

**NHS HMR CCG Primary Care Commissioning Committee
(PCCC)**

Date and time of Meeting:	Friday 23 February 2018 11:45 – 13:30
Venue:	Hollingworth Rooms, Number One Riverside

Present:	Paul Rowen Andy Lowe Kate Hudson Dr Aggy York Damian Mercer Helen Chapman Simon Wootton Karen Hurley Dr Keith Pearson Kate Kinsey Sam Evans Paul Hinnigan	Lay Member for Integrated Risk Management, HMR CCG (Chair) Lay Member for Finance and Governance, HMR CCG (Vice Chair) Head of Primary Care, HMR CCG (and on behalf of the Chair of the Primary Care Innovation and Transformation Sub-Committee and the Chair of the Primary Care Performance and Quality Sub-Committee) Clinical Lead Rochdale, HMR CCG Head of Finance, HMR CCG Interim Governing Body Secretary, HMR CCG Chief Officer, HMR CCG Deputy Chief Officer / Executive Nurse, HMR CCG Head of Medicines Optimisation, HMR CCG Head of Primary Care Operations, Greater Manchester Health & Social Care Partnership Chief Finance Officer, HMR CCG Lay Member for Finance and Governance, HMR CCG
In Attendance:	Sarah Kershaw Pamela Dickinson	Note taker, HMR CCG Communications and Engagement Manager, HMR CCG
Apologies:	Dr Sonal Sharma Dr Bodrul Alam Cllr Sara Rowbotham Sally McIvor Andrea Fallon Kate Jones	Clinical Board Member, HMR CCG Clinical Board Member, HMR CCG Portfolio Holder for Health & Wellbeing, Rochdale Borough Council Joint Director of Integrated Commissioning, HMR CCG / RBC Director of Public Health, RBC Chief Executive, Healthwatch Rochdale

AGENDA ITEM	ITEM	ACTION
--------------------	-------------	---------------

23/02/18	Public Open Forum	
	There were no members of the public in attendance to raise any questions and no questions were received prior to the meeting.	

1.0 GOVERNANCE

	Introductions and Apologies	

	<p>Members of the Committee welcomed Paul Hinnigan, newly appointed Lay Member for Governance, to the meeting and around the table introductions were made.</p> <p>Andy Lowe Lay Member for Governance was thanked his contribution to the CCG and members wished him well in his retirement.</p> <p>The above apologies noted.</p>	
--	---	--

23/02/18/1.1	Committee Business	
	<p>1.1.1 Members were asked for any items to be included under Any Other Business.</p> <p>1.1.2 Three items for discussion/update were requested for inclusion:</p> <ul style="list-style-type: none"> • Changes to Primary Care Staff Line Management • Audit Review • Clinical Waste <p>1.1.3 The Committee noted the items to be included under Any Other Business</p>	

23/02/18/2.2	Declarations of Interest	
	<p>1.2.1 The Chair requested any declarations of interest.</p> <p>1.2.2 None received</p> <p>1.2.3 The Committee agreed to note that no declarations of interest had been received.</p>	

23/02/18/1.3	Minutes of the meeting held on 10 November 2017	
	<p>1.3.1 The minutes of the meeting held on 10 November 2017 were agreed as a true and accurate record with the following amendment:</p> <p>1.3.2 Page 4 item 3.1.2 Finance update - change wording;</p> <ul style="list-style-type: none"> • From: “the issues in relation to no alternative stock” • To: “the issues in relation to no cheaper stock” 	

23/02/18/1.4	Matters Arising / Action Log	
	<p>1.4.1 The action log was reviewed and updated.</p>	

23/02/18/1.5	Chair’s Actions	
	<p>1.5.1 It was noted that the following has been approved through chair’s actions since the last meeting:</p> <ul style="list-style-type: none"> • Core+2 - Market testing process is closed with the CCG unable to award the contract. The report is to be shared 	

	with members. Core+2 will now be delivered via the Local Care Organisation (LCO) and is progressing through due diligence.	
1.5.2	The Committee agreed to note the use of chair's actions.	

