

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

Date and time of Meeting:	Friday 10 May 2019 12:00 – 13:35
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>)
	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
	Ann Gough	Greater Manchester Health & Social Care Partnership
	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	Clinical Board Member, HMR CCG (until 13:05)
Anthony Threlfall	Clinical Lead Heywood and Middleton, HMR CCG	
		Public Health Specialist, RBC (<i>on behalf of Andrea Fallon</i>)
	Cllr Sara Rowbotham	Portfolio Holder for Health & Wellbeing, Rochdale Borough Council (until 13:30)
	Sandra Croasdale	Strategic Commissioning Programme Director (<i>on behalf of Karen Kenton</i>)
In Attendance:	Stacey Brogan	Note taker, HMR CCG
	Alison Mitchell	Head of Communications and Engagement and Corporate Services, HMR CCG
Apologies:	Kate Jones	Chief Executive, Healthwatch Rochdale
	Andrea Fallon	Director of Public Health, RBC
	Sally McIvor	Joint Director of Integrated Commissioning, HMR CCG / RBC
	Dr Sonal Sharma	Clinical Board Member representative from Rochdale Locality, HMR CCG
	Dr Bodrul Alam	Clinical Board Member
	Karen Hurley	Director of Operations / Executive Nurse, HMR CCG
	Steve Rumbelow	Accountable Officer, HMR CCG
Karen Kenton	Assistant Director of Commissioning Integrated Services HMR CCG / RBC	

AGENDA ITEM	ITEM	ACTION
10/05/19	Public Open Forum	
	Members of the public were welcomed to the meeting and introductions were made.	

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1.0 GOVERNANCE

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

10/05/19/1.1	Committee Business	
	<p>1.1.1 It was highlighted that item 3.6 Core+ Update 2018/19 requires a decision and will therefore be moved and discussed under decision items following item 2.3 Primary Care Academy 2019/20 Specification.</p> <p>1.1.2 The Committee agreed to this amendment to the agenda.</p>	

10/05/19/1.2	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 declared an interest in the following items: <ul style="list-style-type: none"> • 2.2 Core+ 2019/20 Specification • 2.3 Primary Care Academy 2019/20 Specification • 3.6 Core+ Update 2018/19 	
	1.2.5 It was agreed that the GPs present Dr A York and Dr I Ghafoor would take part in the discussions but would not take part in the decision.	
	1.2.6 The Committee agreed to note the declarations of interest received.	

10/05/19/1.3	Minutes of the meeting held on 8 February 2019	
	<p>1.3.1 The minutes of the meeting held on 8 February 2019 were agreed as a true and accurate record.</p> <p>1.3.2 The Committee agreed the minutes of the meeting</p>	

10/05/19/1.4	Matters Arising / Action Log	

	1.4.1 The action log was reviewed and updated.	
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10/05/19/1.5	Chair's Actions	
	<p>1.5.1 It was noted that there have been no chairs actions since the last meeting.</p> <p>1.5.2 The Committee agreed to note that no chairs actions have taken place.</p>	

2.0 ITEMS FOR DECISION

10/05/19/2.1	Primary Care Network Configuration	SCros
	Declarations of Interest: No	
	2.1.1 A verbal update was provided.	
	2.1.2 Members were advised that there is a national deadline to confirm the networks within each CCG. Approval will be via the Primary Care Commissioning Committee who will consider a number of factors including ensuring the networks meet the needs of the population.	
	2.1.3 A deadline has been set for 9 May 2019 for practices to confirm which network they will be part of. Submissions have been received, however only 3 are complete submissions.	
	2.1.4 It was noted that further discussions will take place on 14 May 2019 at the Locality Engagement Group (LEG), following that it is proposed that either Chairs Action or an Extraordinary meeting take place.	
	2.1.5 Members agreed that it would be useful to hold an extraordinary meeting between 15 and 31 May 2019. It was suggested that this take place on Friday 17 May 2019 following the CCG Governing Body.	
	2.1.6 Currently it is anticipated that there will be 6 networks across the borough. Five of these are formed and paperwork has been completed, the networks are: <ul style="list-style-type: none"> • Heywood • Middleton • Pennines • Rochdale North • Rochdale Central • Rochdale South 	
	2.1.7 It was noted that the population of each network must be between 30 – 50k, there is the option to sign off larger or smaller networks how ever this must be due to exceptional circumstances mainly location and rurality.	
	2.1.8 Following a question, it was confirmed that deprivation is not taken into account.	
2.1.9 A query was raised as to whether the potential 6 networks link		

