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

Primary Care Commissioning Committee

Meeting in Public

MINUTES OF MEETING

27th November 2019

Chair – Peter Bury

ATTENDANCE

Members

Voting members

Mr Peter Bury, Lay Member, Chair

Mr Geoff Little, Accountable Officer

Mrs Carol Shannon - Jarvis, Associate Chief Finance Officer (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

Mrs Amy Lepiorz, Deputy Director of Primary Care /Head of Delivery, Bury Local Care Organisation

Non-voting members

Dr Jeff Schryer, CCG Chair

Mrs Ann Gough, NHS England

Ms Barbara Barlow, Healthwatch Representative

Mr Richard Rawlinson, LOC Representative

Mr Paul McCrory, LDC Representative

Others in attendance

Lynne Ridsdale, Deputy Chief Executive (Corporate Core), Bury Council

Zoe Alderson, Head of Primary Care

Helen Marshall, PA to the Executive Nurse (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:

- Mr David McCann, Lay Member
- Dr Mohammed Jiva, LMC Representative
- Mr Mohamed Patel, LPC Representative

1.2 The meeting was confirmed to be quorate.

| 2 Declarations of Interest | | | |
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| 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> It was noted that there were no further declarations made from those already recorded in the register. | | |
| 2.4 | <p>Declarations of interest from the previous meeting</p> It was noted that there were no declarations of interest in relation to the previous meeting. | | |
| ID | Type | The Primary Care Commissioning Committee: | Owner |
| PCCC/11/01 | Decision | Noted the published register of interests. | |

| 3 Minutes Of The Last Meeting and Action Log | | | |
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| 3.1 | <p>Minutes</p> The minutes of the Primary Care Commissioning Committee meeting held on 25 th September 2019 were considered and agreed as a correct record. | | |
| 3.2 | <p>Action Log</p> The action log was reviewed and updates provided as recorded on the action log. | | |
| ID | Type | The Primary Care Commissioning Committee: | Owner |
| PCCC/11/02 | Decision | Approved the minutes of the meeting held on the 25 th September 2019 as a true and correct record. | |
| PCCC/11/03 | Decision | Noted the updates provided in relation to the action log. | |

| 4 Public Questions | |
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| 4.1 | There were no public questions asked. |

| 5 Quality In Primary Care (Phase 4) Contract Variation | |
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| 5.1 | In March 2019, NHS Bury CCG issued the Quality in Primary Care Contract (Phase 4 2019/2020) to all member practices, all of which signed up to deliver against the contract. After the contract was issued, subsequent feedback received from member practices and Clinical Leads has identified 2 required revisions. |
| 5.2 | <p>Mrs Lepiorz made reference to appendix 1 which outlined the contractual variations and the rationale for change; the variation had been produced in line with the feedback received as referenced above. The changes stated within the variation relate to Standard 7 (Embedding a culture of medication safety) and Standard 9 (Pro-active disease management to improve outcomes).</p> <ul style="list-style-type: none"> Standard 7- The target was initially set at 50% but was reduced at the time of contract go live to 40% following feedback from practices regarding the difficulty |

of achieving the target. Following further practice engagement it is recommended that the target be increased from the original 40% back to a 50% target.

- Standard 9- Practices and Neighbourhood Leads have expressed that achieving the 1% may result in inappropriate patients being referred to MDT's in order to achieve the target. It is therefore recommended that the target is adjusted to ensure patient referrals to the MDTs are qualitative rather than quantitative.

5.3 The Primary Care Commissioning Committee was asked to approve the proposed contractual variations for the Quality in Primary Care Contract (Phase 4) 2019/20.

5.4 Dr Schryer highlighted that both variations had been subject to a fair amount of discussion.

Standard 7- Embedding a culture of medication safety

5.5 In relation to standard 7 Dr Schryer highlighted concern with regard to the short notice of the change, considering the phase 4 contract has just over 3 months left to run. Dr Schryer also highlighted the overall difficulty for GPs in achieving the target.

