristics.</p>
4.8	<p>The Financial implications as outlined in section 5 of the report confirmed that work undertaken by the Greater Manchester Health and Social Care Partnership has shown that the merger will not have an on-going financial pressure.</p>
4.9	<p>NHS Bury CCG is responsible for the IT costs associated with merging the practices databases. The quote from INPS (the system supplier) is for a one off cost of £19,944 which would be a cost pressure to the GP IT budget. Since the report was written the quote has been revised to £23k.</p>
4.10	<p>With regard to strategic implications Mrs Lepiorz reminded the Committee that they have previously considered this application in the context of national and local strategic direction and provided support in principle.</p>
4.11	<p>The report made reference to Local Merger Principles. The Committee has previously supported a list of principles to be applied to any merger requests. These principles were developed based on guidance from the NHS England Primary Medical Care Policy and Guidance Manual and views from NHS Bury CCG's Primary Care Team. They are yet untested and are not statutory requirements that must be met.</p>
4.12	<p>Mrs Lepiorz drew the attention of the committee to principle one:</p> <ul style="list-style-type: none"> • <i>In general terms contractual mergers should only be considered in the case of like for like contracts because of the potential differences in financial arrangements - Where this occurs, the merger would only be approved if both Practices agree to enter into a GMS arrangement /rate</i>
4.13	<p>This business case sees both GMS contract and PMS agreements merging onto one PMS agreement. Allowing the merger of GMS contracts and PMS contracts is not against the guidance in the manual and is supported by the legal advice which the CCG has received.</p>
4.14	<p>In reference to principle three and principle four, the business case proposes that services will continue to be delivered from the same estates footprint that the six practices currently occupy. All other costs associated with the merger will be funded by the practice/practices requesting the merger and there are no further financial implications beyond those articulated in Section 5 of the report.</p>
4.15	<p>Principle seven states that the new merged practice will adopt the same access model and opening times.</p>
4.16	<p>Mrs Lepiorz pointed out the procurement considerations outlined in item 8 of the report, as the Primary Care Commissioning Committee must decide if a procurement process is required in this case.</p>

4.17	Legal advice from Hempsons received by NHS Bury CCG advises that exemption from procurement due to the rationalisation of contracts, as referenced in the manual, does not apply in this situation. Though untested in law, the Committee could consider the fact that Tower owns two of the proposed sites prevents an alternative provider from delivering the contract. Advice from Hempsons considers the risk of a procurement challenge to be low.		
4.18	If the Committee wishes to undertake a procurement exercise this would need to be for a time limited Alternative Medical Provider Services (APMS) contract. Procurement of an APMS contract would also be based on the assumption that the existing practices give notice on their current contracts which is unlikely.		
4.19	Mrs Lepiorz made the committee aware of the associated risks in that the Committee needs to be cognisant to the fact that if the merger is agreed then there is no provision to 'de-merge' after 1 st July 2018.		
4.20	The Primary Care Commissioning Committee were asked to focus on the areas highlighted in the report and to consider the business case with regards to the merger of the contracts. The Committee must decide if the approval of the business case aligns with the CCG's strategy, if sufficient assurance has been given that the proposal will result in improved patient services and if the financial implications to the CCG are affordable.		
4.21	Mr Bury asked Mr Woodhead for his view on the financial implications. Mr Woodhead stated he was satisfied that this has been looked at by expert colleagues in the Greater Manchester Health and Social Care Partnership and that the recurrent impact is neutral.		
4.22	With regard to procurement Mr McCann asked the reasons for a potential challenge being low. Mrs Lepiorz explained as it is untested law the challenge is felt to be low mainly around the risk of challenge to the decision, as we are not looking at new set of services and some premises are owned by the practices involved where others have long term leases. Thus ensuring they are the only ones that can provide services within those practice premises.		
4.23	Mr McCann queried what potential challenges we could be looking at and if these could include High Court proceedings. Mrs Lepiorz confirmed that an individual would need to raise a procurement challenge that could result in a judicial review but reminded the committee of the advice from Hempsons that the risk of procurement challenge is considered to be low.		
4.24	Mr McCann asked what the recommendation is in relation to procurement. Mrs Lepiorz suggested that the committee does not need to be overly concerned on risk of procurement as this merger has been out in public domain and no challenges have been received to date.		
ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/04/06	Decision	Considered the content of the business case and the appendices.	

