

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

Date and time of Meeting:	Friday 8 November 2019 12:00 – 13:30
Venue:	Training and Conference, Number One Riverside

Present:	Peter Riley	Lay Member for Integrated Risk Management, HMR CCG (Chair)
	Sarah Crossley	Head of Primary Care, HMR CCG (<i>and as the Chair of the Primary Care Innovation and Transformation Sub-Committee</i>)
	Keith Pearson	Head of Medicines Optimisation, HMR CCG
	Sam Evans	Chief Finance Officer, Health and Social Care Integration
	Dr Aggy York	Governing Body Clinical Lead for Primary Care
	Damian Mercer	Head of Finance, HMR CCG (<i>and as Chair of the Primary Care Assurance Sub Committee</i>)
	Denise Dawson	Lay Member for Patient and Public Engagement
	Dr Imran Ghafoor	Governing Body GP Representative from Heywood and Middleton Locality
	Dr Sonal Sharma	Governing Body GP Representative from Rochdale Locality
	Karen Hurley Steve Rumbelow Karen Kenton	Director of Operations / Executive Nurse, HMR CCG Accountable Officer, HMR CCG Assistant Director of Commissioning Integrated Services HMR CCG / RBC
Shabnam Sardar	Quality and Safeguarding Manager HMR CCG (<i>on behalf of Alison Kelly</i>)	
Anthony Threlfall	Public Health Specialist, RBC (<i>on behalf of Andrea Fallon</i>)	
In Attendance:	Sarah Kershaw Pam Dickinson	Note taker, HMR CCG Communications Manager
Apologies:	Andrea Fallon Ann Gough	Director of Public Health, RBC Greater Manchester Health & Social Care Partnership
	Kate Jones Helen Chapman	Chief Executive, Healthwatch Rochdale Corporate Affairs and Governance Manager, HMR CCG
	Cllr Sara Rowbotham	Portfolio Holder for Health & Wellbeing, Rochdale Borough Council
	Sally McIvor	Joint Director of Integrated Commissioning, HMR CCG / RBC
	Dr Bodrul Alam Alison Kelly	Clinical board Member, HMR CCG Head of Quality & Safeguarding and Deputy Executive Nurse, HMR CCG

Minutes ratified on:	Friday 14 February 2020
-----------------------------	-------------------------

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

08/11/19	Public Open Forum	
	Members of the public were welcomed to the meeting, and it was confirmed that no public questions had been received.	

1.0 GOVERNANCE

	Introductions and Apologies	
	Introductions were made, and the above apologies were noted.	

08/11/19/1.1	Committee Business	
	1.1.1 Members were asked for any items to be included under Any Other Business, none were received.	
	1.1.2 A request was made to amend the running order of the meeting as the presenter would be required to leave the meeting early. Members agreed to move item 3.5.	
	1.1.3 The Quality and Safeguarding Manager, the Assistant Director of Commissioning and the Governing Body GP Representative from Heywood and Middleton Locality provided apologies for having to leave the meeting early.	
	1.1.4 The Committee noted that there are no further items for discussion under Any Other Business, and the apologies for members having to leave the meeting early.	

08/11/19/1.2	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 All GPs present declared interest in agenda item 2.4 – Boundary Reduction.	
	1.2.5 Members agreed that the clinical input would be useful for the discussions but that the GPs would be required to leave the meeting for any decisions to be agreed.	
	1.2.6 The Committee agreed to note the declarations of interest received.	

08/11/19/1.3	Minutes of the meeting held on 10 May 2019	
	<p>1.3.1 The minutes of the meeting held on 10 May 2019 were agreed as a true and accurate record with the following amendment:</p> <p>Page 2, 1.2 Declarations of Interest “1.2.5.... would take part in the decisions discussions but would not take part in the decision.”</p> <p>1.3.2 The Committee agreed the minutes of the meeting</p>	

08/11/19/1.3. i	Minutes of the Extraordinary meeting held on 17 May 2019	
	<p>1.3.i.1 The minutes of the meeting held on 17 May 2019 were agreed as a true and accurate record.</p> <p>1.3.i.2 The Committee agreed the minutes of the meeting</p>	

08/11/19/1.4	Matters Arising / Action Log	
	1.4.1 The action log was reviewed and updated.	

