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| <b>Title</b>                         | <b>Minutes of the Primary Care Commissioning Committee 25/07/2018-Meeting in Public</b> |               |  |
| <b>Author</b>                        | Helen Marshall, PA to the CFO   |               |  |
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| 07/08/2018                           | 0.1   | H Marshall    | Initial draft submitted to M Clayton for review                |
| 07/09/2018                           | 0.2   | H Marshall    | Amendments received from M Clayton                             |
|                                      |   |               |  |
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| <b>Approved:</b>                     |   |               |  |
| <b>Signature:</b>                    |   |               |  |
|                                      |   |               | .....<br><b>Peter Bury, Lay Member<br/>(Chair of the PCCC)</b> |

# Primary Care Commissioning Committee

## Meeting in Public

### MINUTES OF MEETING

25 July 2018

Chair – Peter Bury

## ATTENDANCE

### Members

#### Voting members

Mr Peter Bury, Lay Member, Chair

Mr Stuart North, Chief Officer

Mrs Sue Hargreaves, Assistant Chief Finance Officer (representing Mr Mike Woodhead)

Miss Margaret O'Dwyer, Director of Commissioning and Business Delivery

Mrs Fiona Boyd, Nurse Lay Member

Mrs Marie Clayton, Deputy Director of Primary Care

#### Non-voting members

Dr Jeff Schryer, CCG Chair

Mr Ben Squires, NHS England (representing Mrs Ann Gough/ Ms Sara Roscoe)

Mrs Anne Brown, Patient Cabinet representative

Ms Joanne Horrocks, Healthwatch representative

Ms Wendy Craven, LOC representative

### Others in attendance

Howard Hughes, Clinical Director

Karen Keen, Corporate Admin Assistant (Primary Care)

Bhavini Bharath, Communications and Engagement Officer

Helen Marshall, PA to the Chief Finance Officer (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:

- Mrs Lesley Jones, Director of Public Health, Bury Council
- Mrs Julie Gonda, Acting Executive Director- Communities & Wellbeing
- Dr Mohammed Jiva, Rochdale and Bury LMC representative
- Mr Mohamed Patel, LPC representative
- Mr Mike Woodhead, Chief Finance Officer
- Mr David McCann, Lay Member

1.2 It was noted that Mrs Hargreaves was attending on behalf of Mr Woodhead, with full delegated authority to act on his behalf. The meeting was confirmed to be quorate.

| <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.   |  |       |
| 2.3                               | <p><b>Declarations of interest from today's meeting</b></p> <p>It was noted that there were no further declarations made from those already recorded in the register. However Mrs Brown stated she had previously requested the register to be amended to show that she is a Bank Nurse for Intrahealth.</p> |  |       |
| 2.4                               | <p><b>Declarations of interest from today's meeting</b></p> <p>It was noted that there were no declarations of interest in relation to the previous meeting.</p>   |  |       |
| ID                                | Type   | The Primary Care Commissioning Committee:  | Owner |
| PCCC/07/01                        | Decision   | Noted the published register of interests. |       |

| <b>3 Minutes Of The Last Meeting and Action Log</b> |   |
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|   | <p><b>Minutes</b></p>   |
| 3.1   | <p>The minutes of the Primary Care Commissioning Committee meeting held on 23<sup>rd</sup> May 2018 were considered and the following minor amendment made to the first sentence at paragraph 12.10:</p> <ul style="list-style-type: none"> <li>Mr North commented that having the information and proving something works and is value for money is difficult, however there are occasions when services should continue like the MEC Service as it is the right thing to do even though it could not be completely proven.</li> </ul> |
| 3.2   | In reference to the LCA at paragraph 6.5, Miss O'Dwyer recalled she had agreed to share a diagram of the current governance system. Miss O'Dwyer stated that this needs to be recorded as an action and be brought to the next meeting of the Primary Care Commissioning Committee in September.  |
| 3.3   | With regard to the Decision recorded under item 7 (Primary Care Health and Wellbeing Strategy) Miss O'Dwyer asked if there had been any progress on the Tower Practice pilot of the Insight Tool. Mrs Clayton confirmed that no progress had been made so far and stated that she would look into this.   |
| 3.4   | Miss O'Dwyer queried the progress of the work around the GM MEC Service at paragraph 12.9. Ms Craven explained that the governance structure is set to be taken to the next GM Joint Commissioning Board (JCB). Miss O'Dwyer highlighted the need to provide feedback on this to the Primary Care Commissioning Committee once we know the outcome.   |

