

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

Date and time of Meeting:	Friday 12 June 2020 11:30 – 12:50
Venue:	Training and Conference, Number One Riverside

Present:	Peter Riley	Lay Member for Integrated Risk Management, HMR CCG (<i>Chair</i>)
	Denise Dawson	Lay Member for Patient and Public Engagement, HMR CCG
	Joanne Newton	Lay Member for Finance and Governance, HMR CCG
	Sarah Crossley	Head of Primary Care, HMR CCG
	Sam Evans	Chief Finance Officer, Health and Social Care Integration
	Dr Aggy York	Governing Body Clinical Lead for Primary Care
	Dr Imran Ghafoor	Governing Body GP Representative from Heywood and Middleton Locality
	Karen Hurley	Director of Operations / Executive Nurse, HMR CCG
	Kate Jones	Chief Executive, Healthwatch Rochdale
	Jason Kalugarama	Greater Manchester Health & Social Care Partnership (<i>Observing</i>)
Helen Chapman	Corporate Affairs and Governance Manager, HMR CCG	
Susan Calvert	Adult Quality, Safety and Safeguarding Lead, HMR CCG (<i>on behalf of Shabnam Sardar</i>)	
Keith Pearson	Head of Medicines Optimisation, HMR CCG	
Damian Mercer	Head of Finance, HMR CCG	
Steve Rumbelow	Accountable Officer, HMR CCG	
Nadia Baig	Assistant Director of Commissioning, NHS HMR CCG (<i>and on behalf of Sally Mclvor</i>)	
In Attendance:	Stacey Comer	Note taker, HMR CCG
	Pam Dickinson	Communications Manager, HMR CCG
	Sarah Kershaw	Deputy Admin and Corporate Affairs Manager– HMR CCG (<i>support with paper sharing</i>)
Apologies:	Andrea Fallon	Director of Public Health, RBC
	Shabnam Sardar	Quality and Safeguarding Manager HMR CCG
	Sally Mclvor	Joint Director of Integrated Commissioning, HMR CCG / RBC
	Dr Sonal Sharma	Governing Body GP Representative from Rochdale Locality
	Anthony Threlfall	Public Health Specialist, RBC (<i>on behalf of Andrea Fallon</i>)
	Ann Gough	Greater Manchester Health & Social Care Partnership
	Cllr Sara Rowbotham	Portfolio Holder for Health & Wellbeing, Rochdale Borough Council
Dr Bodrul Alam	Clinical Board Member, HMR CCG	

Minutes ratified on:	Friday 11 September 2020
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AGENDA ITEM	ITEM	ACTION
12/06/20/20	<p>Public Open Forum</p> <p>The members of public in attendance were welcomed to the meeting and introductions were made.</p> <p>The process for the Committee was outlined and it was noted that the members of the public will be muted other than during the Public Forum.</p> <p>A number of questions have been submitted which mainly relate to Covid 19, these will be progressed via an FOI. Confirmation has been received from the requester that he is happy with this approach.</p> <p>A further question has been submitted which was shared via the Corporate Affairs and Governance Manager on behalf of the member of the public.</p> <p><i>I have recently been for an urgent ultrasound scan at Ashworth Street Surgery (I am a patient at Castleton) I was given results back in 24 hours, putting my mind at rest.</i></p> <p><i>My wife has since been referred, but our Doctor has said as her referral is not urgent, that there may be some delay, she is obviously worried. As routine clinics are not yet fully operational, is there any indication of when this will be changed and we will be "back to normal".</i></p> <p>The following response was provided by the Governing Body Clinical Lead for Primary Care.</p> <p>Presently there is lots of recovery planning on going which is looking at returning to Business As Usual (BAU). It is reassuring that urgent scans, urgent referrals and cancer referrals have continued throughout the pandemic and in fact there has been a plea from clinicians to the general public to consult if they had worrying symptoms as doctors were concerned that the lumps and bumps/chest pains and strokes had dropped in number suggesting patients were sitting on their ailments.</p> <p>Whilst we would be unable to give a date at which all services are back to pre-Covid 19 functionality it was emphasised that if there are any changes to symptoms, patients waiting for a routine diagnostic or appointment should get back in touch with their GP, to check if their referral needs to be re-prioritised.</p> <p>It is important to note that we have always given this advice even pre-Covid 19 with regards to routine referrals.</p> <p>The following questions were raised by Healthwatch Rochdale.</p> <p><i>How are GP's engaging with their PPG's and how are the CCG encouraging this?</i></p> <p>It was confirmed that work has commenced this week to step up Patient Participation Groups (PPGs) and it was highlighted that a</p>	