08/11/19/1.5	Chair’s Actions	
	1.5.1 Members were advised the following 3 items have been actioned via Chairs actions. Decisions were required to be made via Charis actions due to the time frames required for each decision.	
	1.5.2 Primary Care Networks (PCN) - Following the PCCC Extraordinary meeting held on the 17th May it was established that the national deadline for the CCG to formally approve network applications was the 31st May. Members agreed that the Primary Care Networks proposal would be agreed via chairs actions to allow practices to utilise all the time available to gain as detailed understanding of the potential risk presented by the proposed network configurations.	
	1.5.3 A paper was circulated on the 25th May which detailed the further discussions that had taken place with GP practices, LMC, LCO partners and commissioners. Collective assurance was provided that the network configurations reviewed at PCCC on 17th May were fit for purpose, and that nominated representatives from each stakeholder would continue to work together to explore opportunities for greater alignment.	
	1.5.4 The PCN network configuration was approved via Chairs actions.	
	1.5.5 Core+ Prescribing Element – Responsibility was delegated to the primary care sub-committees to discuss and approve the detail regarding a small number of prescribing indicators within Core+, following approval of these in principle at PCCC.	
	1.5.6 Following extensive discussion at Primary Care Sub-	

	<p>committees the final wording of those indicators was approved via Chairs actions.</p> <p>1.5.7 Homeless Alliance Response Team (HART) Extension Bid - A business case was submitted by Rochdale Health Alliance to request non-recurrent funding to continue and expand the current HART pilot service. This service provides outreach healthcare to the homeless within the Rochdale Borough.</p> <p>1.5.8 The HART scheme has been in place for previous 12 months and formal evaluation completed. The approval of the business case was taken through Primary Care Assurance Subcommittee chairs actions as a decision was required before any available non-recurrent funding expired</p> <p>1.5.9 The decision was taken via Chairs actions to approve the continuation of HART service non-recurrently for a further year and to fund the pilot for 12 months to test out further expansion of the service including podiatry and mental health support. This would also allow HMR CCG/RHA to continue to look at further options to support funding of the scheme recurrently in the future.</p> <p>1.5.10 The Committee agreed to approve and ratify the chairs actions had taken place.</p>	
--	--	--

2.0 ITEMS FOR DECISION

08/11/19/2.1	Proposal to merge the Primary Care Subcommittee Meetings	
	Declarations of Interest: None	
	<p>2.1.1 A summary of the report was provided, and key items highlighted.</p> <p>2.1.2 PCCC previously approved the proposal to merge two of the Primary Care Subcommittees to form Primary Care Assurance sub -committee (PCAS). It was agreed the frequency of this meeting and the remaining Primary Care Innovation and Transformation (PCIT) sub-committee would take place bi-monthly.</p> <p>2.1.3 Members were asked to note that although the subcommittees had been instrumental in getting HMR to its current position; many of the initial projects are now considered as business as usual and have new reporting routes therefore, the requirement for those meetings to take place has greatly reduced.</p> <p>2.1.4 As a result, the Primary Care Team propose to merge the two remaining subcommittees to form the Primary Care Assurance and Transformation (PCAT) sub-committee which will commence in January 2020 and take place bi-month.</p> <p>2.1.5 Members were asked for any further comments and questions, none were received.</p> <p>2.1.6 The Committee agreed to the proposal to merge the two remaining Primary Care Subcommittee Meetings and for that meeting to take place on a bi-monthly basis.</p>	

08/11/19/2.2	Information Management and Technology (IM&T) Governance Reporting.
	Declarations of Interest: None
	<p>2.2.1 An outline of the report was provided.</p> <p>2.2.2 Information, Management and Technology previously reported into the Corporate Governance Committee (CGC). Following the decision to cease this committee the governance structure for IM&T has been reviewed.</p> <p>2.2.3 Items discussed at the IM&T mainly focus on Primary Care, therefore it was agreed the most appropriate reporting mechanism would be the Primary Care Commissioning Committee.</p> <p>2.2.4 Members were asked for comments and questions, none were received.</p> <p>2.2.5 The Committee agreed to approve the proposed governance reporting for IM&T.</p>