23/02/18/1.6	Committee Effectiveness			
	1.6.1	The paper was shared with members for comment and approval		HC
	1.6.2	A request was made to include the Head of Medicines Optimisation attendance within the report and clarity was requested regarding membership.		
	1.6.3	Members agreed the paper provided a good summary of activity and a suggestion was made for Core+ to be included in the report as a Primary Care achievement.		HC
	1.6.4	The Committee approved the paper with the inclusion of the Head of Medicines Optimisation attendance and Core+ as a Primary Care achievement.		

23/02/18/1.7	Business Schedule			
	1.7.1	The paper was shared with members for comment and approval.		HC
	1.7.2	Members requested that the February 2019 meeting to be rearranged if this fell within half term school holidays, to ensure quoracy.		
	1.7.3	A request was made to include; LCO and Estates updates as standing items in the business schedule. Members agreed these items would already be included within the Subcommittee updates.		
	1.7.4	It was suggested Estates Technology and Transformation Funding (ETTF) funding to be included in the schedule for regular updates.		HC
	1.7.5	The Committee approved the Business schedule to include ETTF funding and for the February date to be rearranged if this fell within the half term school holidays.		

2.0 ITEMS FOR DECISION

23/02/182.1	Kirkholt Outline Business Case		
	Declarations of Interest: None		
	2.1.1	A verbal update was provided.	
2.1.2	Due to the commercial sensitivity of the project, the Outlined Business Case (OCB) was presented and approved at the Primary Care Commissioning Committee Part 2 meeting earlier today (23 rd February 2018).		

	<p>2.1.3 A Full Business Case will return to the Primary Care Commissioning Committee meeting in May 2018.</p> <p>2.1.4 An update was provided in relation to the engagement with residents. This was reported as being positive and it was confirmed that the families affected by the removal of a memorial tree are in contact with the providers, and will be involved in deciding an alternative.</p> <p>2.1.5 Members thanked all those involved in the development and progression of the project, and agreed a summary report will be presented at the Governing Body meeting in March 2018.</p> <p>2.1.6 The Committee noted the update provided and for a summary report to be presented at Governing Body March 2018</p>	KHud
--	--	------

23/02/18/2.2	HMR Academy Service Specification	
	Declarations of Interest: None	
	<p>2.2.1 The content of the report was summarised.</p> <p>2.2.2 Members were asked for any comments or questions.</p> <p>2.2.3 Members were advised that the HMR Academy is a transformation project and part of the Primary Care Workforce Strategy.</p> <p>2.2.4 Primary Care colleagues have worked alongside GP practices and Rochdale Health Alliance (RHA) to develop the service specification which aims to train and develop the Primary Care workforce.</p> <p>2.2.5 New roles are currently being trialled and once approved the CCG will be working closely with providers.</p> <p>2.2.6 Members were asked to note that although the total funding allocation has been confirmed, the phasing of payments which is due to commence in April, have yet to be approved.</p> <p>2.2.7 Discussions took place regarding the payments to practices and it was suggested these be made in the middle of the quarter rather than at the end to help ease cash flow.</p> <p>2.2.8 It was agreed a review of the overall phasing of the transformation fund was required to determine full position.</p> <p>2.2.9 An update was provided regarding international recruitment.</p> <p>2.2.10 HMR is one of the first CCGs to be successful with funding approved for 15 international GPs anticipating circa £500k funding.</p> <p>2.2.11 National funding mechanisms have since changed therefore funding is now significantly less as the training and project management elements have been removed from the original award and will now be held by GM.</p>	SE