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| <p>3.5</p> <p>3.6</p> <p>3.7</p> | <p><b>Action Log</b></p> <p>The action log was reviewed with the following updates provided:</p> <ul style="list-style-type: none"> <li>• PCCC/03/01- Mr Squires suggested it appropriate for Mrs Jones to present this to the committee. Therefore it was agreed for this item to be deferred until the next meeting in September. Mrs Clayton confirmed this will be added forward plan for September.</li> <li>• PCCC/03/02- It was noted that this item had been closed as the GM clinical waste briefing was circulated for information prior to this meeting.</li> </ul> <p>Discussion followed in relation to clinical waste. Mr Squires reported that Rachele Schofield has been working on the matter of clinical waste in Bury. Mrs Clayton added from a Bury perspective there have been a couple of issues, the first with regard to invoicing errors which have now been rectified and secondly some outstanding clinical waste issues linking in with the Local Authority. Mrs Clayton summarised that the contract is working well overall. Dr Schryer queried in terms of finance that this was supposed to be a cost saving. Mrs Hargreaves confirmed there hasn't been a saving but emphasised that Rachele Schofield has been liaising with Cannon Hygiene and NHS England to resolve the highlighted issues moving forward.</p> <p>The following updates were provided for the remaining items on the action log:</p> <ul style="list-style-type: none"> <li>• PCCC/05/01- Mrs Clayton stated there had been some confusion, as the review paper will not be ready until August and therefore be presented at the next meeting of the Primary Care Commissioning Committee in September.</li> <li>• PCCC/05/02- A process summary will presented when available. Mrs Clayton confirmed this will be added to the forward plan. This update was noted and the action closed.</li> </ul> |
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| ID         | Type     | The Primary Care Commissioning Committee:   | Owner |
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| PCCC/07/02 | Decision | Approved the minutes of the meeting held on the 23 <sup>rd</sup> May 2018 as a true and correct record subject to the minor amendment at paragraph 12.10. |       |
| PCCC/07/03 | Decision | Noted the updates provided in relation to the action log.   |       |
| PCCC/07/01 | Action   | Miss O'Dwyer to share a diagram of the current LCA governance system at the next meeting of the Primary Care Commissioning Committee in September.        | MO'D  |
| PCCC/07/02 | Action   | Mrs Clayton to look into the progress of the Tower Practice Insight Tool pilot.   | MC    |
| PCCC/07/03 | Action   | Ms Craven to provide feedback on the GM MEC Service governance structure once the outcome from the GM JCB is known.                                       | WC    |

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| <b>4</b> | <b>Public Questions</b>               |
| 4.1      | There were no public questions asked. |

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| <b>5</b>   | <b>Practice List Closure Procedure</b>   |   |              |
| 5.1        | Mrs Clayton provided a verbal update. This item had been scheduled on the forward plan for review in May 2018. Mrs Clayton reported that there have not been any requests for closure and therefore suggested that this is reviewed in 12 months' time, the Primary Care Commissioning Committee agreed. |   |              |
| <b>ID</b>  | <b>Type</b>  | <b>The Primary Care Commissioning Committee:</b>  | <b>Owner</b> |
| PCCC/07/04 | Decision   | Noted the verbal update provided and that this item is to be reviewed in 12 months' time. |              |