	<p>virtual Boroughwide PPG took place this morning.</p> <p><i>GP & hospital blood test issues has there been an outcome here?</i></p> <p>It was highlighted that discussions have previously taken place regarding letters being issued to patients from hospitals stating that they contact their GP for bloods, which is incorrect.</p> <p>Work is ongoing regarding communication as incorrect information is being sent to patients. It was agreed that a meeting take place to discuss specific examples and then this can be investigated further.</p>	KJ / SC
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1.0 GOVERNANCE

	<p>Introductions and Apologies</p> <p>Introductions were made, and apologies were noted.</p>	
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12/06/20/1.1	<p>Committee Business</p> <p>1.1.1 Members were asked for any items to be included under Any Other Business. No items were raised.</p> <p>1.1.2 It was highlighted that the meeting dates for the following meetings have changed:</p> <ul style="list-style-type: none"> • September – the date will change to 11 September 2020 • February – the date will change to 19 February 2021 <p>1.1.3 The Committee approved the changes to the meeting dates for the September and February meetings.</p>	
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12/06/20/1.2	<p>Declarations of Interest</p> <p>1.2.1 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.</p> <p>1.2.2 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 Interest Register</p> <p>1.2.3 The Chair requested any declarations of interests relating to today's agenda.</p> <p>1.2.4 Nadia Baig, Assistant Director of Commissioning advised of the following conflicts:</p> <ul style="list-style-type: none"> • substantive employment Oldham CCG • family member is a salaried partner with Capsticks solicitors. <p>1.2.5 It was agreed as the declarations do not relate to items on the agenda that no action was required.</p>	
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	1.2.6 The Committee agreed to note the declarations of interest received.	
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12/06/20/1.3	Minutes of the meeting held on 14 February 2020	
	1.3.1 The minutes of the meeting held on 14 February 2020 were agreed as a true and accurate record.	
	1.3.2 The Committee agreed the minutes of the meeting	

12/06/20/1.4	Matters Arising / Action Log	
	1.4.1 The action log was reviewed and updated.	
	1.4.2 It was highlighted to members of the public that Dr Duffy had joined the meeting as a member of the public and was not a member.	

12/06/20/1.5	Chair's Actions	
	1.5.1 Members were advised that no Chairs actions had taken place since the last meeting.	
	1.5.2 The Committee noted that no Chairs actions had taken place since the last meeting.	

2.0 ITEMS FOR DECISION

12/06/20/2.1	Primary Care Response – Covid 19	
	Declarations of Interest: None	
	2.1.1 A summary of the report was provided, and key items highlighted.	
	2.1.2 Daily bulletins continue to be provided to practices in conjunction with the Rochdale Health Alliance (RHA) and the Local Medical Committee (LMC). This was established to ensure that the significant information that was being shared regarding Covid – 19 was provided in one place. A hotline has also been established for any queries practices may have. Feedback has been positive, and the Bulletin is well read.	
	2.1.3 Assurance was provided that practices are fully aware of where to go if they need any help or advice.	
	2.1.4 A clinical model to support the unwell in their care home has been developed. This model helps prevent people from having to make unnecessary visits to hospital or other healthcare settings and to reduce footfall into care homes. It is delivered by a partnership between key local primary and community providers including the Northern Care Alliance,	