	<p>2.2.12 HMR intend to proceed when all issues are resolved and clarity has been provided regarding the funding arrangements.</p> <p>2.2.13 A question was raised regarding the possibility of the development of Clinical Pharmacists via the Primary Care Academy. It was confirmed that wider Primary Care is alluded to within the specification and is expected to increase as the academy develops.</p> <p>2.2.14 Discussions took place regarding the monitoring of the programme and a suggestion was made to create a dashboard to support this moving forwards.</p> <p>2.2.15 Positive feedback was received from the members; Primary Care Commissioning Manager and the Primary Care Team were commended for their work.</p> <p>2.2.16 A request was made to be more explicit in specification 2.1 domain 2 – Enhancing Lives with LTC.</p> <p>2.2.17 A question was raised if the scheme had been awarded through a procurement route. It was confirmed that transformation programmes of work which are expansions of pre-existing work streams were not required to proceed through the procurement process.</p> <p>2.2.18 Positive feedback was received from (GMHSCP) Greater Manchester Health and Social Care Partnership who are keen to support the programme and are able to provide HMR with links to local professional networks.</p> <p>2.2.19 A question was raised if the programme would continue after 2021 and it was confirmed that the hope was for the academy to continue to develop.</p> <p>2.2.20 Members discussed transformation and ensuring the funds are in the right place for investment. Members agreed overall phasing of transformation funding to be delegated for planning.</p> <p>2.2.21 The outcome measures were described as very ambitious however the proposal has been developed working alongside RHA and Clinical Lead Dr Tonge who acknowledge the targets will be challenging, however, they are confident they are achievable.</p> <p>2.2.22 A suggestion was made to utilise Local Authority links with other countries such as twined towns, to potentially aid with international recruitment.</p> <p>2.2.23 Members were informed the national approach would be for initial contact to take place at a regional level; however the question would be raised at a future GM Workforce Group meeting.</p> <p>2.2.24 The Committee approved the Primary Care Academy Specification subject to more detail in Section 2.1, Domain 2 and that overall phasing of transformation funding to be delegated to Chief Finance Officer, for planning.</p>	KHud
--	---	------

23/02/18/2.3	Core + 2 Contract and Measures	
	Declarations of Interest: None	
	<p>2.3.1 The content of the report was summarised.</p> <p>2.3.2 The members were advised that the specification was approved via previous Chairs Actions and detailed measures have been approved via the Primary Care Subcommittee.</p> <p>2.3.3 The contract will proceed through the LCO.</p> <p>2.3.4 Members were asked for any comments or questions.</p> <p>2.3.5 An update was provided regarding the clinical discussions that have taken place. .</p> <p>2.3.6 Feedback from the presentation at the Members Development Programme (MDP) was received positively and it was reported the majority of GPs in attendance agree it is a fair proposal.</p> <p>2.3.7 RHA also met with member practices and provided assurances that they are confident in providing the detail required and are in the process of producing communications that will be shared with all practices.</p> <p>2.3.8 Clarity was requested in relation to monitoring the progress of practices and EMIS was highlighted as a mechanism of reporting and recording.</p> <p>2.3.9 Debate continued regarding the real opportunity for joint working via the LCO with acute providers and Primary Care working together, providing a greater understanding between them.</p> <p>2.3.10 A question was raised regarding legal assurance to proceed. It was confirmed that market testing had now closed and the CCG had been unable to award through this process. However the process was positive and there were lessons learned.</p> <p>2.3.11 Members were advised that one expression of interest had been received from a provider however elements within the inner working arrangements such as governance and quality had not been satisfied.</p> <p>2.3.12 As a result the gaps in assurance have been incorporated into a due diligence process with the LCO. The LCO have since responded confirming that a Memorandum of Understanding has been agreed for the alliance of providers working together with PAHT identified as the host provider.</p> <p>2.3.13 Members were asked to note that Pennine Acute Hospital Trust (PAHT) are currently going through a transition process and will act as host Provider of the LCO for the next 12 months until this process has been completed. Therefore a break clause is included within the contract.</p> <p>2.3.14 The Committee approved the Core+2 Contract and Measures with a caveat that very clear measures and processes for delivery are required for each contract and intervention which will evolve into the LCO monitoring process.</p>	

--	--	--

3.0 ITEMS FOR DISCUSSION

23/02/18/3.1	Finance Update	
	Declarations of Interest: None	
	3.1.1	The content of the report was outlined.
	3.1.2	It was highlighted that at the end of month 10, Primary Care overspend was £458k with a forecast of £708k for end of year.
	3.1.3	The main area of overspend was identified as prescribing with a possibility of pressures of over £1m rising in the next few months. Discussions are taking place at national and GM level to provide the forecast which at present is difficult to clarify re: Cat M.
	3.1.4	Planning is ongoing to try and build in contingencies to prevent this pressure carrying over into next year.
	3.1.5	This has been recognised as a national issue and the Department of Health are taking serious actions but this continues to be an ongoing pressure and a national concern.
	3.1.6	The Medicines Optimisation Team is working to minimise the impact for HMR patients. Community Pharmacy colleagues are working hard to source medication and The Royal College of Psychology have been contacted for assistance.
	3.1.7	Further updates were provided in relation to QoF over achievement, the number of underspends in Primary Care in relation to premises, and benefits achieved as a result of the clinical waste re-procurement.
	3.1.8 The Committee agreed to note the content of the report.	