Mr McCrory joined the meeting 12.15

5.6 For clarity Mrs Alderson highlighted that the current target of 40% is not the overall KPI achievement; it is 75% of the 40% overall achievement.

5.7 Miss O'Dwyer queried the impact of the proposed change on general practice going into the last 4 months of the financial year and suggested to have this target amended for the next financial year, given the feedback received.

Standard 9- Pro-active disease management to improve outcomes

5.8 Discussion continued with the focus shifting to the variation of standard 9, as referenced at 5.2. Dr Schryer pointed out that by dropping the target, there will be a risk of less patients being referred. Dr Schryer suggested that a more robust way of measuring is needed.

5.9 Mrs Lepiorz highlighted the work that Bury Local Care Organisation (LCO) are currently undertaking within GP practices and advised that the 1% model was based on the Radcliffe pilot (1% of the practice list nears 2000 patients).

5.10 Mr Little expressed some concern about the revised service specification, suggesting a more detailed and expansive explanation is required. Mr Little indicated that it would be unhelpful to practices to make this change in year and therefore suggested not to hold practices to the 1% this year, but to issue a more detailed KPI instead.

5.11 Following this discussion the Primary Care Commissioning Committee (PCCC) agreed the next steps. In relation to the variation of standard 7 the PCCC agreed that the service specification would remain at the original target of 40%.

5.12 With regard to the variation of standard 9 the PCCC agreed to amend the wording of the revised service specification in order to provide a more detailed explanation of the requirements of that KPI. It was also agreed that once the wording is amended the revised service specification will be circulated virtually for final sign off.

| | Type | The Primary Care Commissioning Committee: | Owner |
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| PCCC/11/04 | Decision | Noted the content of the report. | |
| PCCC/11/05 | Decision | Agreed that the service specification at standard 7 would not be revised and therefore would remain at the original target of 40%. | |
| PCCC/11/06 | Decision | Agreed that the wording of the revised service specification at standard 9 would be amended and then circulated to the PCCC virtually for final sign off. | |
| PCCC/11/01 | Action | The wording of the revised service specification at standard 9 is to be amended and then circulated virtually to the PCCC virtually for final sign off. | AL |

| 6 | Quality In Primary Care (Phase 5) update | | |
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| 6.1 | Mrs Lepiorz presented the report, which followed on from the paper submitted to the Primary Care Commissioning Committee (PCCC) on 25 th September 2019. | | |
| 6.2 | The report received in September provided an overview of the project approach to be adopted to commission the Quality in Primary Care Contract (QiPC) Phase 5 in 2020/21. The report submitted today reiterated the three stage project approach, provided an update on progress to date and outlined the next steps. | | |
| 6.3 | With reference to the next steps at point 5 of the report Mrs Lepiorz highlighted that she and the Clinical Lead had presented the outputs of the project to date to the Joint Executive Team (JET) on Monday 25th November 2019. This will be followed by submission to the Clinical Cabinet for clinical input, and then progressed to the Primary Care Workstream Group for assurance in December. | | |
| 6.4 | Stage 3 of the Project Approach is currently on schedule to begin in January 2020 and conclude in March 2020, with the contract due to go live on 1 st April 2020. | | |
| 6.5 | The PCCC were asked to receive the report as assurance that the Quality in Primary Care (Phase 5) project approach is being followed and that progress towards commissioning Phase 5 on an outcomes basis is being achieved within the specified timelines. | | |
| 6.6 | Miss O'Dwyer described commissioning on an outcomes basis as the right direction of travel but noted that a change in mindset is required in order to achieve the desired conclusion. | | |
| 6.7 | Mr McCrory asked how the information for individual neighbourhoods will be connected. Mrs Jones advised that neighbourhood profiles have been constructed for each of the 5 neighbourhoods and there is also sufficient data to publish this to the Joint Strategic Needs Assessment (JSNA) website. | | |
| 6.8 | The PCCC agreed to approve the recommendations. | | |
| | Type | The Primary Care Commissioning Committee: | Owner |
| PCCC/11/07 | Decision | Received the report as assurance that the Quality in Primary Care (Phase 5) project approach is being followed. | |