08/11/19/2.3	Primary Care Commissioning Committee (PCCC) Terms of Reference (ToR)
	Declarations of Interest: None
	<p>2.3.1 An outline of the report was provided.</p> <p>2.3.2 Following the proposal to merge the Primary Care Subcommittee meetings and the changes to IM&T governance reporting, the PCCC Terms of Reference require updating.</p> <p>2.3.3 Primary Care Commissioning Committee members were asked to approve the amended Terms of Reference which will then be included in the CCG Constitution.</p> <p>2.3.4 Members asked for comments and questions.</p> <p>2.3.5 A request was made for the membership of the IM&T Chair to be covered by the attendance of the Chief Finance Officer as this is included within her portfolio and would also relieve any pressures caused by that GP being called out of practice.</p> <p>2.3.6 A suggestion was also made for the voting rights of members to be more clearly defined within the Terms of Reference.</p> <p>2.3.7 A question was raised regarding the voting rights and membership of the Greater Manchester Health and Social Care Partnership/NHS England representative. It was confirmed under delegated arrangements that GMHSCP/NHSE would form part of the membership, however this would be as a non-voting member as GM and locality views might differ.</p> <p>2.3.8 Members were advised that when co-commissioning was established for Primary Care GM shared the HMR governance model with neighbouring CCGs as an example of best practice.</p>

	<p>2.3.9 Members approved the amendments noted above.</p> <p>2.3.10 The Committee approved the amendments to the Primary Care Commissioning Committee Terms of Reference.</p>	
--	--	--

08/11/19/2.4	Boundary Reduction		SC
	Declarations of Interest: Drs York, Ghafoor and Sharma due to their roles as GPs in the borough.		
	Action: Members agreed that the clinical input would be useful for the discussions but that the GPs would be required to leave the meeting for any decisions to be agreed.		
	3.6.1 The content of the report was summarised, and members informed that the paper does not provide a recommendation but provides balanced information to allow members to form a decision.		
	3.6.2 It was highlighted that the boundary reduction only applies to new patients with the aim of reducing the pressure on the practice particularly in terms of home visits.		
	3.6.3 Members were advised that although detailed guidance for the process to reduce a practice boundary is available it is not mandatory; and, the guidance does advise that CCGs are required to seriously consider all applications under delegated co-commissioning responsibility with NHS England.		
	3.6.4 Members were asked for comments and questions.		
	3.6.5 Discussions took place regarding the engagement that had taken place with stakeholders, the possibility that other practices would also consider submitting applications and how this would be managed.		
	3.6.6 It was confirmed that the Primary Care Team had received another enquiry and that a further two practices were also considering making applications.		
	3.6.7 A suggestion was made to approve the reduction to the boundaries out of area - which included Shaw and Royton (Oldham CCG) and Whitworth (East Lancashire CCG) - and to consider the boundaries within HMR further after the Primary Care Networks and Care Home pilot were fully established. This would allow all parties to assess if they had alleviated any pressures		
3.6.8 Members agreed a mapping exercise should be undertaken by the Primary Care Team, to give sight of how all the practices fit together and pin point where any overlapping exists. This project would enable the committee to view how the proposed reductions would impact the Primary Care Networks and allow them to make a more informed decision.			
3.6.9 Members were also asked to take into consideration the opening of the new build in Kirkholt and if this would see a shift in patients transferring from nearby surgeries.			
3.6.10 Discussions took place regarding home visits and the need for all requests to be triaged, and concerns were raised regarding the			