23/02/18/3.2	GM Health and Social Care Partnership (GMHSCP) Update	
	Declarations of Interest: None	
	3.2.1	A verbal update was provided.
	3.2.2	GMHSCP have launched TABLEAU (data visualisation), a performance tool which will enable GM to compare like for like GP practices. The information used can be shared as this is already in the public domain pending the launch. This links to the digital strategy.
	3.2.3	Wider Primary Care initiatives include the launch of an ophthalmology healthy living framework, a dental healthy living model and a draft format for an initiative for eye conditions for people with Learning Disabilities.
	3.2.4	An update was provided regarding the Vision loss pilot “See More”. The message associated with “See More” is learn more, go further, encouraging eye tests. This has commenced in all localities

	<p>focusing mainly on year 6 Primary School children encouraging sight tests. The aim is for this pilot to become business as usual to include free sight tests for all under 16's.</p> <p>3.2.5 The Clinical Pharmacists Programme is now in place in localities and receiving positive feedback.</p> <p>3.2.6 A Local Dental Network event took place recently and this event was attended by approx. 200 practitioners.</p> <p>3.2.7 Members were advised that the Primary Care implementation plan is now into the implementation phase; with 33 projects running through this quarter. Performance reports are now available and will be shared with the committee for discussion at a future meeting.</p> <p>3.2.8 A question was raised, if some of the slippage from the GP excellence programme could be made available to HMR for the purpose of supporting the recruitment of international GPs?</p> <p>3.2.9 Feedback will be sought from GM and fed back to the Head of Primary Care.</p> <p>3.2.10 The Committee agreed to note the verbal update provided.</p>	<p>KK</p> <p>KK</p>
--	--	---------------------

23/02/18/3.3	Primary Care Finance Contracts and Estates Subcommittee Update	KHud
	Declarations of Interest: None	
	3.3.1 The content of the report was outlined. Key decisions were highlighted, and members were given the opportunity to ask questions or request further detail.	
	3.3.2 Members were asked to note a correction to the paper. BARDOC hold and manage the anti-viral, not vaccine as noted in the paper.	
	3.3.3 An update was requested regarding the progress of the new premises for Clough Street surgery and for this to be shared at the next meeting for discussion.	
	3.3.4 Members were advised that this project has been ongoing for a number of years and that the practice is currently situated in temporary accommodation.	
	3.3.5 Discussions took place regarding the land purchased and the plans to demolish an existing building to make way for the new premises.	
	3.3.6 The practice is now working with the local authority to progress this quickly as the demolition order requires plans for alternative structure, and a meeting has been arranged to discuss the new paperwork next week.	
	3.3.7 Concerns were raised in relation to the funding from National Health Service England (NHSE) being withdrawn because of timescales. It was confirmed that the practice would have the opportunity to reapply for funding in line with revised timescales.	
3.3.8 The Committee agreed to note the content of the report.		

23/02/18/3.4	Primary Care Innovation and Transformation Subcommittee Update	KHud
	Declarations of Interest: None	
	3.4.1 The content of the report was outlined which provided a summary of the activity from the previous 3 months meetings.	
	3.4.2 The governance route for this subcommittee was outlined for member's information.	
	3.4.3 Discussions took place regarding the Focused Care Workers scheme. It was confirmed that 8 workers are now in place supporting 10 practices with the aim of extending the scheme to the whole of HMR by March 2019..	
	3.4.4 It was confirmed that the CCG has worked with the Local Medical Council (LMC) to overcome some initial challenges and the Primary Care Team intend to share "good news" stories at the next PCCC meeting.	
3.4.5 The Committee agreed to note the content of the report.		
23/02/18/3.5	Primary Care Performance and Quality Subcommittee Update	
	Declarations of Interest: None	
	3.5.1 The content of the report was outlined which provided a summary of the activity from the previous 3 months meetings.	
	3.5.2 Members were asked to note a correction to the paper. The February meeting had not been cancelled as reported in the summary.	
	3.5.3 A request was made to use full titles in the summary and not acronyms as this was a public document.	
	3.5.4 A verbal update was provided regarding the February meeting.	
	3.5.5 The Subcommittee agreed to cancel the Locality Engagement Group (LEG) meeting in February to support capacity issues due to winter pressures and had agreed that the Detail Coded Record (DCR) target within Core+ 1 would not be measured within 2017/18 and that no penalties would be incurred for non-achievement.	
	3.5.6 A question was raised regarding the progression of the Homelessness Pilot.	
	3.5.7 It was confirmed that start-up funds had been agreed for clinical sessions for homeless people across the borough, with a caveat that RHA are to link in with GM, local homeless projects and the Lead GP homeless practice (The Dale Practice).	
	3.5.8 The Committee agreed to note the content of the report.	
23/02/18/3.6	Core + Update	