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| PCCC/11/08 | Decision | Received the outputs achieved to date for Stage 1 and 2. | |
| PCCC/11/09 | Decision | Approved the continued work through the project process. | |

| 7 Bury 2030 Strategy/ Refresh of Locality Plan | | | |
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| 7.1 | | Ms Ridsdale was in attendance to provide an overview of the Bury 2030 Strategy. The Bury Strategy is about a statement of intent for the whole of the borough which is intended to be the collective vision for Bury for the medium term, circa 10 years. | |
| 7.2 | | Ms Ridsdale described the considerable amount of work undertaken over the last few months, including discussion across public services and the Voluntary, Community & Faith Alliance (VCFA). Ms Ridsdale highlighted that although Bury is still a strong borough, there are clear areas of deprivation and with the indices lower than in 2015 deprivation is increasing in those concentrated areas. | |
| 7.3 | | The aim of the Bury 2030 Strategy is to set out what the borough wants to achieve, complemented by the economy and business. It is felt that there is an overall consensus that residents are proud of place and passionate about the quality of green space. It is recognised that Bury has a proud heritage in history and arts which can be built upon as a mechanism for community engagement. | |
| 7.4 | | Ms Ridsdale outlined the categories for developing the framework as people, place, ideas, business & infrastructure and advised of the intention to hold an inclusive consultation exercise in 2020. The current focus for each category is outlined as follows: <ul style="list-style-type: none"> • People- Improving health equalities. • Place- Neighbourhoods, regeneration and residents' identity, carbon neutrality. • Ideas- Strengthening the 'arts' offer, identifying where governance can be changed to be more inclusive of the community. • Business & Infrastructure- Defining base and position, retaining business start-ups, increasing the number of high value businesses, roads, transport and provision of skills for people. | |
| 7.5 | | Miss O'Dwyer was invited to provide an update on the Locality Plan. The publication of the NHS long term plan has presented an opportunity to refresh the Locality Plan, which is currently being finalised. Due to level of discussion during the previous agenda items, Miss O'Dwyer proposed to have the Locality Plan as an item for discussion at the next PCCC meeting January. | |
| 7.6 | | Mr Bury thanked Ms Ridsdale for attending and providing an overview of the Bury 2030 Strategy. He also thanked Miss O'Dwyer for her update with regard to the Locality Plan. | |
| ID | Type | The Primary Care Commissioning Committee: | Owner |
| PCCC/11/10 | Decision | Received and noted the updates provided. | |

