

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

Date and time of Meeting:	Friday 8 February 2019 12:00 – 13:05
Venue:	Training and Conference, Number One Riverside
Ratified:	Friday 10 May 2019

Present:	Peter Riley	Lay Member for Integrated Risk Management, HMR CCG (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)</i>
	Helen Chapman	Corporate Affairs and Governance Manager, HMR CCG
	Keith Pearson	Head of Medicines Optimisation, HMR CCG
	Sam Evans	Chief Finance Officer, Health and Social Care Integration
	Dr Aggy York	Clinical Lead Primary Care, HMR CCG
	Karen Hurley	Director of Operations / Executive Nurse, HMR CCG
	Steve Rumbelow	Accountable Officer, HMR CCG <i>(from 12:05 – 12:30 – items 1.1 – 2.2 & 3.6 only)</i>
	Karen Kenton	Assistant Director of Commissioning Integrated Services HMR CCG / RBC <i>(on behalf of Sally Mclvor) (until 12:10 – items 1.1, 1.2 & 3.6 only)</i>
	Ann Gough	Greater Manchester Health & Social Care Partnership <i>(on behalf of Kate Kinsey)</i>
In Attendance:	Stacey Brogan	Note taker, HMR CCG
	Pam Dickinson	Communications and Engagement Manager, HMR CCG
Apologies:	Damian Mercer	Head of Finance, HMR CCG <i>(and as Chair of the Primary Care Assurance Sub Committee)</i>
	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
	Denise Dawson	Lay Member for Patient and Public Engagement
	Dr Sonal Sharma	Clinical Board Member representative from Rochdale Locality, HMR CCG
	Dr Bodrul Alam	Clinical Board Member, HMR CCG
	Dr Imran Ghafoor	Clinical Lead Heywood and Middleton, HMR CCG
	Anthony Threlfall	Public Health Specialist, RBC <i>(on behalf of Andrea Fallon)</i>
	Kate Jones	Chief Executive, Healthwatch Rochdale
Cllr Sara Rowbotham	Portfolio Holder for Health & Wellbeing, Rochdale Borough Council	

AGENDA ITEM	ITEM	ACTION
08/02/19	Public Open Forum	

	<p>Members of the public were welcomed to the meeting and introductions were made.</p> <p>The following questions were raised by Javed Rehman, Bridging Communities:</p> <ol style="list-style-type: none"> 1. <i>What area's or thematic strand are your priorities for the next 12 months?</i> 1.2 <i>What preventative work if any are you going to commission?</i> 2. <i>In 2018 a piece work was commissioned around the mental health act what was the purpose for this?</i> 2.1 <i>Mental Health Act especially sectioning only affects a small amount of the population in the HMR boundaries, what was your rationale and the outcome did you want from this?</i> 3. <i>What do you intend to commission for the BAME community which accounts for just over 24% of the population. Which have many long-term illnesses.</i> 3.1. <i>How do you intend to keep them informed to worsening of their conditions and preventative measures which will save the NHS considerably a large amount of money?</i> 4. <i>Why are commissioners not consulting with grass root organisations?</i> 5. <i>There seems to be a lack of evidence that your commissioning models and tendering covering equality & diversity impact model. What is your response to this?</i> 6. <i>You have a legal duty to provide services and take into consideration of the BAME community, under the equalities Act 2010, Ten year forward plan etc.. How do you intend to address this?</i> <p>The Chair thanked Mr Rahman for engaging with the Committee and advised that he was happy to meet and discuss the questions raised further.</p> <p>It was noted that not all questions were appropriate for the Primary Care Commissioning Committee to answer and more appropriate for the Governing Body to respond to. The next Governing Body will take place on 15 March 2019.</p> <p>It was agreed that a response will be provided to all of the questions raised following the next Governing Body and will be shared and published on the CCG website.</p>	<p>HC</p>
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1.0 GOVERNANCE

	<p>Introductions and Apologies</p> <p>Members of the Committee were welcomed to the meeting and introductions were made.</p> <p>The above apologies were noted.</p>	
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08/02/19/1.1	Committee Business	SB
	1.1.1 The Business Schedule for 2019/20 was presented to members for comments.	
	1.1.2 The following amendments were suggested: <ul style="list-style-type: none"> • Amend the date for the subcommittee Terms of Reference (ToR) to be ratified • Add the new GP Contract to the discussion items for May 2019 	
	1.1.3 It was highlighted that due to an urgent teleconference the Assistant Director of Commissioning Integrated Services HMR CCG / RBC needs to leave the meeting early and therefore requested that item 3.6 Transformation Update be done following Declarations of Interest.	
	1.1.4 The Committee agreed to approve the Business Schedule for 2019/20 with the above amendments.	