5	Representatives of Tower Family Healthcare
5.1	Mr Bury proposed that the presentation be provided to the Primary Care Commissioning Committee prior to allowing time for both public and committee questions at the end. The committee agreed to proceed on this basis.
5.2	Ms Foster, Programme Manager, Tower Family Healthcare introduced herself and explained a number of GP colleagues were also present to help deliver the presentation and take questions at the end.
5.3	Dr de Vial (Minden Family Practices) introduced himself, stating the aim of the presentation is to give a flavour of the business plan, keeping in mind the 3 example patient stories (all portrayed by actors) and the benefits to each as outlined in the presentation. Dr de Vial continued that in addition to the example patient stories the presentation would cover the formation of Tower Family Healthcare and the significant work invested in to the approach to neighbourhood working, followed by staff & positive development, quality & performance, and briefly the priorities of Tower Family Healthcare.
5.4	Dr de Vial talked through the formation and meaning of the Tower Family Practice logo as outlined in the presentation.
5.5	Dr Moyle (Spring Lane Surgery) introduced herself and told the story of Hamza who was one of the example patient stories outlined in the presentation. Dr de Vial told the story of Agnes. The benefits for both Hamza and Agnes were contained within the slides.
5.6	Dr El-Jouzi (Tottington Health Centre) presented the third example of a patient story in Louise's case, pointing out the benefits for Louise. Dr El-Jouzi continued that currently there are pockets of specialisms within each practice of which no singular site has access to all. However as Tower Family Healthcare patients would have access to all of those services, therefore allowing the development of a wider skill mix of specialisms on a wider scale.
5.7	Dr Patel (Greenmount Medical Centre) provided a background to neighbourhood working, emphasising the commitment of Tower Family Healthcare to this and the belief that neighbourhood working is the way forward for primary care. Dr Patel reported that the members of Tower Family Healthcare have a track record of delivery and flexibility and also recognise they have expertise to share. Dr Patel continued that assurance of working with practices outside of the Tower Family Healthcare group has been demonstrated in the past and therefore Tower will be able to offer leadership on this.
5.8	Dr Patel handed over to Ms Foster to talk through the benefits of the merger for practice staff. The presentation made reference to 3 example staff members- Matt, Gill and Mo (all portrayed by actors). Ms Foster highlighted that as Tower Family Healthcare the workload can be shared, a specific example being the care navigation role.
5.9	Ms Foster made reference to Quality & Performance monitoring, acknowledging the need to maintain high performance in terms of quality and levels of service with a consistent offer to patients. Ms Foster reported that monitoring systems will continue to develop and Tower Family Healthcare is working hard to ensure these are in place. Ms Foster added that Tower have invested in an innovative communication and collaboration tool, reiterating through legal and financial due diligence that there is a

	structure of reporting and a board in place.
5.10	The presentation touched on the priorities of Tower Family Healthcare as follows: <ul style="list-style-type: none"> • Day 1 – maintain stability of service delivery • 6 -12 months – improving patient access & staff recruitment • > 12 months – specialist service development
5.11	The presentation concluded with the vision and values of Tower Family Healthcare allowing time for public and committee questions.
5.12	Mr Bury thanked the representatives of Tower Family Healthcare for the delivery of the presentation.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/04/07	Decision	Noted the presentation provided.	

6	Public Questions
6.1	With regard to IT systems, Ms Hall asked as patients may be referred across sites within Tower Family Healthcare if this would be flagged up on the system and if patients will be able to look up who they are seeing.
6.2	Dr El-Jouzi explained the process is similar within the existing GP practices but there will be a greater number of GPs, also currently patients are able to view information on each practice website and look up who they may have an appointment with, which will continue moving forward.
6.3	Ms Hall expressed concerns from a patient point of view of being referred across sites to meet with a different GP who may have limited knowledge of the patient's background.
6.4	Dr El- Jouzi acknowledged and accepted Ms Hall's concerns adding that as Tower Family Healthcare it is anticipated to be able address things such as chronic diseases and to maintain that continuity and resilience to enable those 1:1 relationships to be more deliverable.
6.5	Dr Moyle invited Ms Hall to sign up to the Patient Participation Group (PPG).
6.6	Dr Jiva added from his point of view as LMC representative, at the moment with this system as far as we are aware GPs can directly access the patient's primary care record, therefore the GP will have much easier access to records.
6.7	Barbara Barlow asked at what point individual patients can access their record. Dr Patel advised that patients can currently request access to their own record via their GP practice.
6.8	Discussion followed in relation to access to records, with two members of the public stating they both have access to their own record; both encouraged other patients to request the same.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/04/08	Decision	Noted the public questions raised.	