	<p>with the Integrated Neighbourhood Teams. It was confirmed that work is ongoing to ensure that they align, and links are being made with the Local Care Organisation and Local Medical Committee (LMC).</p> <p>2.1.10 It was also requested that the spatial framework for the borough is considered. It was agreed that this will be taken into consideration.</p> <p>2.1.11 The Committee agreed to note the verbal update provided.</p>	SCros
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10/05/19/2.2	Core+ 2019/20 Specification	SCros
	Declarations of Interest: All GPs – Dr A York and Dr I Ghafoor due to their role as a GP	
	Action Taken: it was agreed that the GPs in attendance could take part in the discussions but would not take part in the decision	
	2.2.1 An outline of the report was provided.	
	2.2.2 It was noted that the changes are not material and that it was agreed when Core+ was implemented that a yearly review take place to ensure that any in year learning can be considered.	
	2.2.3 The proposed changes for 2019/20 were outlined. For 2019/20 it is proposed that a total of 5 indicators are removed and a further 10 indicators are added. 39 indicators are to remain the same and 13 have proposed amendments.	
	2.2.4 Although there are more new indicators being added compared to those being removed this is in recognition that much of the core work to ensure progress against these indicators has taken place in 2018/19. As the infrastructure to support delivery and maintenance of these indicators is now in place therefore some of the associated workload for these indicators will be reduced in 2019/20.	
	2.2.5 In addition, some of the proposed amendments to indicators have been designed to ensure that the indicators are more realistic, building on learning from 2018/19. This approach has allowed for the introduction of a number of new indicators whilst ensuring that the workload and expectations remain similar and in line with the previously agreed financial envelope.	
	2.2.6 Members were advised that there is still further work required regarding the Prescribing – Antibiotics indicator. It was proposed that this be delegated to the Primary Care Innovation and Transformation Sub Committee for final sign off.	
	2.2.7 It was highlighted to members that the reviews of Urgent Care and Planned Care are currently taking place and it was queried whether if required indicators can be amended following the outcome of the reviews. Confirmation was provided that there will still be an opportunity to amend the indicators.	
2.2.8 Discussions took place regarding accountability and it was noted that there is some flexibility if there are mitigating circumstances.		
2.2.9 The Committee agreed to approve the amendments to the 2019/20 indicators and agreed that the Prescribing –		

	Antibiotics indicator be approved in principle and final approval be via the Primary Care Innovation and Transformation Committee.	
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10/05/19/2.3	Primary Care Academy 2019/20 Specification	
	Declarations of Interest: All GPs – Dr A York and Dr I Ghafoor due to their role as a GP	
	Action Taken: it was agreed that the GPs in attendance could take part in the discussions but would not take part in the decision	
	2.3.1	An outline of the report was provided.
	2.3.2	It was noted that the changes are not material and that it was agreed when the Primary Care Academy was implemented that a yearly review take place to ensure that any in year learning can be considered.
	2.3.3	Members were asked for any comments or questions.
2.3.4	Following a question regarding the impact the Academy has had in GP practice the GPs in attendance confirmed that it is early days but it is anticipated that as the work of the Academy progresses there will be a significant impact, particularly regarding admin staff.	
2.3.5	It was noted that the work regarding General Practice Nurse competencies was encouraging and it will be great when all practices have nurses at that level.	
2.3.1	The Committee agreed to approve the amendments to the Primary Care Academy 2019/20 Specification.	