08/02/19/1.2	Declarations of Interest	
	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.	
	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	
	1.2.3 The Chair requested any declarations of interests relating to today's agenda.	
	1.2.4 None were received.	
	1.2.5 The Committee agreed to note the declarations of interest received.	

08/02/19/3.6	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 29 January 2019.	
	3.6.2 The impact of the transformation work is now starting to be seen and positive outcomes are being experienced.	
	3.6.3 A stakeholder engagement event took place on 17 January 2019 in Middleton. Positive feedback was received from attendees.	
3.6.4 All assumptions have now been incorporated into the Operating Plan and will be used to monitor progress.		

	3.6.5	Members were asked for any comments or questions. No further discussions took place.	
	3.6.6	The Committee agreed to note the content of the report.	

Karen Kenton left the meeting at 12:10

08/02/19/1.3	Minutes of the meeting held on 9 November 2018		
	1.3.1	The minutes of the meeting held on 9 November 2018 were agreed as a true and accurate record.	
	1.3.2	The Committee agreed the minutes of the meeting	

08/02/19/1.4	Matters Arising / Action Log		
	1.4.1	The action log was reviewed and updated.	

08/02/19/1.5	Chair's Actions		
	1.5.1	It was noted that the following Chairs Action had taken place since the last meeting. <ul style="list-style-type: none"> Approval of the Primary Care Commissioning Committee (PCCC) Terms of Reference 	
	1.5.2	The Committee agreed to note the above chairs action.	

08/02/19//1.6	Committee Self Effectiveness Self Assessment 2018/19		
	1.6.1	The content of the report was outlined.	
	1.6.2	Members were asked for any comments or questions. No further discussions took place.	
	1.6.3	The Committee agreed to approve the Committee Self Effectiveness Self-Assessment for 2018/19.	

2.0 ITEMS FOR DECISION

08/02/19/2.1	Primary Care Assurance Sub Committee Terms of Reference (ToR)		SC
	Declarations of Interest: None		
	2.1.1	An outline of the report was provided.	
	2.1.2	Members were asked for any comments or questions.	
	2.1.3	The following amendments were requested: <ul style="list-style-type: none"> Separate Chair and Vice Chair to be identified Clarity regarding clinical and managerial representatives in order to manage quoracy 	
2.1.4	The Committee agreed to approve the Primary Care		

	Assurance Sub Committee Terms of Reference (ToR) with the above amendments and agreed that the amended ToR be shared with members for information.	SB
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08/02/19/2.2	Primary Care Innovation and Transformation Sub Committee Terms of Reference (ToR)	
	Declarations of Interest: None	
	2.2.1 An outline of the report was provided.	
	2.2.2 Members were asked for any comments or questions.	
	2.2.3 It was highlighted that page 6 details the old Primary Care Subcommittees and needs amending to reflect the new Sub Committees.	
	2.2.4 The Committee agreed to approve the Primary Care Innovation and Transformation Sub Committee Terms of Reference (ToR) with the above amendments and agreed that the amended ToR be shared with members for information.	SB

3.0 ITEMS FOR DISCUSSION

08/02/19/3.1	Finance Update	
	Declarations of Interest: None	
	3.1.1 The content of the report was outlined and it was noted that this updates members on the position for the period ending 30 December 2018.	
	3.1.2 The key areas of forecast underspend are £290k in relation to Premises costs reimbursement, £62k for dispensing and Prescribing Drs and £22k on the APMS Contracts line as well as Central Drugs and Home Oxygen forecasting to underspend by £30k and £44k respectively.	
	3.1.3 These areas of underspend are offsetting the forecast overspends of £86k and £69k on the GMS and PMS contract lines respectively as well as £140k on the Other GP Services line.	
	3.1.4 The CCG still has a considerable reserve within Primary Care of £809k and an unutilised contingency of £154k. The Primary Care team have been working with Rochdale Health Alliance (RHA), the GP Federation for HMR, to progress a number of schemes to support Primary Care and GP Practices.	
	3.1.5 It was emphasised that any schemes must be non-recurrent.	
	3.1.6 Members were asked for any comments or questions. No further discussions took place.	
	3.1.3 The Committee agreed to note the content of the report.	