	<p>BARDOC, Rochdale Health Alliance and GP practices.</p> <p>2.1.5 Work is now moving to a second phase to stand up services and look at the recovery plan.</p> <p>2.1.6 Discussions took place regarding the approval process for the recovery plans and it was clarified that the Primary Care Assurance and Transformation Committee will not be able to approve the plans they will provide a recommendation to the Primary Care Commissioning Committee (PCCC) who are responsible for the decision making as part of the governance process.</p> <p>2.1.7 Due to timescales the use of Chairs Action was requested for approval by PCCC.</p> <p>2.1.8 The process for chairs actions was clarified for the members of the public in attendance, with emphasis that all members of the Committee are involved in the process, it is not solely the decision of the Chair.</p> <p>2.1.9 Members were asked for any comments or questions.</p> <p>2.1.10 A question was raised regarding any risks as a consequence of certain areas being put on hold. It was confirmed that there is a Standard Operating Procedure in place from NHS England which requires patients to be risk assessed following de-prioritisation. There are concerns regarding capacity.</p> <p>2.1.11 Members agreed that an update on Risk be provided at the next meeting.</p> <p>2.1.12 The amazing response of the system was acknowledged and thanks noted to primary care for the work that has taken place when initially the majority of the guidance was focussing on hospitals.</p> <p>2.1.13 It was emphasised that from the start of the pandemic the response from the Rochdale system was very strong and a significant amount of the guidance that has since followed from NHS England (NHSE) has already been implemented.</p> <p>2.1.14 Formal thanks were noted by the Committee to all staff in the system for their work, and it was highlighted that thank you letters are currently being drafted.</p> <p>2.1.15 Discussions took place regarding the progress that has been made over a short timescale and the importance of continuing with this.</p> <p>2.1.16 The Committee agreed to approve the use of Chairs Action for the approval of the Recovery Plans.</p>	<p>SC</p> <p>SC</p>
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12/06/20/2.2	<p>Primary Care Assurance and Transformation (PCAT) Subcommittee Terms of Reference for Ratification</p> <p>Declarations of Interest: None</p>	
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	<p>2.2.1 A verbal update was provided.</p> <p>2.2.2 Due to the last meeting being cancelled, these still require approval by PCAT. It was therefore requested that members approve the use of Chairs Action for the ratification of the PCAT Terms of Reference (ToR) once these have been approved to prevent any further delay.</p> <p>2.2.3 Members were asked for comments and questions. No further discussions took place.</p> <p>2.2.4 The Committee agreed to the use of Chairs Action for ratification of the PCAT ToR.</p>	SC
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3.0 ITEMS FOR DISCUSSION

12/06/20/3.1	Finance Update	
	Declarations of Interest: None	
	3.1.1 The content of the report was outlined.	
	3.1.2 At the end of month 12, the Primary Care budgets overspent by £1,077k. The pressure is largely due to an increase in the Category M drug prices negotiated nationally by the Department of Health which has seen a significant cost increase from August 2019.	
	3.1.3 The CCG had completed budget setting for 2020/21 in line with previous guidance. However, due to the impact of Covid-19, guidance has changed with NHSE allocating block contracts to NHS Providers and matching allocations to these contracts for the first four months.	
	3.1.4 From April – July 2020 the budget is based on month 1 to 11 actuals from 2019/20 and then pro rata for 12 months.	
	3.1.5 To try and ease the burden of contract negotiations and invoicing arrangements during the current Covid-19 pandemic, NHS Trusts no longer have to invoice CCGs for their income but have been given a block contract with their main CCGs based on their previous year's income and a top up directly from NHSE where there may be a shortfall.	
	3.1.6 There is currently no guidance beyond month 4.	
	3.1.7 Members were asked for any comments or questions.	
	3.1.8 Following a question it was confirmed that any additional expenditure is being recorded and it is anticipated that this will be reimbursed by NHSE.	
3.1.9 A query was made regarding the budget allocations and it was confirmed that the current allocation is less than what would have been agreed during the normal budget setting process.		
3.1.10 Due to Covid 19 certain activity has been suspended and no new investments can be started.		

	<p>3.1.11 The Committee was provided with assurance that there is sufficient resources for month 1 – 4. Planning Guidance is expected at the end of June to clarify the process following month 4.</p> <p>3.1.12 Thanks were noted to the finance teams for their work during this difficult time especially as it has been year end.</p> <p>3.1.13 The Committee agreed to note the content of the report.</p>	
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12/06/20/3.2	GM Health and Social Care Partnership (GMHSCP) Update	
	Declarations of Interest: None	
	3.2.1 Item deferred.	

12/06/20/3.3	Primary Care Academy (PCA) Update	
	Declarations of Interest: None	
	3.3.1 The paper was outlined.	
	3.3.2 Due to Covid 19 and the impact on general practice, in mid-March the decision was made by HMR CCG to suspend all usual contractual and assurance requirements associated with the Primary Care Academy (PCA), including the year end submission for 2019/20 with the understanding that the agreed payments would continue as per the contract with a review of the status of Covid19 and its impact at the end of Quarter 1 2020/21.	
	3.3.3 Despite the challenges and demands that Covid 19 has presented progress has been made against the 4 domains of the PCA contract.	
	3.3.4 Virtual forums are taking place and the PCA have been proactive in providing Covid 19 briefings to radio stations and some targeted work to those patients whose first language isn't English.	
	3.3.5 Resilience activities for all general practice staff have been provided virtually – these include Pilates and mindfulness.	
3.3.6 The Committee agreed to note the content of the report.		