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| <b>6</b> | <b>Primary Care Performance and Outcomes- Greater Manchester Health &amp; Social Care Performance &amp; Delivery Board</b>   |  |  |
| 6.1      | <p>Mr Squires presented the report for information providing a brief summary. Primary care contracts contribute significantly to quality and improvement of outcomes for the population of Greater Manchester. Although final end-of-year contractual reconciliation for individual primary care contracts is not yet available, the report outlines the key datasets presented to the Greater Manchester Health and Social Care Performance &amp; Delivery Board which indicate performance and quality in the following areas:</p> <ul style="list-style-type: none"> <li>• Community Pharmacy clinical effectiveness, patient safety and experience</li> <li>• Dental access, patient access, satisfaction and prevention</li> <li>• GP Quality and Outcomes Framework</li> <li>• General Optometric services – increasing uptake of eye sight tests for children.</li> </ul> |  |  |
| 6.2      | <p>Mr Squires invited any comments or questions. Mr North made reference to Dental Access at section 3.2 of the report, specifically Table 2: Dental Access by locality. Mr North pointed out that Bury has the lowest access in GM and in the last year has moved in a negative direction. Mr North suggested writing to Jon Rouse (Chief Officer of the Greater Manchester Health and Social Care Partnership) outlining these concerns.</p>   |  |  |
| 6.3      | <p>Mr Squires accepted Mr North's concerns, acknowledging there are challenges. Mr Squires suggested it is difficult to take contractual action; the difficulty being the GM team inherited the contracts from PCTs. Mr Squires explained that work is ongoing to support access and that in 2 weeks' time the GM Team have a meeting with the GM LDC's with regard to targeting resource and performance and identifying priorities. Mr Squires continued that part of this would look to address this variation across the localities, Bury is not in the bottom 10 nationally so hasn't been targeted with transformation monies. Mr Squires added that he is liaising with Mrs Jones with regard to Oral Health, and they are in the process of completing a procurement to have a supply chain of oral health stock.</p>  |  |  |
| 6.4      | <p>Mr North understood the points made by Mr Squires but challenged the GM position on the PCT contracts inherited 5 years ago. The committee agreed that Mr North is to write to Jon Rouse with regard to the above identified concerns.</p>  |  |  |
| 6.5      | <p>Mrs Brown asked if there is a list closure for NHS dental care practices. Mr Squires explained the contract in place is an NHS block contract so if a dental care practice restricts access then that will have financial consequences. Mrs Brown queried where local people can turn to if they are unable to access dental care services. Mr Squires advised if there is a reduced opportunity of treatment, then patients can contact NHS 111 or access NHS choices. Mr Squires added there are no boundary restrictions for</p>   |  |  |

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|      | patients accessing dental care services in different areas to where they reside. Mrs Brown asked if there are more private patients than NHS patients. Mr Squires explained only NHS activity data is available via provider contracts.  |
| 6.6  | Miss O'Dwyer commented that in the last 12 months the Primary Care Commissioning Committee has not been in receipt of the performance data.  |
| 6.7  | In reference to Table 4: Fluoride Varnish Rate per 100 FP17s (3-16 year old patients). Miss O'Dwyer noted the progress made in Manchester and Oldham and queried if there is anything Bury can do to progress. Mr Squires suggested the improvement within Bury has been overlooked but explained the benefit in Manchester and Oldham has two aspects. The first being around engagement between dental practices and local health improvement teams, and the second being that in those two localities the Dental Buddy Practice scheme is in place which brings primary dental care dental practices and early years settings / schools together in partnership. Mr Squires added the buddy scheme is under review to see how it could be rolled out across other GM localities and to potentially look to access care homes. |
| 6.8  | In relation to the progress of water fluoridation, Miss O'Dwyer asked what could be done to revisit this matter. Mr Squires stated that water fluoridation has had significant development in Southampton and Hull. Alongside this Mr Squires confirmed that NHS England are currently in discussion with United Utilities around a potential feasibility study, exploring the possibility and opportunity to progress that discussion. Mr Squires acknowledged there are challenges in GM as water in the North West operates across boundaries.  |
| 6.9  | Miss O'Dwyer referred to section Medicines Use Reviews (MURs) on page 4 of the report specifically asking about the pilot project that is currently being launched in the Stockport locality to increase the uptake of MURs. Mr Squires explained that a MUR is a standard service that all pharmacies offer and suggested there is no reason why they can't work locally with general practice or wider primary care.   |
| 6.10 | In reference to Quality Payments in section 2.2 of the report Dr Schryer commended that 80% of all pharmacy staff working in patient facing roles are 'Dementia Friends'. Dr Schryer asked how Healthy Living Pharmacies can be made visible in the system to link GP practices, pharmacy, optometry and dentistry.  |
| 6.11 | Dr Schryer referred to section 4.3.1 of the report specifically Table 6 (Comparison of 2017/18 and 2016/17 Quality and Outcomes Framework (QOF) achievement), highlighting in terms of exception reporting that Bury is one of the lowest figures and is decreasing. Dr Schryer suggested that the Primary Care Commissioning Committee should highlight this positive in primary care in Bury.  |
| 6.12 | Miss O'Dwyer asked if Bury's QOF position worsened in 17/18 from 16/17. Mr Squires advised this is something that can be drilled down into to allow a more detailed understanding. There is concern however over the potential of this as across GM as list sizes have not grown comparably with national average.   |
| 6.13 | In reference to Mrs Brown's points regarding NHS dental care practices, Mr North asked if a list could be provided to show which NHS dental practices have closed their lists as this would enable the Primary Care Commissioning Committee to identify which areas have closures. Mr Squires explained that NHS England tends to report via the   |