| 8 | Neighbourhood Working |
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| 8.1 | Mrs Lepiorz presented the report which intended to provide the Primary Care Commissioning Committee (PCCC) with an understanding of the work that has taken place since the last meeting in September with regard to creating a successful network and neighbourhood model in Bury. |
| 8.2 | The report provided a background of progress to date. In May 2019 the PCCC considered and supported the creation of four Primary Care Networks (PCNs). The support was given after considering the requirements in the Network Contract Directed Enhanced Service- Contract Specification April 2019 (DES) and the strategic context within the locality. |
| 8.3 | At the time the GM H&SCP expressed concerns with regard to how the PCNs would work with the emerging neighbourhood model of care and in particular the networks' relationship with community services, the non-contiguous nature of the footprints and the potential disruption to integrated neighbourhoods. |
| 8.4 | In response to those concerns it was agreed that an action plan would be created, jointly owned by the One Commissioning Organisation (OCO) and the Local Care Organisation (LCO) with recognition that success would only be achieved if all parts of the system worked together. The action plan was presented to the PCCC in September 2019. |
| 8.5 | <p>Mrs Lepiorz made reference to the Progress against the plan at section 3 of the report and drew the attention of the committee to the following key components:</p> <ul style="list-style-type: none"> • Acceleration of the neighbourhood model <p>The focus of this component is to create a neighbourhood identity that practices and PCNs can connect to that produces demonstrable benefits to working on a neighbourhood footprint. It focuses on creating a clear purpose for the neighbourhood meetings which is galvanised by a locally owned action plan.</p> <p>The CCG primary care team are currently undertaking a number of conversations with practices to understand the reason for this apparent disconnect, this will form the basis of a wider engagement plan that is also exploring practices relationship with the CCG.</p> <ul style="list-style-type: none"> • Memorandum of Understanding (MoU) <p>It was expected that the final version of the MoU would be presented to the PCCC today for ratification, however this had not been possible. Therefore Mrs Lepiorz provided a verbal update on the current position. Mrs Lepiorz advised that the title and content of the MoU have been questioned by the Local Care Organisation (LCO) and practices respectively. The PCCC were invited to provide comments and ask any questions.</p> |
| 8.6 | With reference to the neighbourhood meetings Mr McCrory asked where the meetings take place and for what purpose they occur. Mrs Lepiorz explained that the meetings originated from the original Bury CCG sector meetings, which then transferred to the LCO. Meetings take place twice quarterly and are open to any Health & Social Care |

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| | professional within the neighbourhood. |
| 8.7 | Miss O'Dwyer highlighted the key element to Neighbourhood working as relationships, working towards how the system can support and develop the connections between practices and neighbourhoods. Miss O'Dwyer suggested the MOU will need to be circulated to the PCCC in virtual form if possible. |
| 8.8 | Mrs Gough noted that PCNs are forming very new relationships and highlighted that there is funding available in the system for PCN development. |
| 8.9 | Mrs Barlow asked from a Healthwatch perspective if the LCO meetings are held in public. Mr Little advised that as far as he is aware the LCO meetings are not open to the public but that he will raise this query at the next LCO Board meeting. |
| 8.10 | Mr McCrory queried where dentistry fits with the neighbourhood model. Mrs Lepiorz advised that work is ongoing to identify how the Bury neighbourhood model links in with other areas such as dentistry, optometry and pharmacy. Mrs Lepiorz explained that the work is not service specific but the intention is to identify how the wider services can link in with the needs of and contribute to the neighbourhood model which will be outlined in the neighbourhood profiles. |

| ID | Type | The Primary Care Commissioning Committee: | Owner |
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| PCCC/11/11 | Decision | Received and noted the content of the report. | |

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| 9 | External Online Providers |
| 9.1 | Dr Schryer provided a brief verbal update with regard to a possible external online provider entering in to Greater Manchester (GM). Dr Schryer advised that the CCG have formally written to, and are working with the Greater Manchester Health & Social Care Partnership (GMH&SCP) with regard to a solution for this matter. |

| ID | Type | The Primary Care Commissioning Committee: | Owner |
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| PCCC/11/12 | Decision | Received and noted the verbal update provided. | |

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| 10 | Forward Plan |
| 10.1 | Mr Bury drew the attention of the committee to the PCCC forward plan for 2020 and invited any comments. |
| 10.2 | Mrs Lepiorz pointed out that the forward plan has been kept lean in order to allow time for development sessions to be scheduled. In terms of development sessions Miss O'Dwyer suggested a session on neighbourhood profiles and a session on neighbourhood working/ locality plan would be helpful. |

| ID | Type | The Primary Care Commissioning Committee: | Owner |
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| PCCC/11/13 | Decision | Received and accepted the forward plan. | |

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| 11 | Primary Care Finance Report |
| 11.1 | Mrs Shannon - Jarvis presented the report highlighting the key points. |
| 11.2 | <u>Delegated Primary Care Services</u> The month 7 financial position reports a year to date underspend of £186k and forecast to break even at year end as shown in appendix 1. |