08/02/19/3.2	GM Health and Social Care Partnership Update	
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	Declarations of Interest: None	
3.2.1	A verbal update was provided.	
3.2.2	It was noted that a significant amount of work is taking place regarding the new GP Contract which will be discussed later in the agenda. Webinars and network engagement events will be arranged. Members were advised to be mindful that the financial flows in the documents may not be representative of GM, but this will be picked up by the GM finance team.	
3.2.3	GP Excellence Programme – the first Practice Manager Forum took place this week. Roughly 200 Practice Managers were in attendance from across GM. It was confirmed that there were representatives from HMR practices. The forum provided attendees the opportunity to network and to gain more knowledge on the programme.	
3.2.4	HMR Primary Care Academy – noted that the work that is taking place is being recognised at a GM level. A GM workforce team has been established and will be visiting localities.	
3.2.5	The Committee agreed to note the verbal update provided.	

08/02/19/3.3	Primary Care Assurance Subcommittee Update <i>(from 16 January 2019 meeting)</i>	
	Declarations of Interest: None	
3.3.1	The content of the report was outlined and the following key areas highlighted.	
3.3.2	Chairs Action – three items were approved via chairs action, practice request for support, Interpretation and Translation Service contract and the HMR and Bury Outbreak Response SLA with BARDOC.	
3.3.3	Primary Care Assurance Sub Committee ToR – the ToR were reviewed, discussed and approved via the Sub Committee.	
3.3.4	Proposals for non recurrent monies – the following bids were discussed. <ul style="list-style-type: none"> - Central prescribing bid - Practice Nurse Equipment in Care Home settings - Homeless Alliance Response Team (HART) - Near Patient Testing in Suspected DVT Pathway - Mental Health – Counsellors in general practice 	
	<i>Steve Rumbelow left the meeting 12:30</i>	
3.3.5	Quality Monitoring Programme Action Plan – an update was provided on practice visits and it was confirmed that there are no concerns and no further intensive support required.	
3.3.6	Estates – the aim is to have a signed lease by the end of	

	<p>February 2019 with contractors arriving on site in March 2019. The construction is expected to take 9 months. Concerns were raised regarding delays. It was confirmed that it is expected to be completed by the end of 2019.</p> <p>3.3.7 The Hive relocation - plans relating to the exterior of the building are being finalised for planning approval.</p> <p>3.3.8 The Committee agreed to note the content of the report and the update provided.</p>	
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08/02/19/3.4	<p>Primary Care Innovation and Transformation Subcommittee Update (from 19 December 2018 meeting)</p>	
	<p>Declarations of Interest: None</p> <p>3.4.1 The key elements from the report were highlighted.</p> <p>3.4.2 It was noted that the bids for non-recurrent monies were initially discussed at the Primary Care Innovation and Transformation Sub Committee prior to being discussed at the Primary Care Assurance Committee.</p> <p>3.4.3 A proposal was submitted at the December meeting to switch to a combined ketone and blood glucose testing. A comprehensive review has taken place by the Medicines Optimisation Team and it was confirmed that there is no cost implication to practices or the CCG for Spirit Healthcare to complete this work.</p> <p>3.4.4 Presentations were received from Focussed Care Workers and the Primary Care Academy.</p> <p>3.4.5 It was highlighted that work is underway by the Academy to further develop local training and development opportunities. A further 3 practices have now signed up to the “grow your own” training package.</p> <p>3.4.6 Members were asked for any comments or questions. No further discussions took place.</p> <p>3.4.7 The Committee agreed to note the content of the report.</p>	

08/02/19/3.5	<p>Primary Care Performance and Quality Subcommittee Update (from 7 November 2018 meeting)</p>	
	<p>Declarations of Interest: None</p> <p>3.5.1 The key elements from the report were highlighted which included.</p> <p>3.5.2 Quality Monitoring Programme - a further two practices improvement plans were reviewed. Members agreed that the plan was satisfactory.</p> <p>3.5.3 Healthwatch Rochdale Update - as access to GP practice is an ongoing priority, Healthwatch Rochdale carried out a survey to understand patient’s experiences within HMR. The</p>	