| 6.14       | Health & Wellbeing Board but advised that he will ensure the Primary Care Commissioning Committee also has sight of that report. | Mr Bury summarised the conversation complete with the two actions and suggested the committee progress to move forward. |       |
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|            | Type   | The Primary Care Commissioning Committee:   | Owner |
| PCCC/07/05 | Decision   | Noted the contents of the report.   |       |
| PCCC/07/04 | Action   | Agreed that Mr North will write to Jon Rouse with regard to concerns over dental access figures in Bury.                | SN    |
| PCCC/07/05 | Action   | Mr Squires to share the Health & Wellbeing Board report.  | BS    |

| 7   | Care Navigation Pathways  |  |
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| 7.1 | Dr Schryer presented the report and summarised of the content.  |  |
| 7.2 | As part of the General Practice Forward View, central funding has been allocated to CCGs for the training of reception and clerical staff to undertake enhanced roles in active signposting and the management of clinical correspondence.  |  |
| 7.3 | The CCG in collaboration with West Wakefield Health & Wellbeing are currently developing and rolling out a local care navigation model for Bury. This has involved a series of engagement and development workshops in which practices have been invited to take part along with online training. Through the workshops general practice staff have prioritised local services which frontline staff will signpost patients to. The staff have also developed and agreed the pathways for those services.                   |  |
| 7.4 | <p>Dr Schryer explained the report presented is to cite the Primary Care Commissioning Committee on the process, signposting the 4 key areas. The four services that have been identified for inclusion in year 1 of the programme are:</p> <ul style="list-style-type: none"> <li>• Community Pharmacy</li> <li>• Dental</li> <li>• Healthy Minds</li> <li>• Integrated Wellness Service</li> </ul>  |  |
| 7.5 | Dr Schryer invited any questions. Mr Hughes suggested some patients that come in to community pharmacy need to then see their GP, therefore a smooth process is required, Dr Schryer agreed.  |  |
| 7.6 | Mrs Brown recalled she had noticed signs in the GP surgery that she attends, stating that reception staff may ask more questions in order to signpost patients appropriately. Mrs Brown acknowledged this is good news but pointed out there may be some patient perception issues to consider, emphasising that communication is essential to remove any fear of speaking in more detail to frontline general practice staff. Dr Schryer acknowledged this and suggested training those frontline staff as key to success. |  |
| 7.7 | Mrs Boyd asked if designated places are to be set aside for such conversations as patients may feel anxious about holding a discussion in a surgery reception area. Dr Schryer confirmed that some of this has been actioned via the training.  |  |
| 7.8 | In relation to minor ailments Ms Craven suggested she would expect the minor ailments   |  |

|            | scheme to be similar to the Minor Eye Conditions Service (MECS) in terms of measuring where patients are referred, for example from their GP, however there may be cases where patients are not referred. Ms Craven added that it is a case of how the scheme is analysed and identifying the success criteria. Dr Schryer suggested that part of this is down to read coding and introducing the recording process to staff.             |   |       |
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| 7.9        | Mrs Horrocks asked if there is a likelihood that this may expand to signpost patients to the Citizens Advice Bureau (CAB) or to benefits. Dr Schryer explained the initial process that a marketplace event was held and the voluntary sector were written to, practices were then asked for four or five initial key focus areas. Dr Schryer added that phase 2 is to expand much wider.   |   |       |
| 7.10       | Mrs Boyd queried how the risk of double paying through NHS 111 is mitigated. Mr North advised that NHS 111 will be responsible for the cost of the activity.  |   |       |
| 7.11       | Building on Ms Craven's point in relation to referrals, Mr North asked if there is the capacity for further referrals to urgent dental services, as the earlier Primary Care Performance and Outcomes report didn't report on urgent dental services. Mr North suggested it would be useful to see this reported in future. Mr Squires confirmed this will be included this on the NHS England locality report as discussed under item 6. |   |       |
| 7.12       | The Primary Care commissioning Committee noted the report and approved the access criteria for the four local services outlined in the report.  |   |       |
| ID         | Type  | The Primary Care Commissioning Committee:   | Owner |
| PCCC/07/06 | Decision  | Approved the access criteria for the four local services that will be used by the care navigators' in general practices to signpost patients. |       |