	<p>amount of GP time spent travelling, the pressure to get to the next appointment or back to the practice and how this could potentially affect the level of care provided received by those patients at home.</p> <p>3.6.11 It was agreed a review of home visits was required including Care Home visits, in line with the mapping exercise and for a local policy to be produced.</p> <p><i>12:45 Shabnam Sardar left the meeting</i></p> <p>3.6.12 The GPs were not required to leave the meeting as no formal decision was made which would impact the practices directly and further information (as noted) was required to inform any future discussions.</p> <p>3.1.13 The Committee agreed to approve the reduction of the boundary that included out of area Shaw and Royton (Oldham CCG) and Whitworth (East Lancashire CCG).</p> <p>A mapping exercise should be undertaken by the Primary Care Team, to give sight of how all the practices fit together to allow site of the full picture of overlapping and to include all practice boundaries.</p> <p>To allow the PC Networks and Care Home pilot to become fully established and assess if this has alleviated any pressures on the practices.</p> <p>To consider each application on an individual basis</p> <p>It was agreed a review of home visits was required including Care Home visits, in line with the mapping exercise and for a local policy to be produced.</p> <p>The full application would be considered further following receipt of all the information requested.</p>	SC
--	---	----

3.0 ITEMS FOR DISCUSSION

08/11/19/3.5	Rochdale Transformation Update	
	Declarations of Interest: None	
	<p>3.5.1 As the presenter of the agenda item was required to leave the meeting early. Agenda item 3.5 was brought forward in the running order of the agenda.</p> <p><i>13:00 Dr Imran Ghafoor left the meeting.</i></p>	
	3.5.2 A verbal update was provided, and key elements highlighted.	
	3.5.3 Transformation has so far delivered £8.1m of savings which will support the closing of the financial gap in 2020/21.	
3.5.4 GM funding ceases at the end of 2019/20 which means the transformation plans need to be funded solely through the delivery of the savings.		

	<p>3.5.5 ICB agreed that the level of funding for transformation should be reduced to mitigate financial risk. Work is ongoing to agree the most appropriate use of the reduced funding whilst ensuring that the required outcomes are delivered.</p> <p>3.5.6 ICB have given delegated authority to the Accountable office supported by financial and clinical colleagues to approve those decisions. High-level plans will be presented to the Finance Performance and Risk Group.</p> <p>3.5.7 The Committee agreed to note the verbal update provided.</p> <p><i>13:30 Karen Kenton left the meeting.</i></p>	
--	--	--

08/11/19/3.1	Finance Update	
	Declarations of Interest: None	
	<p>3.1.1 The content of the report was outlined.</p> <p>3.1.2 Discussions took place regarding the unpredictable prescribing price increases and the and uncertainty around the impact of Brexit on the cost of medication.</p> <p>3.1.3 Assurance was provided, the CCG has a reserve set aside of £0.8m for prescribing pressures and that any risks would be highlighted as soon as possible.</p> <p>3.1.4 The Committee agreed to note the content of the report.</p>	

08/11/19/3.2	GM Health and Social Care Partnership (GMHSCP) Update	
	Declarations of Interest: None	
	<p>3.2.1 Although GMHSCP representatives were unable to attend the meeting, a brief update was provided and shared with members, this included:</p> <ul style="list-style-type: none"> • The implementation plan is currently in development to support the GM Primary Care Strategy. • The GM Primary Care Workforce Strategy, which incorporates GP practices and the wider primary care workforce including; community pharmacy, dentistry and optometry. The slideshow provided by GM will be shared with members for information. • Development support and funding is currently being directed to Primary Care Networks • GM winter plans including Primary Care are being finalised. <p>3.2.2 The Committee agreed to note the verbal update provided.</p>	

SK

08/11/19/3.3	Primary Care Assurance Subcommittee Update <i>(from 15 May 2019 meeting)</i>	
	Declarations of Interest: None	

	<p>3.3.1 The content of the report was outlined, and the following key areas highlighted.</p> <p>3.3.2 Chairs actions included the HART Extension bid, Primary Care Networks and Core+ Prescribing Element outlined in agenda item 1.5.</p> <p>3.3.3 A brief update regarding estates was provided,</p> <ul style="list-style-type: none"> • Kirkholt new build is on target to be open to the public in April 2020. • The Milnrow premises business case is ongoing. • Clough Street (The Hive) new build is currently on hold. <p>3.3.4 The Committee agreed to note the content of the report and the update provided.</p>	
--	---	--