12/06/20/3.4.1	IM&T Update <i>(from 4 March and 6 May 2020 meeting)</i>	
	Declarations of Interest: None	
	<p>3.4.1.1 The content of the report was outlined.</p> <p>3.4.1.2 It was highlighted that the HMR Share for You “Graphnet” shared record forms part of the GM Integrated Digital Care Records (IDCR) system. To support the Covid 19 response, health and care organisations across GM have agreed to pool IDCR data to support direct care for patients regardless</p>	

	<p>of where they may seek care across the region.</p> <p>3.4.1.3 Thanks was noted to the CCG IM&T Team and the GM Shared Service for the quick roll out of laptops, headsets and webcams which enabled CCG and Primary Care staff to work remotely.</p> <p>3.4.1.4 The Committee agreed to note the content of the report.</p>	
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12/06/20/3.4.2	Primary Care Assurance and Transformation Sub-Committee Update <i>(from 20 May 2020 meeting)</i>	
	Declarations of Interest: None	
	<p>3.4.2.1 The content of the report was summarised.</p> <p>3.4.2.2 Since the last PCCC the Primary Care Assurance and Transformation Subcommittee has not taken place due to exceptional circumstances presented by the Covid 19 outbreak the sub-committee was cancelled.</p> <p>3.4.2.3 Members were asked for any comments or questions.</p> <p>3.4.2.4 Following a query it was confirmed that the 2020/21 Primary Care Network DES's are in the national contract.</p> <p>3.4.2.5 It was highlighted that PCAT had agreed to a clinical rate of £300 per session which is different from the CCG clinical sessional rate of £250. Concerns were raised that this may now set a precedence and it was emphasised that the CCG rate should be adhered to in future.</p> <p>3.4.2.6 It was reiterated that PCAT are only able to provide recommendations, any decisions must be via PCCC, and that this must be clear in the revised PCAT ToR.</p> <p>3.4.2.7 The Committee agreed to note verbal update provided.</p>	SC

12/06/20/3.5	Primary Care Networks (PCNs) Update	
	Declarations of Interest: None	
	<p>3.5.1 The content of the report was outlined.</p> <p>3.5.2 Since March 2020 and for at least the next six months, and potentially beyond, the response to Covid 19 will be the priority for practices. The key principle is that the system frees up general practice capacity to prioritise workload to both prepare for and manage the outbreak.</p> <p>3.5.3 A number of activities that are part of the Primary Care Network (PCN) DES have been identified by the national team and have been suspended or postponed to support this required response and free up capacity in general practice.</p> <p>3.5.4 The Structured Medication Review service requirements have now been postponed until 1 October 2020.</p> <p>3.5.5 Enhanced Health in Care Homes requirements remain in</p>	

	place and will commence in October 2020 with the networks.	
3.5.6	Changes have been made to the investment and impact fund. Currently instead of bidding for funds the value of 27p per patient has been added to the baseline for the networks.	
3.5.7	The Additional Roles Reimbursement Scheme will also continue as planned.	
3.5.8	It was confirmed that practices were required to opt in again for the PCN DES for 2020/21. All HMR practices have chosen to sign up again this year with the same network configurations as previously agreed.	
3.5.9	Members were asked for any comments or questions.	
3.5.10	Feedback was requested from the GP colleagues present on their experience of the networks. Both colleagues confirmed that they have had positive experiences and the networks have assisted and supported with response to the current climate.	
3.5.11	The Committee agreed to note the content of the report and the update provided.	

12/06/20/3.6	Kirkholt New Site Update		
	Declarations of Interest: None		
	3.6.1	A verbal update was provided.	
	3.6.2	The practice moved in to the building on 18 May 2020.	
	3.6.3	Feedback via social media has been positive.	
	3.6.4	Work is ongoing between the estates lead, the practice and the landlord regarding the close down of the old Queens Road site.	
	3.6.5	Members were asked for any comments or questions.	
	3.6.6	It was highlighted that this was positive for the local area.	
	3.6.7	The Committee agreed to note the content of the report.	

4.0 ANY OTHER BUSINESS – NO ITEMS

5.0 REPORTS FOR INFORMATION - NONE

DATE AND TIME OF NEXT MEETING

Friday 11 September 2020
11:30 – 13:30
Venue TBC