| 8   | GP Federation Contract Meeting update  |  |  |
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| 8.1 | Mrs Clayton presented the report for information, the action log provided a summary of the Bury GP Federation Contract meeting held on the 19 June 2018.   |  |  |
| 8.2 | Mrs Clayton outlined two key points in relation to outputs, the first being the review of the Extended Working Hours (EWH) service where work has been done on A&E deflections. EWH appointment slots are to be trialled on a 50/50 split for the quarter commencing 1 <sup>st</sup> July 2018 to establish if the position could be improved. Mrs Clayton confirmed this will be trialled in quarter 3 (Q3) with the output fed back to the Primary Care Commissioning Committee. |  |  |
| 8.3 | Mrs Clayton outlined the second key point as the clinical pharmacists work, and the continuation for a further 12 months with practices that wish to continue with a Pharmacist in practice. Mrs Clayton invited any questions.  |  |  |
| 8.4 | Mr North sought clarity on the question asked by Martin Clayton at the GP Federation Contract meeting with regard to plans to move from the current 30 minute appointment slots to become 45 minute slots. Mr Squires clarified the meaning of this, that it is not 30 minute or 45 minute appointment slots, but 45 minutes of slots per 1000 population as opposed to 30 minutes of slots per 1000.  |  |  |
| 8.5 | Miss O'Dwyer made reference to point 4 of the Extended Working Hours / Vulnerable Patient Service and the output of the Friends and Family test. Mr Squires commented  |  |  |



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|     | that it is a credit to the service to have had such a positive response rate. |
| 8.6 | The Primary Care Commissioning Committee accepted the report.                 |

| ID         | Type     | The Primary Care Commissioning Committee: | Owner |
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| PCCC/07/07 | Decision | Received the action log for information.  |       |

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| <b>9</b> | <b>Primary Care Workstream update</b> |
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| 9.1 | Dr Schryer presented the report, referring to the Quality in Primary Care Phase 2 Dispute update (appendix 6) which reported that one practice elected to take their claim to the CCG Dispute Panel. Dr Schryer declared that receiving only one dispute is a credit to the hard work of practices and primary care staff.   |
| 9.2 | Regarding capacity at section 5.5 of the briefing Mrs Boyd queried the recent changes to staffing which have resulted in reduced capacity for some of the Teams, referring specifically to gaps in the Business Intelligence (BI) Team. Miss O'Dwyer confirmed action has been taken to plug the gaps, in that the CCG immediately started the recruitment process with one new member of staff now in post and a second new staff member expected. Miss O'Dwyer confirmed that the new Head of BI had also started in post in July. |
| 9.3 | Following the formation of Tower Family Healthcare in July, Mr North asked if any issues had been experienced. Mrs Clayton reported there have been some IT issues with regard to mergers of systems, which has delayed the process until the start of September, but two of those have successfully made the transition since this report was produced.   |

| ID         | Type     | The Primary Care Commissioning Committee: | Owner |
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| PCCC/07/08 | Decision | Noted the briefing presented.             |       |

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| <b>10</b> | <b>Primary Care Finance Report</b> |
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| 10.1 | Mrs Hargreaves presented the report and provided an overview of the content.   |
| 10.2 | The financial position shows a year to date (YTD) and a forecast break even position against plan which is in line with expectations at this stage. The position reflects the new GMS contracts rates and includes the quarter 1 practice list size changes. The 17/18 QOF position has been reviewed during month 3 and any benefit will be utilised to fund Quality in Primary Care non recurrent budget pressures in 18/19 as previously agreed by the Committee. |
| 10.3 | The CCG is finalising the 17/18 financial position for charges in respect of NHS Property Services and Community Health Partnership and an update will be provided next month. The CCG is yet to receive finance schedules from these providers for 18/19, therefore for month 3, the CCG is assuming these costs are in line with planned spend.  |

| ID         | Type     | The Primary Care Commissioning Committee:  | Owner |
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| PCCC/07/09 | Decision | Noted the contents of the report and the risks identified to the delivery of the 2018/19 financial position. |       |

