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19/06/2019	0.1	H Marshall	Initial draft submitted to M O'Dwyer for review
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Approved:			
Signature:			<p>.....</p> <p>Peter Bury, Lay Member (Chair of the PCCC)</p>

Primary Care Commissioning Committee

Meeting in Public

MINUTES OF MEETING

22nd May 2019

Chair – Peter Bury

ATTENDANCE

Members

Voting members

Mr Peter Bury, Lay Member, Chair

Mr David McCann, Lay Member

Mr Geoff Little, Accountable Officer

Mrs Sue Hargreaves, Assistant Chief Finance Officer, Non Acute & Primary Care (representing Mr Mike Woodhead)

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

Mrs Lesley Jones, Director of Public Health

Mrs Fiona Boyd, Nurse Lay Member

Non-voting members

Dr Jeff Schryer, CCG Chair

Mr Ben Squires, NHS England (representing Mrs Gough)

Dr Mohammed Jiva, Rochdale and Bury LMC Representative

Mr Richard Rawlinson, LOC Representative

Mr Paul McCrory, LDC Representative

Others in attendance

Zoe Alderson, Head of Primary Care

Amy Lepiorz, Head of Delivery, Bury Local Care Organisation

Martin Clayton, Chief Officer, Bury GP Federation

Lindsey Darley, Director of Transformation and Delivery, Bury Local Care Organisation

Bhavini Bharath, Communications & Engagement Officer

Helen Marshall, PA to the Executive Nurse (minutes)

3 members of the public

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:

- Dr Cathy Fines, Clinical Director
- Mr Mohamed Patel, LPC Representative
- Mr Mike Woodhead, Chief Finance Officer
- Mrs Ann Gough, NHS England

1.2	The meeting was confirmed to be quorate.
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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.		
2.3	<p>Declarations of interest from today's meeting</p> <p>With regard to agenda item 5- Establishment of Primary Care Networks, Mr McCann made reference to his role on the Board of Rock Healthcare. Mr McCann advised the committee that he had resigned from his role on the board of Rock Healthcare ten days ago and therefore identified no conflict in relation to agenda item 5.</p>		
2.4	It was noted that Mrs Lepiorz will be included on the register of interests for the next meeting, as she is due to return to her role as Deputy Director of Primary Care later this month.		
2.5	It was noted that there were no further declarations made from those already recorded in the register.		
2.6	<p>Declarations of interest from the previous meeting</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/05/01	Decision	Noted the published register of interests.	

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 27th March 2019 were considered and agreed as a correct record with the following minor change:</p> <ul style="list-style-type: none"> • Apologies from Mrs Boyd to be recorded in the minutes. 		
3.2	<p>Action Log</p> <p>The action log was reviewed and it was noted that all items were marked as closed.</p>		
ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/05/02	Decision	Approved the minutes of the meeting held on the 27 th March 2019 as a true and correct record.	
PCCC/05/03	Decision	Noted the updates provided in relation to the action log.	

4	Public Questions		
4.1	There were no public questions asked.		

5	Establishment of Primary Care Networks in Bury
5.1	Miss O'Dwyer invited Mrs Alderson to present the report. The aim of the report was to provide the Primary Care Commissioning Committee (PCCC) with sufficient information in order to consider and approve the Primary Care Network (PCN) applications received from its member practices.
5.2	<p>The report outlined the PCN applications received and included a description of a Primary Care Network (PCN) as defined by NHS England:</p> <p><i>A primary care network consists of groups of general practices working together with a range of local providers, including across primary care, community services, social care and the voluntary sector, to offer more personalised, coordinated health and social care to their local populations. They should be small enough to maintain the traditional strengths of general practice but at the same time large enough to provide resilience and support the development of integrated teams.</i></p>
5.3	The report provided an overview of the local engagement undertaken with member practices and outlined the PCN application requirements along with a number of considerations for the PCCC when reviewing the applications.
5.4	Mrs Alderson directed the attention of the Committee to the PCN applications received as outlined at section 3.3 of the report. Bury CCG is in receipt of four PCN applications covering all 26 practices within the borough, each PCN has submitted the required documents as part of their applications. A summary of the four applications received is provided in the table under section 3.3.1, and the actual applications attached to the report as appendices.
5.5	Two of the four applications mirror their existing neighbourhood model and therefore offer a simple coterminous solution. These are Prestwich PCN (Appendix 3) and Whitefield District Community Network (WDCN) (Appendix 4).
5.6	The remaining two applications, Horizons PCN (Appendix 5) and Bury PCN (Appendix 6) consist of practices that spread across three neighbourhoods and whilst not traditionally coterminous in their makeup they are formed by like-minded practices coming together that do have experience of working across footprints already. Tower Family Practice and Rock Healthcare, have been working successfully across neighbourhood footprints for nearly a year.
5.7	Both Networks have also given verbal and written assurance that they recognise and support the need to continue with neighbourhood working for the benefit of both patients and professionals within Bury.
5.8	Mrs Alderson reported that one of the Networks is within the 30,000 to 50,000 recommended population size (1 below, 2 above) and another slightly below by a few hundred patients. Fluctuations in patient register could easily move this within range in a matter of months. The other two proposed networks are on the larger side, proposing 60k- 70k population range. Mrs Alderson also referred to the ongoing collaboration work between the practices as outlined at section 3.5 of the report.
5.9	Mr Bury thanked Mrs Alderson for providing an overview and invited any comments. Dr Schryer summarised that two networks are coterminous and two networks are spread across 3 neighbourhoods, indicating strong ties between them, the cohesive unit fits in