	Declarations of Interest: None	
3.6.1	The content of the report was outlined which provided a summary of the delivery of Core+ Pilot quarter three reporting requirements.	
3.6.2	Clinicians reported that signposting outside to wider primary care had led to more GP time and more appropriate support within practices.	
3.6.3	Members acknowledged RHA for their achievements identified within the report.	
3.6.4	A request was made for a review of signposting and the potential pressures on services receiving the signposting information.	
3.6.5	Members discussed how a review would be possible due to the inability to access some data, and the difficulties in validating the information.	
3.6.6	A question was raised regarding pressures in A&E and if the ongoing triage work had affected attendance and admissions.	
3.6.7	It was suggested that patient level data would evidence if triage is deflecting from A&E and if the attendees are becoming more appropriate.	
3.6.8	Discussions took place regarding the inclusion of the costs/savings in the End of Year report due at the Governing Body meeting May 2018. It was agreed that work will take place to try to quantify costs/savings were appropriate.	
3.6.9	The Committee agreed to note the content of the report.	

23/02/18/3.7	Clinical Priority Area – Highlight Ratings 2016/17 Action Plan	
	Declarations of Interest: None	
3.7.1	A summary of the report was presented to members for information. Feedback was provided over the 3 areas; Mental Health, Dementia and Cancer.	
3.7.2	An update was provided regarding the progress of commissioning female Psychiatric Intensive Care Unit beds with a footprint at a local level.	
3.7.3	It was confirmed the CCG have liaised with A&E regarding suspected cancer referral forms producing pathways at the source.	
3.7.4	Members were asked for comment before the paper is presented to Governing Body in March.	All
3.7.5	The Committee agreed to note the content of the report.	

23/02/18/3.9	Rochdale Transformation Update	
	Declarations of Interest: None	

	<p>3.9.1 As the Joint Director of Integrated Commissioning was unable to attend a paper was provided for member's information.</p> <p>3.9.2 The Committee agreed to note the content of the report.</p>	
--	--	--

4.0 ANY OTHER BUSINESS

23/02/18/4.1	Changes to Primary Care	
	Declarations of Interest: None	
	4.1.1 An update was provided regarding the changes to Primary Care Commissioning Team Line management.	
	4.1.2 To support integration and transformation from the 1 st April 2018 the Primary Care Team will transition to the integrated commissioning directorate and line management responsibilities for the team will change to the Joint Director of Integrated Commissioning.	
	4.1.3 It was confirmed that the roles and responsibilities within the team will remain the same and that the Deputy Chief Officer/Executive Nurse will continue to attend PCCC.	
	4.1.4 The Committee agreed to note the verbal update provided.	

23/02/18/4.2	Audit Review	
	Declarations of Interest: No	
	4.2.1 It was confirmed that an audit review of Primary Care is required, and that the proposal is to produce a piece of work that provides assurances, which will be submitted to the May meeting.	
	4.2.2 The Committee agreed to note the verbal update provided.	

23/02/18/4.3	Sharps Disposal	
	Declarations of Interest: No	
	4.3.1 Patients had raised concerns that (CHP) Community Health Partnership had refused sharps bins from patients with no prior communication.	
	4.3.2 This issue has now been resolved and patients are able to safely dispose of sharps at Nye Bevan House, the Phoenix Centre and Croft Shifa Health Centre reception desks.	
	4.3.3 The Committee agreed to note the verbal update provided.	

5.0 REPORTS – PROVIDED FOR INFORMATION ONLY - NONE

DATE AND TIME OF NEXT MEETING

Date to be confirmed

11:30 – 13:30

Training and Conference Suite, Number One Riverside, Smith Street Rochdale OL16 1XU

DRAFT