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| <b>11</b> | <b>Primary Care Risk Register</b>   |
| 11.1      | Miss O'Dwyer presented the report which provided an updated position in respect of those risks that have been identified, assessed and categorised as having a potential impact on the CCG in relation to Primary Care as at 30 June 2018.                              |
| 11.2      | There are currently a total of 22 risks being monitored across the organisation excluding the Governing Body Assurance Framework (GBAF) of which 1 are included on the Primary Care Commissioning Risk Register.  |
| 11.3      | Miss O'Dwyer made reference to the following risk as outlined in the report: <ul style="list-style-type: none"> <li>• <b>OR_BI_09 Uplands Health Centre- Existing Infrastructure</b></li> </ul>   |
| 11.4      | The committee agreed that an update is required with regard to this risk and it was agreed that Miss O'Dwyer will request an update for the next meeting of the Primary Care Commissioning Committee in September.  |
| 11.5      | On a separate matter Mrs Brown said that she had a query with regard to 40 week waits for patients being referred to the Adult Orthotic department. Miss O'Dwyer confirmed she had not been cited on this matter but advised this is something that can be looked into. |

| ID         | Type     | The Primary Care Commissioning Committee:  | Owner |
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| PCCC/07/10 | Decision | Received the risk report.  |       |
| PCCC/07/11 | Decision | Noted the risks on the risk register as reflected in Appendix A and B.   |       |
| PCCC/07/12 | Decision | Noted the update provided.   |       |
| PCCC/07/13 | Decision | Noted the summary position and the risks that will be reported through the Corporate Risk Register.  |       |
| PCCC/07/06 | Action   | Miss O'Dwyer is to request an update on the following risk for the next meeting in September:<br><b>OR_BI_09 Uplands Health Centre- Existing Infrastructure.</b> | MO'D  |
| PCCC/07/07 | Action   | Miss O'Dwyer to look into the matter of waiting times for patients referred to the Adult Orthotic department.  | MO'D  |

| <b>12</b>  | <b>Closing Matters/Forward Plan</b>           |   |       |
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| 12.1       | There were no closing matters for discussion. |   |       |
| 12.2       | The forward plan was accepted.                |   |       |
| ID         | Type  | The Primary Care Commissioning Committee: | Owner |
| PCCC/07/14 | Decision                                      | Accepted the forward plan.                |       |

## 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.  | 23/05/18- Update to be provided at the July meeting.<br>25/07/18- To be deferred until the next meeting of the PCCC in September and to be added to the forward plan. | LJ          |
| Open   | 23-May-18   | PCCC/05/01 - Quality in Primary Care (Phase 2, Outturn Position 2017/18)<br>A review paper to be provided at the July meeting.  | 25/07/18- A review paper is to be presented at the next meeting in September.   | MC          |
| Closed | 23-May-18   | PCCC/05/02 - The Committee gave the Primary Care Team the mandate to develop a single outcome based contract, taking into consideration any wider Locally Commissioned Service agreements. Early draft to come back to PCCC when available. | 25/07/18- A process summary will be presented when available and this is to be added to the forward plan.<br>Update noted and item closed.                            | MC          |
| Open   | 27-Jul-18   | PCCC/07/01- Miss O'Dwyer to share a diagram of the current LCA governance system at the next meeting of the Primary Care Commissioning Committee in September.  |   | MOD         |
| Open   | 27-Jul-18   | PCCC/07/02- Mrs Clayton to look into the progress of the Insight Tool pilot.  |   | MC          |
| Open   | 27-Jul-18   | PCCC/07/03- Ms Craven to provide feedback on the GM MEC Service governance structure once the outcome from the GM JCB is known.   |   | WC          |
| Open   | 27-Jul-18   | PCCC/07/04- Mr North to write to Jon Rouse with regard to concerns over dental access figures in Bury.  |   | SN          |
| Open   | 27-Jul-18   | PCCC/07/05- Mr Squires to share the Health & Wellbeing Board report.  |   | BS          |
| Open   | 27-Jul-18   | PCCC/07/06- Miss O'Dwyer is to request an update on the following risk for the next meeting in September:<br>OR_BI_09 Uplands Health Centre- Existing Infrastructure.   |   | MO'D        |
| Open   | 27-Jul-18   | PCCC/07/07- Miss O'Dwyer to look into the matter of waiting times for patients referred to the Adult Orthotic department.   |   | MO'D        |