	with the ethos of providing resilient GP services. Dr Schryer highlighted the importance of both strong networks and neighbourhoods and suggested there is need to consider how our networks should work to support the neighbourhoods.
5.10	Mr McCann noted that it is positive to see such collaboration and highlighted the need to ensure patient equity across practices in terms of quality.
5.11	Dr Jiva added that it is important not to underestimate the people element to make the changes work, a willingness to work together collaboratively is positive. Dr Jiva recognised that high level assurances have been provided in terms of the narrative from Bury PCN and Horizons PCN but highlighted that more detail is needed.
5.12	Miss O'Dwyer recognised the importance of a 'coalition of the willing' and that people will ultimately make these arrangements work. However from a CCG assurance perspective, further detail is required about how the proposed Networks will work with the Neighbourhoods in terms of supporting relevant presence at MDT's, for example. If supported, this work needs to be commenced straightaway to enable further assurance to be submitted to the next PCCC.
5.13	Mr Squires made reference to the third point under considerations at section 3.2 of the report in that the Network area must cover the boundary that makes sense to its members and local community, and queried if the Committee is assured that this is the case on this first step of the journey.
5.14	Mr Little highlighted the importance of diligence between this stage and the next and noted there is a case to be made from what works well now e.g. Tower Family Healthcare. Mr Little suggested there is need to be clear with regard to risk stratification as population health will be driven from the PCNs.
	<i>Mr McCrory joined the meeting at 12:25</i>
5.15	Mr Bury invited any further points from the Committee. Mr McCann described Bury as unique in light of Tower Family Healthcare, which has influenced collaboration between other practices and highlighted that the PCCC has a key role in the management of this process.
5.16	Mr Bury summarised the conversation, noting that this is the first step of the process and that there is more work to be done going forward, of which the PCCC will need to have an oversight.
5.17	Reflecting upon the conversation Mrs Jones queried the consequences if the recommendations were not to be approved by the PCCC in order to allow the Committee to gain an understanding. Dr Jiva explained that the PCCC does have the option not to approve the applications or defer the decision in the short term, until next week. However the Committee should consider if the applications were not to be approved, then this would incur financial consequences for the Networks. Dr Schryer agreed highlighting the risk of financial consequences and repercussions on the provision of services as a result.
5.18	The PCCC considered the recommendations from the report, all of which were agreed by each voting member present.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/05/04	Decision	Received and considered the applications submitted against the considerations outlined in Section 3.2.	
PCCC/05/05	Decision	Approved the applications submitted by all four Networks.	
PCCC/05/06	Decision	Noted that a variation will need to be progressed to enable the GP Federation to be account holder for the Bury Networks.	AL
PCCC/05/07	Decision	Noted the next steps between now and the 30th June 2019, especially further engagement with the proposed Networks and their Clinical Directors to confirm the detail of how Networks and Neighbourhoods would work in practice for the benefit of their population.	JS