	<p>data was collated over a period of 3 months. 153 patients had been interviewed, and their responses collated. Discussions took place regarding the positive feedback received.</p> <p>3.5.4 Safeguarding and Quality Update - it was confirmed that the mandatory training has been well received with some practices already signed up for 2019/2020.</p> <p>3.5.5 A bid has been secured to be part of the 2018 AQuA (Advancing Quality Alliance) Patient FLOW Programme. AQuA will be supporting the CCG to facilitate a programme of workshops with services across the system which will include a mapping exercise to understand the current position and identify areas of improvement. The system under review is Paediatric Urgent Care.</p> <p>3.5.6 Practice Nurse Forum – continues to meet bimonthly and is well attended.</p> <p>3.5.7 The Committee agreed to note the content of the report.</p>	
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08/02/19/3.7	Core+ Update	SC
	Declarations of Interest: None	
	3.7.1 A verbal update was provided.	
	3.7.2 Core+ will be going into its second year from April 2019.	
	3.7.3 Small amendments and updates can be made next year to the indicators in order to refine and improve where appropriate.	
	3.7.4 It was emphasised that no changes can be made to the finances.	
	3.7.5 Significant engagement has taken place with clinical leads and it is proposed that the March Locality Engagement Groups (LEG) be dedicated to Core +.	
	3.7.6 Members proposed that it would be useful to have a single LEG in March to discuss this, and that PCCC and Primary Care Sub Committee members be invited to attend.	
	3.7.7 Currently the proposed changes are as follows: <ul style="list-style-type: none"> ○ New indicators around self-care, cancer, end of life, care homes and mental health ○ Indicators removed are case reviews, military veterans, training needs analysis, and the urgent care indicators ○ Prescribing ○ Mental Health indicators strengthened ○ Patient Online strengthened to bring in line with contract changes for 2020 ○ OPEL framework expanded to include more Primary Care elements 	
3.7.8 Following discussions at the LEG proposed changes will then		

	<p>be discussed at the next Primary Care Innovation and Transformation Committee and following that will be submitted for approval by Chairs Action to PCCC members.</p> <p>3.7.9 The Committee agreed to note the verbal update provided.</p>	SC
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08/02/19/3.8	Primary Care Academy Update	SC
	Declarations of Interest: None	
	3.8.1 A verbal update was provided.	
	3.8.2 The Primary Care Academy (PCA) is going into its second year from April 2019.	
	3.8.3 Small amendments and updates can be made next year to the indicators in order to refine and improve where appropriate.	
	3.8.4 It was emphasised that no changes can be made to the finances.	
	3.8.5 Significant engagement has taken place with clinical leads	
	3.8.6 Currently the proposed changes are within the following groups; <ul style="list-style-type: none"> ○ Making Primary Care Attractive and Growing Our Own ○ Promoting Education and Training for the Primary Care Workforce ○ Introduce new Roles in Primary Care ○ Support future leadership, training and research in primary care 	
	3.8.7 Following discussions at the LEG proposed changes will then be discussed at the next Primary Care Innovation and Transformation Committee and following that will be submitted for approval by Chairs Action to PCCC members.	
	3.8.8 It was highlighted that there is a significant amount of expectation regarding Primary Care Networks and it was suggested that this be considered. It was confirmed that this was discussed at Clinical Leads this morning and will be included.	
3.8.9 Thanks was noted the to the Head of Primary Care and her Team for the significant amount of work that has taken place.		
3.8.10 The Committee agreed to note the content of the report.		

08/02/19/3.9	GP Contract Changes	
	Declarations of Interest: None	
	3.9.1 The content of the report was summarised.	
3.9.2 It was noted that the paper summarises some of the key changes		

	and it was noted that a significant amount of work will be required to fully understand these.	
3.9.3	GP practice funding will increase nationally by £1bn over five years. On top of this, there will be an additional £1.8bn provided via a Direct Enhanced Serviced to aid the setting up of “Primary Care Networks” which all GP practices will be required to join by July 2019.	
3.9.4	There is also £30m for practices to make one appointment per day (per 3,000 patients) available for NHS111 to book directly into from April 2019.	
3.9.5	All patients will have the right to online and video consultation by April 2021. Patients will also have online access to their full record, including the ability to add their own information, as the default position from April 2020.	
3.9.6	Practices must ensure that at least 25% of appointments are available for online booking by July 2019.	
3.9.7	Members were asked for any comments or questions.	
3.9.8	It was highlighted to members that during a recent national call it was noted that GM are further ahead than many areas in the country, which is a significant advantage. Members were advised that across GM transformation funding has been received for a number of schemes which are included within the new contract	
3.9.9	The Committee agreed to note the content of the report.	

4.0 ANY OTHER BUSINESS - NONE

5.0 REPORTS FOR INFORMATION – NONE

DATE AND TIME OF NEXT MEETING

Friday 10 May 2019
12:00 – 13:30
Training and Conference Suite, Number One Riverside, Smith Street Rochdale OL16 1XU