7	Committee Questions
7.1	Dr Jiva commented from a national point of view that the approach to the proposed merger is quite innovative and it would be useful for this to be written up as a blueprint. Considering the current mixture of GMS and PMS contracts, Dr Jiva asked why Tower Family Healthcare has opted for PMS.
7.2	Dr Patel noted from a contractual point of view there was no difference if a PMS or GMS contract was selected. However Mrs Lepiorz added from an IT point of view as it the database is to be held at Tottington is the largest and therefore the easiest to merge onto.
7.3	With regard to public engagement Mrs Horrocks asked the representatives of Tower Family Healthcare if it was felt there had been enough engagement with patients, and if going forward patients will have a further opportunity to feed in to evolving services.
7.4	Dr Moyle recalled that at the beginning representatives were very conscious of service changes and had invited patients to help with that process, but as the process evolved there was a need to maintain the balance between engagement and canvassing which is prohibited. Dr Moyle added that due to the financial cost it was decided not to write out to between 30,000- 50,000 people but to use a mixture of social media, information within surgeries and Patient Participation Group (PPG) input.
7.5	Mrs Horrocks asked if there was a demand management process in place. Dr El-Jouzi explained a piece of work is being undertaken on workforce capacity and it is anticipated that the development of services for patients like Louise as outlined in the presentation will happen gradually, and any development areas will be flagged. Dr El-Jouzi added work is being done on services across all sites to identify what service areas are missing and where it is possible to recruit without affecting day to day work.
7.6	In reference to the footprint of Tower Family Healthcare Mrs Gough noted that this was partially referenced to in the business plan but suggested the committee needs to understand what the combined footprint will look like, as it was felt this was not fully articulated. Dr de Vial confirmed the current outer border and margin will be the Tower Family Healthcare footprint.
7.7	Mr McCrory queried if there are plans to increase contact with other professions in the future, and terms of financial savings if referrals may be accepted for services from practices outside of the Tower group.
7.8	Dr Patel stated that increasing contact with other professions could only happen if that service was commissioned by the commissioner, this is what is seen as the care navigator role. With regard to financial savings Dr Patel indicated there could be cost savings possibly to the commissioner but not to the practices.
7.9	Mr McCann understood if the Primary Care Commissioning Committee buy in to the merger and accept it then there should be improvements to a certain cohort of patients. Mr McCann asked how other patients will benefit by shared practices and aligned with Tower Family Healthcare ensure they maintain good working relationship with other Bury practices.
7.10	Dr de Vial recalled that the process has been very open to all colleagues with an offer to other practices to join Tower Family Healthcare if they deem it appropriate. Dr Patel

	referred back to neighbourhood working as outlined in the presentation that Tower Family Healthcare are very willing to engage with the CCG and GP Federation to help develop neighbourhood schemes. Dr Patel described neighbourhood forums as way to share best practice.
7.11	Dr El-Jouzi confirmed in his position as North Sector Chair and one of the GPs at Spring Lane being Chair of the West Sector that joint working is still very much seen as a priority, therefore emphasising the commitment to working with wider GP colleagues.
7.12	Mrs Brown asked how Tower Family Healthcare will ensure the Bury workforce does not become destabilised. Dr de Vial declared that the approach of Tower Family Healthcare is not at all predatory, but there is need to recognise the real issue in terms of primary care workforce. Dr de Vial pointed out the need for primary care providers at scale to retain and attract staff to primary care and the advantages of this being better trained providers in general practice. Mrs Brown queried if a specialism is developing the nursing workforce. Dr Patel assured Mrs Brown of the commitment to improving services out of hospital.
7.13	Miss O'Dwyer asked with regard to transformation and piloting the workforce data tool if there are there any real examples of this. Ms Foster confirmed close working via practice meetings and meetings with Health Education England. Dr Patel added there have been some findings with regard to the tool, highlighting that things are being done differently on the skill mix which is a learning process and that teams will continue to share work from the tool with NHS England and with other Bury practices.
7.14	To give an insight Ms Foster confirmed the tool will also be looking at non-clinical staff in order to develop the whole workforce. Dr Patel added that this will then give the effective needs moving forward and also show the impact. Miss O'Dwyer acknowledged this this as a tangible example to benefit wider General Practice.
7.15	Mr North confirmed that the question he had around IT testing had already been answered. Dr El-Jouzi informed the committee that a full trial version of the system is up and running and that this had gone through all the relevant data protection checks.
7.16	Following on from Dr Jiva's earlier point, Mr North commented the approach he is seeing is a group of organised practices with common values which gives passion to achieve. Mr North emphasised the need to be realistic with the offer for other practices to join, that there will be certain considerations and expectations. Mr North added the fundamental bit is if practices in neighbourhoods are to merge they will need to work together in neighbourhoods. Dr Patel stated the due diligence work was done as part of the management board and the board are comfortable to allow a small group of people to undertake the development work, this was felt necessary to maintain momentum and pace.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/04/09	Decision	Noted the committee questions raised.	

8	Consideration of Proposed Merger
8.1	Upon consideration of the proposed merger Dr Jiva made an observation on public engagement that due to changes in Data Protection laws if another practice wishes to join Tower Family Healthcare in the future it would be subject to more engagement.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/04/10	Decision	Considered if it approves the proposed merger.	

9	Merger Decision		
9.1	The Primary Care Commissioning Committee approved the proposed merger and agreed for the merger to go ahead.		

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/04/11	Decision	Approved and agreed the proposed merger.	

10	Closing Matters		
10.1	As this was Mrs Lepiorz's last Primary Care Commissioning Committee meeting, Mr Bury thanked Mrs Lepiorz on behalf of the committee for her work and wished her well for the future.		



Primary Care Commissioning Committee Action Tracker

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