

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

Date and time of Meeting:	Friday 9 November 2018 12:05 – 12:55
Venue:	Training and Conference, Number One Riverside

Present:	Peter Riley	Lay Member for Integrated Risk Management, HMR CCG (Chair)
	Joanne Newton	Lay Member for Finance and Governance, HMR CCG (Vice Chair)
	Sarah Crossley	Head of Primary Care, HMR CCG (<i>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</i>)
	Dr Imran Ghafoor	Clinical Lead Heywood and Middleton, HMR CCG (until 12:45)
	Dr Aggy York	Clinical Lead Primary Care, HMR CCG
	Damian Mercer	Head of Finance, HMR CCG
	Helen Chapman	Corporate Affairs and Governance Manager, HMR CCG
	Dr Keith Pearson	Head of Medicines Optimisation, HMR CCG
	Sam Evans	Chief Finance Officer, Health and Social Care Integration
Anthony Threlfall	Public Health Specialist, RBC (<i>on behalf of Andrea Fallon</i>)	
Karen Hurley	Director of Operations / Executive Nurse, HMR CCG	
Kate Jones	Chief Executive, Healthwatch Rochdale	
In Attendance:	Stacey Brogan	Note taker, HMR CCG
	Pam Dickinson	Communications and Engagement Manager, HMR CCG
	Sandra Croasdale	Strategic Commissioning Programme Director, HMR CCG (item 3.6 only)
Apologies:	Andrea Fallon	Director of Public Health, RBC
	Kate Kinsey	Head of Primary Care Operations, Greater Manchester Health & Social Care Partnership
	Sally Mclvor	Joint Director of Integrated Commissioning, HMR CCG / RBC
	Steve Rumbelow	Accountable Officer, HMR CCG
	Karen Kenton	Associate Director Integrated commissioning – on behalf of Sally Mclvor
	Dr Bodrul Alam	Clinical Board Member, HMR CCG
	Dr Sonal Sharma	Clinical Board Member representative from Rochdale Locality, HMR CCG
Cllr Sara Rowbotham	Portfolio Holder for Health & Wellbeing, Rochdale Borough Council	

AGENDA ITEM	ITEM	ACTION
09/11/18	Public Open Forum	

	There were no members of the public in attendance and it was confirmed that no questions have been received.	
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1.0 GOVERNANCE

	Introductions and Apologies	
	Members of the Committee were welcomed to the meeting and introductions were made. The above apologies were noted.	

09/11/18/1.1	Committee Business	
	1.1.1 Members reviewed the proposed dates for 2019/20.	
	1.1.4 The Committee agreed to approve the dates for 2019/20.	

09/11/18/2.2	Declarations of Interest	
	1.3.1 Members were reminded of their obligation to declare any interest they may have which might conflict with the business of Heywood, Middleton and Rochdale Clinical Commissioning Group.	
	1.3.2 Declarations declared by members are listed in the CCG's Register of Interests. The Register is available either via the Corporate Affairs and Governance Manager or the CCG website at the following link: Declarations of Interests	
	1.3.3 The Chair requested any declarations of interests relating to today's agenda.	
	1.3.4 None were received.	
	1.3.5 The Committee agreed to note the declarations of interest received.	

09/11/18/1.3	Minutes of the meeting held on 25 May 2018	
	1.3.1 The minutes of the meeting held on 25 May 2018 were agreed as a true and accurate record.	
	1.3.2 The Committee agreed the minutes of the meeting	

09/11/18/1.4	Matters Arising / Action Log	
	1.4.1 The action log was reviewed and updated.	

25/05/18/1.5	Chair's Actions	
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	<p>1.5.1 It was noted that there had been no chair's actions since the last meeting.</p> <p>1.5.2 The Committee agreed to note that no chair's actions have taken place since the last meeting.</p>	
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09/11/18/1.6	Terms of Reference (ToRs)	HC
	<p>1.6.1 The content of the report was outlined.</p> <p>1.6.2 Following discussions at the last Primary Care Commissioning Committee (PCCC) on 25 May 2018 all comments received have been incorporated.</p> <p>1.6.3 A further query has been raised regarding the Rochdale Locality GP membership and it was clarified that the wording has been amended to Representative GP from the Rochdale Locality.</p> <p>1.6.4 Members were asked for any comments or questions.</p> <p>1.6.5 It was highlighted that the ToR will require amendment following the decision regarding the changes to the Primary Care Sub Committees.</p> <p>1.6.6 The Committee agreed to approve the ToR and agreed that any changes required relating to the Primary Care Sub Committees take place via Chairs Action to avoid any delay.</p>	