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| 11.3 | The year to date underspend results from the finalisation of QOF payments for 2018/19 resulting in a £60k underspend against forecast, slippage of £75k due to delays in the recruitment of Clinical Pharmacists and Social Prescribers for Primary Care Networks and small underspends across other areas. |
| 11.4 | The breakeven forecast outturn reflects the investment of delegated budgets into primary care schemes such as the Quality In Primary Care contract. |
| 11.5 | <u>Primary Care Services including Delegated Primary Care Services</u> At month 7 for all primary care services including delegated primary care services the CCG is reporting a year to date overspend of £0.5m and forecast outturn of £0.1m as shown in appendix 2. The year to date overspend is as a result of a prescribing overspend year to date of £0.6m driven by £0.2m non-delivery of QIPP and £0.4m spend in excess of plan offset by underspends in primary care medical service spend. The forecast outturn of £0.1m relies on the full delivery of the prescribing QIPP in the second half of the year and further underspends in primary care medical services. |
| 11.6 | In terms of the QIPP target Mr Little asked where the action plan is scrutinised. Miss O'Dwyer advised that scrutiny takes place at the Health & Care Recovery Board. Mr Little asked if this information can be brought to future PCCC meetings. Mrs Shannon-Jarvis advised that the CCG finance team can look to capture the information within future finance reports. |

| ID | Type | The Primary Care Commissioning Committee: | Owner |
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| PCCC/11/14 | Decision | Noted the contents of the report and the risks identified to the delivery of the 2019/20 financial position. | |
| PCCC/11/02 | Action | To look to include information in relation to scrutiny of the QIPP target within future PCCC finance reports. | CS-J |

12 Primary Care Risk Register

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| 12.1 | Due to the level of discussion during the previous agenda items, time would not permit discussion of the risk report. The Primary Care Commissioning Committee therefore agreed to note the contents of the report and accept the recommendations. |
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| ID | Type | The Primary Care Commissioning Committee: | Owner |
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| PCCC/11/15 | Decision | Received the risk report. | |
| PCCC/11/16 | Decision | Noted the risks on the risk register as reflected in Appendix A. | |
| PCCC/11/17 | Decision | Note that this risk was last reviewed in January 2019 and is not due to be reviewed again until January 2020. | |
| PCCC/11/18 | Decision | Noted the summary position. | |
| PCCC/11/19 | Decision | Noted that no risks from the PCCC risk register are reported onto the Corporate Risk Register. | |

13 Primary Care Workstream Update

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| 11.1 | Dr Schryer presented the report, highlighting the key points including some positive news. |
| 11.2 | The Primary Care Workstream Group (PCWG) has two individuals currently working on workforce issues. Two practice managers have recently been presented with regional and national awards. |

| ID | Type | The Primary Care Commissioning Committee: | Owner |
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| PCCC/11/20 | Decision | Noted the contents of the report. | |

| 14 | Closing Matters |
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| 14.1 | There were no closing matters for discussion. |

Primary Care Commissioning Committee Action Log

| Status | Date agreed | Action | Update | Responsible |
|--------|-------------|--|---|-------------|
| Open | 25-Sep-19 | PCCC/09/01 - Mrs Gough to check which functions will transfer to BSA and feedback. | 27/11/19- AG to chase up with colleagues in the Dental team. | AG |
| Closed | 25-Sep-19 | PCCC/09/02 - Mrs Lepiorz to check if any prescriptions are being removed from prescriptions that are in the GP BNF and feedback to Mr McCrory. | 27/11/19- AL has checked and there are no changes to what can be prescribed. Action completed and closed. | AL |
| Open | 27-Nov-19 | PCCC/11/01- Quality in Primary Care (Phase 4)- wording of the revised service specification at standard 9 is to be amended and then circulated virtually to the PCCC for final sign off. | | AL |
| Open | 27-Nov-19 | PCCC/11/02- To look to include information in relation to scrutiny of the QIPP target within future PCCC finance reports. | | CS-J |