

PART 1 Primary Care Commissioning Committee 2018/19

Date of Meeting:	09 November 2018
Agenda Item:	3.3
Subject:	Primary Care Finance, Contracts and Estates Subcommittee Update
Reporting Officer:	Damian Mercer
Aim of Paper:	To provide a summary of the Primary Care Finance, Contracts and Estates sub-committee activities since the last PCCC meeting in May 2018.

Governance route prior to Primary Care Commissioning Committee	Meeting Date	Objective/Outcome
Primary Care Commissioning Committee	Select date of meeting.	Click to Select
Primary Care Contracts, Estates and Finance Sub-Committee	Select date of meeting.	Click to Select
Primary Care Innovation and Transformation Sub-Committee	Select date of meeting.	Click to Select
Primary Care Quality and Performance Sub-Committee	Select date of meeting.	Click to Select
Other	Click here to enter text.	

Primary Care Commissioning Committee Resolution Required:	For Information Only
Recommendation	To note the contents of this report

Link to Strategic Objectives		Contributes to: (Select Yes or No)
SO1:	To be a high performing CCG, deliver our statutory duties and use our available resources innovatively to deliver the best outcomes for our population.	Yes
SO2:	To deliver on the outcomes of the Locality Plan in respect of Prevention and Access (Prevention and Self Care)	No
SO3:	To deliver on the outcomes of the Locality Plan in respect of Neighbourhoods & Primary Care (Getting help in the Community)	No
SO4:	To deliver on the outcomes of the Locality Plan in respect of In Hospital - Planned (Getting more help)	No
SO5:	To deliver on the outcomes of the Locality Plan in respect of In Hospital - Urgent Care (Getting more help)	No
SO6:	To deliver on the outcomes of the Locality Plan in respect of Children, young people and families	No
SO7:	To deliver on the outcomes of the Locality Plan in respect of Mental Health	No

Risk Level: (To be reviewed in line with Risk Policy)	Not Applicable
Comments (Document should detail how the risk will be mitigated)	n/a

Content Approval/Sign Off:	
The contents of this paper have been reviewed and approved by:	Head of Primary Care, Sarah Crossley
Clinical Content signed off by:	Not applicable
Financial content signed off by:	Not Applicable

	Completed:
Clinical Engagement taken place	Not Applicable
Patient and Public Involvement	Not Applicable
Patient Data Impact Assessment	Not Applicable
Equality Analysis / Human Rights Assessment completed	Not Applicable

Executive Summary

This report aims to update the PCCCC on the discussions and decisions made since the last PCCC update in May 2018 by the Finance, Contracts and Estates Sub-Committee.

Interpretation and Translation Services

The CCG currently commission Interpretation and Translation Services for the patient population of HMR both within General Practice and NHS Dental Practices. The two incumbent providers, Language Line and Language Empire (providing both a telephone and face to face service) had already been extended previously until October 2017 and as such were out of contract. It was agreed to award the contracts with these two suppliers for two years on a one plus one basis.

GP Extended Maternity Pay

A practice had raised a query around paying maternity leave over and above the standard contracted period of 26 weeks. The contract states that in exceptional circumstances, the commissioner can offer to financially support practices in relation to additional Maternity Cover. The CCG had liaised with Greater Manchester Health and Social Care Partnership (GMH&SCP) for guidance or a policy around what they deemed as exceptional. Upon investigation, no such guidance existed. A paper around assistance and support that NHS Dorset CCG had written in 2017 was circulated for guidance, but GMH&SCP agreed that there was nothing further nationally to support any decision making and that each CCG are to determine through their own protocols what they deem as "exceptional" if a GP practice needed financial assistance.

Flu Vaccines

NHS England (NHSE) has recently announced that from 2018/19 providers should offer Adjuvanted trivalent vaccines for all 65s and over and Quadrivalent vaccine for 18 to under 65s at risk. These vaccines are more expensive than the current vaccines offered and as such, an additional allocation has been made available to NHSE to cover the increased costs.

NHSE have requested that the budget and costs for Flu vaccines in the future are given to NHSE to manage, rather than at a CCG level. Therefore from September, £299k has been transferred from HMR CCG to NHSE, and all costs are to be recharged.

Benzo Project Update

In 2017/18, the CCG funded 2 band 7 posts for 6 months within Public Health to work with practices to reduce Benzodiazepine prescribing. Pennine Care were to deliver this work. However, when Pennine care lost the Drugs and Alcohol contract to Turning Point from April 2018, Pennine Care withdrew their support and subsequently have not carried out the work that had been agreed. Therefore the £41k payment to Pennine Care has been challenged as no evidence can be provided that the work has been carried out. It was agreed that if Pennine

Care could not demonstrate this work was carried out, then the CCG would not pay the £41k invoice.

Prescribing Update

Members were advised that a report of CCG level prescribing of the top 50 BNF sections and drugs shows HMR CCG as one of the top performers in comparison to GM and England.

Practice Boundary Reduction

A practice within HMR has submitted an application to reduce its list size, citing the reasons being a growth in list size causing pressures on the practice along with the demand from care homes. GM and the CCG have visited the practice to discuss the application and the partners have confirmed that they want to proceed. The sub-committee suggested increased involvement from the GP Federation, Rochdale Health Alliance and improve links with the neighbourhood teams to help support some of the practice issues. A paper will be brought to a future Sub-Committee for consideration.

Quality Standards

Members were advised that of the 12 practices that had failed initially to provide information to show they had met the Quality Standards targets, 6 had subsequently submitted detail to show that they had achieved these targets. These 6 practices are currently undergoing checks as to whether this detail is correct and therefore would not have their 2017/18 Quality Standards payments clawed back. The remaining 6 practices have been issued invoices from the CCG to claw back the funding.

Estates update : The Hive (formerly Clough Street Surgery)

The practice is awaiting confirmation by the Council that they are to grant special approval for demolition of the public house on the site prior to planning permission being granted. A bat/bird survey has been completed which showed the site building is clear. The Practice has submitted a Project Initiation Document (PID) bid to NHS England for some additional funding for structural and electrical engineers.

Estates update : 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).

Estates Update: Business as Usual (BAU) PIDs – Six PIDs were submitted to NHS England to address Disability Discrimination Act (DDA) compliance and infection, prevention and control issues for Woodside Medical Practice, Ashworth Street Surgery, Hopwood Health Centre, Peterloo Medical Centre, The Hive and Rochdale Road Medical Centre.

Estates Update : Locality Asset Review

GM have commissioned a piece of work to review all public sector premises. A survey will be undertaken which will provide the data required to assess the capacity for the delivery of health and social care in the area, ensuring the estates support the need up to 2032. AA projects are leading the review with a number of workshops taking place.

Estates Update : Kirkholt

After the Full Business Case was signed off at May's PCCC, One Partnership went out to tender for the construction of the building. 3 organisations bid, all in the region of £500k higher than One Partnership had anticipated. The CCG is working through options with the developer to take the project forward.