6	Innovation & Evolution GP Contract Reform- 5 Year Framework
6.1	<p>Miss O'Dwyer provided a presentation (Investment and evolution: A five year framework for GP contract reform to implement <i>The NHS Long Term Plan</i>) setting out the key headlines as follows:</p> <ul style="list-style-type: none"> • Translates the NHS Long Term Plan • Sets the Direction for Primary Care over the next 5 Years • Additional Investment in primary and community services of £4.5bn by 2023/24 • Secured income for networks / practices for the next 5 years • Delegated Commissioning
6.2	Miss O'Dwyer talked through the presentation and gave an overview of the 7 key areas including workforce, indemnity costs, QOF, Network contract DES (Primary Care Networks), Digital First, secure investment and research.
6.3	In terms of workforce Miss O'Dwyer made reference to the new additional roles reimbursement scheme which provides guaranteed funding for additional 20,000 additional staff for 2023/24 including Clinical pharmacists and Social prescribing link workers (from 2019/20). With regard to finances the scheme will meet a recurrent 70% recurrent reimbursement for the roles but 100% of the Social Prescribing Link Workers.
6.4	In reference to the additional services, 7 new services will be introduced to deliver the NHS Long Term Plan. The first five of the seven services will start by April 2020 including the structured medication reviews and optimisation, and the remaining two will start by 2021. Miss O'Dwyer highlighted that these additional services are part and parcel of Multi-Disciplinary Team arrangements.
6.5	In relation to Digital First, Miss O'Dwyer made reference to the New GP IT Futures Programme which is a critical enabler for taking primary care towards the requirements set out in the NHS Long Term Plan, five year framework for GP contract reform and the Digital, Data and Technology Vision. The new GP IT Futures framework will replace the contractual framework GP System of Choice (GPSoC) to supply IT systems and services to GP practices and associated organisations in England.
6.6	Discussion followed in relation to the Clinical information systems used by GP practices in Bury, noting challenges with alignment and the direction of travel. Questions were asked during the presentation. Dr Schryer asked how NHS England would provide support for the GP IT Futures programme. Mr Squires advised there would be an

	<p>expectation to engage with IT leads to inform and support this and that CCGs would be encouraged to make requests for support to the national team. Miss O'Dwyer challenged by indicating that GM had a role in this by escalating nationally to enable discussion with the national suppliers. As Bury practices are all on 'Vision systems', this Provider has not yet enabled technical provision for the NHS App, for example. It is unlikely that there would be much traction on this via a bilateral between the CCG and the IT supplier. However Bury's predicament is replicated elsewhere in the country, such that a national conversation would be the best approach to addressing this issue.</p>		
6.7	<p>Mr McCrory asked if there is a way that dentists could be involved with the DPO function to practices. Mr Squires explained that the DPO function is part of the GP contract agreement, but as part of a local resource there would be no reason why there could not be collaboration of other primary care providers.</p>		
6.8	<p>Miss O'Dwyer concluded the presentation outlining some of the other key contractual changes. From 2019-20 GP practices will be required to support six national marketing campaigns on an annual basis and GPs with total NHS earnings above £150,000 per year will be listed by name and pay (NHS income before tax) in a national publication, starting with 2019/20 income.</p>		
	Type	The Primary Care Commissioning Committee:	Owner
PCCC/05/08	Decision	Noted the contents of the presentation provided, and that further work is underway to assess the Bury Offer against these national changes.	AL

7	Primary Care Dental Services- Draft GM Oral Health Strategy		
7.1	<p>Mr Squires presented the draft Greater Manchester (GM) Oral Health Strategy. The draft strategy has been drawn up by local authorities, dentists, Healthwatch members, oral health professionals and public health, and has been shaped by engagement with a wide variety of groups across GM over the last 9 months including feedback from local people on key issues. The purpose of the draft strategy is to present a shared understanding and prioritisation of oral health.</p>		
7.2	<p>The strategy presents a number of opportunities around fluoridation and identifies key priorities at section 6. Mr Squires gave an overview of some of the priorities; the first priority being prevention at scale through dental and other health services such as health visiting and the second being access to dental care. The third priority is to recognise dental care as part of the integrated health and social care system, which includes embedding oral health dental care within appropriate clinical pathways. Mr Squires welcomed any comments or questions from the PCCC.</p>		
7.3	<p>Mrs Boyd made reference to the levels of child dental decay as outlined on page 8 of the report and asked what action is being taken locally. Mrs Jones advised there are a number of prevention strategies in Bury including the assisted brushing- tooth brushing programme and health visiting. Bury are also embarking on a piece of work in relation to the sugar start programme.</p>		
7.4	<p>In terms of the policy Dr Jiva asked if NHS England could restrict vending altogether. Mr Squires suggested that as part of strategy NHS England would be looking to strongly encourage and advocate providers across GM to retract unhealthy vending.</p>		