08/11/19/3.4	Primary Care Innovation and Transformation Subcommittee Update <i>(from 19 June meeting)</i>	
	Declarations of Interest: None	
	<p>3.4.1 The content of the report was outlined, and members were asked for comment and questions.</p> <p>3.4.2 A question was raised regarding the GM investment in Primary Care Networks and how the funding was allocated. It was confirmed this will be based on practice list sizes, and that there are plans to use some of the funding to provide training across GM.</p> <p>3.4.3 It was highlighted that Primary Care Commissioning and the North West Leadership Alliance are also offering lots of support for the networks.</p> <p>3.4.4 The Committee agreed to note the content of the report provided.</p>	

08/11/19/3.6	Primary Care Networks Update	
	Declarations of Interest: None	
	<p>3.6.1 The content of the report was summarised.</p> <p>3.6.2 Primary Care Networks (PCNs) have been implemented since July 2019. There are six networks providing coverage for the HMR population.</p> <p>3.6.3 The networks have been asked to complete a maturity matrix intended to support their development and ambitions together, through collaborative working and team building.</p> <p>3.6.4 Work is ongoing to improve alignment and address any operational challenges that may arise within the networks and the existing Integrated Neighbourhood Teams (INTs).</p> <p>3.6.5 Clinical Pharmacist and Social Prescribing Link Worker roles have now been implemented in each of the networks, and</p>	

	discussions are starting to take place to potentially move extended hours to networks offering a hub model from 2020/21.	
	3.6.6 The Committee agreed to note the content of the report.	

08/11/19/3.7	Primary Care Academy Update	SC
	Declarations of Interest: None	
	3.7.1 The content of the report was summarised which included an update in relation to the 4 domains: <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. 	
	3.7.2 Discussions took place regarding the achievements so far and members were advised that the Primary Care Nurse Association programme is on track for mobilisation in 2020.	
	3.7.3 A question was raised regarding how this work had addressed previous concerns regarding the number of GPs reducing and managing patient care.	
	3.7.4 A request was made for a report to be presented to the next committee meeting to include the training and recruitment of clinicians other than GPs such as the Advanced Nurse Practitioners and where these new positions are placed.	
	3.7.5 The Committee agreed to note the content of the report.	

08/11/19/3.8	Core+ Qtr3. Update	SC
	Declarations of Interest: None	
	3.8.1 The content of the report was outlined, and the following key areas highlighted.	
	3.8.2 The Quarter 3 submission from the Local Care Organisation showed that 50% of indicators are on track to be achieved by year end. Areas that are not on track have been highlighted to the Primary Care Team. The Submission was approved and paid in full.	
	3.8.3 A review is taking place in relation to achievable and realistic targets for Breast Screening. An outline of the process of 3-year rounds was provided and a request made for clarity regarding the targets for the practices.	
	3.8.4 A national delay on the flu deliveries to practices has had implications for practices across the borough, planned clinics have had to be cancelled and rearranged for a later date.	
	3.8.5 The numbers of signposting of urgent on the day demand in	

	<p>Primary Care have decreased, and an audit is underway aiming to identify the reasons why. Discussions took place regarding how online access and the NHS app may have affected these figures.</p> <p>3.8.6 The Committee agreed to note the content of the report.</p>	
--	--	--

4.0 ANY OTHER BUSINESS - NONE

5.0 REPORTS FOR INFORMATION

08/11/19/5.1	Draft GM Primary Care Strategy	
	Declarations of Interest: None	
	5.1.1 Members were asked for any comments or questions on the report.	
	5.1.2 No further discussions took place.	
	5.1.3 The Committee agreed to note the content of the report.	

DATE AND TIME OF NEXT MEETING

Friday 14 February 2020
12:00 – 13:30
Training and Conference Suite, Number One Riverside, Smith Street Rochdale OL16 1XU