2.0 ITEMS FOR DECISION

09/11/18/2.1	Proposal to Merge the Primary Care Sub Committees	
	Declarations of Interest: None	
	<p>2.1.1 An outline of the report was provided.</p> <p>2.1.2 Members were advised that the report includes two proposals, firstly to merge two of the Committees and secondly to change the frequency of the meetings to bi monthly.</p> <p>2.1.3 It is proposed that the Primary Care Finance, Contract and Estates Committee and the Primary Care Performance and Quality Committee merge. The Primary Care Transformation and Innovation Committee will remain as a separate meeting.</p> <p>2.1.4 Members were advised that following agreement to the proposals a review will take place after 6 months.</p> <p>2.1.5 A query was raised regarding changes to the frequency of the meetings and it was confirmed that the two Sub Committees will take place on a bimonthly basis on different months.</p> <p>2.1.6 It was emphasised that it is timely that the meetings are reviewed as originally the meetings were established at the start of</p>	

	<p>delegated commissioning and the requirements have since changed.</p> <p>2.1.7 The Committee agreed to:</p> <ul style="list-style-type: none"> • support the proposal to merge the Primary Care Finance, Contract and Estates Committee and the Primary Care Performance and Quality Committee • support the proposal for the two remaining Sub Committees to take place on a bi monthly basis 	
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3.0 ITEMS FOR DISCUSSION

09/11/18/3.1	Finance Update	SC
	Declarations of Interest: None	
	3.1.1 The content of the report was outlined.	
	3.1.2 At the end of month 06, the Primary Care budgets were £191k underspent and were forecast to be £186k underspent by year end.	
	3.1.3 It was noted that although the report states that prescribing is forecast to break even, data received since writing the report highlights an overspend of £36k.	
	3.1.4 Members were asked for any comments or questions.	
	3.1.5 A question was raised regarding the funding in reserves and it was confirmed that this is to safeguard against any pressures throughout the remainder of the year.	
3.1.6 Members agreed that the Primary Care Finance, Contracts and Estates Sub Committee consider what might be required non recurrently should the reserves not be needed.		
	3.1.3 The Committee agreed to note the content of the report.	

09/11/18/3.2	GM Health and Social Care Partnership Update	
	Declarations of Interest: None	
	3.2.1 Item deferred due to apologies.	

09/11/18/3.3	Primary Care Finance Contracts and Estates Subcommittee Update	
	Declarations of Interest: None	
	3.3.1 The content of the report was outlined and the following key areas highlighted.	
	3.3.2 Interpretation and Translation Service – the contract has come to an end. It was agreed that the two incumbent providers of the service be extended for two years on a one plus one basis.	
	3.3.3 A query was raised as to whether there is likely to be a	

	<p>procurement challenge. It was confirmed that a robust review is currently taking place which the EDI (Equality Diversity Inclusion) Strategic Lead is linked in to. Engagement will take place next year with the work that is taking place across GM regarding procurement.</p> <p>3.3.4 It was confirmed to members that following the recent media coverage relating to the service a review has taken place and there has not been an impact on delivery of services locally.</p> <p>3.3.5 Benzo Project – the CCG funded two band 7 posts for 6 months within Public Health to work with practices to reduce Benzodiazepine prescribing. Confirmation has been received that this piece of work has not taken place and therefore the £41k payment to the provider has been challenged as no evidence can be provided that the work has been carried out. It was agreed that if the provider could not demonstrate this work was carried out, then the CCG would not pay the £41k invoice.</p> <p>3.3.6 Medicines Optimisation – a report of CCG level prescribing of the top 50 British National Formulary (BNF) sections and drugs shows HMR CCG as one of the top performers in comparison to GM and England.</p> <p>3.3.7 Estates The Hive (formerly Clough Street Surgery) - is awaiting confirmation by Rochdale Borough Council (RBC) that they are to grant special approval for the demolition of a public house on the site prior to planning permission being granted.</p> <p>3.3.8 Estates Milnrow Health Hub - the developer has shortlisted 4 potential sites for the new build. The practice and developer are preparing to submit their Outline Business Case (OBC).</p> <p>3.3.9 The Committee agreed to note the content of the report and the update provided.</p>	
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09/11/18/3.4	Primary Care Innovation and Transformation Subcommittee Update	
	Declarations of Interest: None	
	3.4.1 The content of the report was outlined.	
	3.4.2 Core+2 – The Local Care Organisation (LCO) has submitted the Quarter 3 submission to the CCG which has met the satisfactory reporting. Detailed evidence against progress has been received and achievement of the indicators is expected by year end.	
	3.4.3 Primary Care Academy - the launch took place on 13 September 2018 with over 150 attendees. The Mayor of Rochdale awarded prizes to young people from local schools who participated in the design competition which produced the HMR Academy logo. The Primary Care Academy website is planned to go live in November.	
3.4.4 Focussed Care – is progressing well. There are currently		