7.5	Dr Schryer asked if there has been a trajectory improvement in Bury. Mr Squires advised the challenge in terms of trajectories is there are a number of assumptions. Mr Squires continued that the focus in GM is to address children's oral health and part of the strategy is to increase access. Mrs Jones highlighted that the most effective intervention would be to introduce water fluoridation, which itself is a complex issue due to the nature of the water supply, as it means a decision for the whole of the North West.		
7.6	Mr McCrory asked with regard to the progress of contract reform for 2020, and also the integration of oral cancer planning. In terms of contract reform Mr Squires advised that work is ongoing along with engagement with the LDC and with regard to care pathways, some work has been undertaken on the dental toolkit for cancer patients.		
7.7	Mr McCann commented from a Bury point of view that the delta between children accessing dentistry in Bury seems to be deteriorating, compared to other areas in GM. Mr Squires acknowledged that the increase in access seen in other areas such as Bolton had not had the same impact in Bury and highlighted some considerations. Firstly only NHS activity data is available via provider contracts, it is also recognised that many patients attend dental practices outside of the borough and therefore would be recorded in another locality which in effect skews the results. In addition, data on private provision is not captured either. Secondly the challenge of resources and funding as the provision in Bury in terms of NHS practices is low, and the ability to increase that is restricted in terms of funding.		
ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/05/09	Decision	Noted the contents of the Draft GM Oral Health Strategy.	

8	GM Primary Care update		
8.1	Due to the length of discussion during the previous agenda items, Mr Bury suggested that this item is deferred to the next Primary Care Commissioning Committee meeting in July. The committee agreed to defer the GM Primary Care update to the next meeting.		
ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/05/10	Decision	The GM Primary Care update is to be deferred and included on the agenda for the next meeting in July.	
PCCC/05/01	Action	GM Primary Care update to be included on the forward plan for the July meeting.	PB

9	Blackford House Temporary List Closure		
9.1	Dr Schryer reminded the Committee of past discussion with regard to the protocol for GP practices requesting a temporary 3-month list closure. Due to exceptional circumstances Blackford House practice requested a temporary list closure.		
9.2	Dr Schryer informed the Committee that he and Mr Little had visited Blackford House practice and are currently awaiting an action plan. It was noted that Dr Schryer is to provide an update at the next meeting.		
ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/05/11	Decision	Noted the verbal update provided.	

10	Primary Care Estates Update		
10.1	Mrs Hargreaves advised there was no update to be provided to the Primary Care Commissioning Committee with regard to Primary Care Estates.		
ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/05/12	Decision	Noted that no update was available.	

11	Primary Care Risk Register		
11.1	Due to the level of discussion during the previous agenda items, time would not permit discussion of this report or any of the subsequent reports marked for information.		
11.2	The Primary Care Commissioning Committee therefore agreed to note the contents and accept the recommendations of this report and that of all subsequent reports marked for information.		
ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/05/13	Decision	Noted the update provided in the executive summary.	
PCCC/05/14	Decision	Received the risk report.	
PCCC/05/15	Decision	Noted the risks on the risk register as reflected in Appendix A and B.	
PCCC/05/16	Decision	Discussed the updates provided.	
PCCC/05/17	Decision	Noted the summary position; and the risks that will be reported through the Corporate Risk Register.	

12	Primary Care Workstream Update		
12.1	In line with agenda item 11 (Primary Care Risk Register), the Primary Care Commissioning Committee noted the contents of the Primary Care Workstream report and accepted the recommendations.		
ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/05/18	Decision	Noted the briefing being presented.	

13	Closing Matters/Forward Plan		
13.1	Mr Bury noted that Mrs Clayton was unable to attend today's meeting and recognised that this would have been her last meeting as Deputy Director of Primary Care. Mr Bury extended thanks to Mrs Clayton on behalf of the committee for her contribution, and this was endorsed by the Primary Care Commissioning Committee.		
13.2	The forward plan was noted and accepted.		
ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/05/19	Decision	Accepted the forward plan.	

Primary Care Commissioning Committee Action Log

Status	Date agreed	Action	Update	Responsible
Closed	22-May-19	PCCC/05/01- GM Primary Care update to be included on the forward plan for the July meeting.	22/05/2019- Item included on the forward plan for July	PB