	<p>10.5 WTE in 21 GP practices. The programme anticipates having Boroughwide coverage by April 2019.</p> <p>3.4.5 Primary Care Work Programme – the programme was approved at the 25 May 2018 PCCC and is on track.</p> <p>3.4.6 Homeless Action Response Team (HART) – the project is progressing well and positive feedback has been received.</p> <p>3.4.7 Primary Care Nurses - led by Rochdale Health Alliance (RHA) are now in place in the pilot care home. The nurse's aim is to reduce GP visits through better management of care home patients as part of the care home transformation programme.</p> <p>3.4.8 Homely Remedies - the scheme provides training to increase care home staffs confidence to treat minor ailments without the need for GP visits. The pilot demonstrated some positive benefits for patients with some challenges for practices around the mobilisation and deployment of the system.</p> <p>3.4.9 Online consultation Pilot Scheme – the pilot demonstrated some positive benefits for patients with some challenges for practices around the mobilisation and deployment of the system. Work is taking place with RHA on the mobilisation required for Core+2.</p> <p>3.4.10 GP Excellence Fund - 2 GP practices within HMR have self-referred with CCG support to access resource to support their resilience. Both bids have been approved by GM Health and Social Care Partnership.</p> <p>3.4.11 Productive General Practice (PGP) Quick Start (August 2018) - the NHS England Productive General Practice Quick Start programme provides fast, practical improvement to help reduce pressures and release efficiencies within general practice. RHA submitted an expression of interest and a final bid will be submitted on 23 November 2018.</p> <p>3.4.12 It was noted that previously the Productive Ward Programme had a significant positive impact and released a significant amount of staff's time. Members agreed that consideration be made at the Primary Care Sub Committees on any non-recurrent funds that may be released.</p> <p>3.4.13 A question was raised regarding communication and sharing good news. It was confirmed that the CCG has a variety of ways in which it shares information; these include weekly and quarterly newsletters, the Locality Engagement Groups and the Members Development Programme.</p> <p>3.4.14 The Committee agreed to note the content of the report.</p>	SC
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09/11/18/3.5	Primary Care Performance and Quality Subcommittee Update	
	Declarations of Interest: None	
	3.5.1 The content of the report was outlined.	

	<p>3.5.2 Primary Care Quality Monitoring Programme – is ongoing. An update was provided on the Kingsway Medical Practice Quality Improvement Plan and it was felt that the action plan was lacking in detail and further information should be requested from the practice to be brought back to a future meeting.</p> <p>3.5.3 Core+2 Data Quality (DQ) Audit – two areas; Biliary Stent Coding and Atrial Fibrillation (AF) Register have now agreed to be included in the DQ audit.</p> <p>3.5.4 Safeguarding – various training is available to practices. It was reiterated that the EMIS Case Conference template has been refreshed and imported into all GP Practices. On receipt of an invite to a Case Conference all GP Practices are required, as a minimum, to complete and return a report.</p> <p>3.5.5 Members were asked for any comments or questions.</p> <p>3.5.6 A request was made for further detail regarding performance to be detailed and shared. Discussions took place and it was agreed that consideration would need to take place as to whether the information be shared in Part 1 or Part 2. It was agreed that a meeting take place between the Head of Primary Care and the Lay Members to discuss.</p> <p>3.5.7 The Committee agreed to note the content of the report.</p>	SC
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Dr I Ghafoor left the meeting

Sandra Croasdale joined the meeting

09/11/18/3.6	Rochdale Transformation Update	
	Declarations of Interest: None	
	3.6.1 The content of the report was outlined and it was noted that the report was previously provided at the Integrated Commissioning Board (ICB) on 30 October 2018.	
	3.6.2 Work is taking place to look at the Local Care Organisation (LCO) in relation to the interventions and how areas are managed within the LCO contract.	
	3.6.3 An LCO and commissioner workshop took place to review the direction of travel moving forward. It was also intended that the scoping and phasing work be reviewed however this has been paused and will be revisited.	
	3.6.4 The Black Hat Review of the LCO interventions has now been finalised and was presented at the LCO Board. Further work will take place to pull together an update for the November ICB.	
	3.6.5 Work continues to take place to try and determine how benefits are measured and to establish a minimum data set.	
3.6.6 A key risk is the Clinical Pharmacists. It is now anticipated that the £1.2 million for 2018/19 will be achieved.		

	3.6.7	Members were asked for any comments or questions.	
	3.6.8	It was noted that detailed discussions regarding the report took place at ICB and that it was helpful for PCCC members to have sight of the report.	
	3.6.9	The Committee agreed to note the content of the report.	

Sandra Croasdale left the meeting

4.0 ANY OTHER BUSINESS

09/11/18/4.1	Positive Feedback		
	Declarations of Interest: No		
	4.1.1	The Chair thanked members for the significant work that has taken place and acknowledged the commitment and the integrity of the staff at the CCG.	

5.0 REPORTS FOR INFORMATION – NONE

DATE AND TIME OF NEXT MEETING
Friday 8 February 2019 11:30 – 13:30 Training and Conference Suite, Number One Riverside, Smith Street Rochdale OL16 1XU