10/05/19/3.6	Core+ Update 2018/19	
	Declarations of Interest: All GPs – Dr A York and Dr I Ghafoor due to their role as a GP	
	Action Taken: it was agreed that the GPs in attendance could take part in the discussions but would not take part in the decision	
	3.6.1	The content of the report was summarised.
	3.6.2	It was highlighted that the report outlines those indicators that require further discussion and approval.
	3.6.3	Theme 1 Performance and Variation (value £317,142) – All indicators have been achieved apart from the reduction in GP initiated A&E attendances. Evidence has been submitted for this indicator, which states that the reason this indicator hasn't been achieved is because there is a coding issue at Pennine Acute Hospitals Trust (PAHT), and when a deep dive into the data has been carried out over half of the attendances coded as being initiated by a GP, was in correct.
3.6.4	Following a question it was confirmed that the Local Care Organisation (LCO) are aware of the issue and it has been made clear that the coding issue must be resolved. Confirmation was also received that this has been included within the Q2 Service Development Improvement Plan.	

	<p>3.6.5 The Committee agreed to pay the theme in full.</p> <p>3.6.6 Theme 2 Prescribing (value £317,142) – it was noted the only prescribing indicator that has not been achieved relates to antibiotic prescribing. It was suggested to members that as the full data set showing position for all practices as at 31 March 2019 is expected to be available in 2 weeks’ time that the Committee defer the decision until the data is available.</p> <p>3.6.7 Discussions took place and it was noted that all practices have made a significant improvement in comparison to last years position. It was proposed that as this is a boroughwide target the sliding scale payment should be boroughwide.</p> <p>3.6.8 Members were advised that when discussions took place at the Locality Engagement Groups regarding the target it was felt several prescriptions generated by GPs are following a request from another clinician e.g. hospital consultant and therefore out of the GPs control. This was acknowledged; however it was clarified that this will be the same for all GPs across the country.</p> <p>3.6.9 The use of the CRP machines was discussed.</p> <p>3.6.10 The Committee agreed to approve Option 2 that payment should be on a sliding scale in principle, and that further discussion will take place once the data is received at the Extraordinary PCCC on 17 May 2019.</p> <p><i>13:05 - Dr Ghafoor left the meeting.</i></p> <p>3.6.11 Theme 3 Quality Improvements (value £317,146) – it was highlighted that on reviewing the data submitted at year end all the indicators within this theme have been achieved. However, this data has yet to be verified.</p> <p>3.6.12 The Committee agreed to approve full payment of this theme subject to verification.</p> <p>3.6.13 Theme 4 Improving Access to General Practice (value £317,146) – There is only one indicator within this theme that isn’t currently being achieved, that indicator is regarding improvements in Patient Online which is split into three cohorts, Appointments, Repeat Prescriptions and Detail Coded Record (DCR).</p> <p>3.6.14 Members noted that the target has only marginally been missed and there is mitigating circumstances.</p> <p>3.6.15 The Committee agreed to approve full payment of this theme.</p> <p>3.6.16 Theme 5 Integration (value £317,146) - All indicators within this theme have been achieved apart from one. The indicator that asks all practices to be live on EPS (Electronic Prescription Service) by 31 March 2019, has been achieved by all practices apart from one. That practice did sign up to EPS in February 2019, however the process for everything to be set up can take several months and the practice won’t be live until July 2019.</p>	<p>SCros</p>
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	<p>3.6.17 The Committee agreed to approve full payment of this theme.</p> <p>3.6.18 Theme 6 – Workforce Transformation (value £317,146) - All indicators within this theme have been achieved.</p> <p>3.6.19 The Committee agreed to approve full payment of this theme.</p> <p>3.6.20 Theme 7 – Boroughwide Services (value £317,146) - All the boroughwide services have been mobilised and delivered on a boroughwide level since quarter two, therefore all requirements have been delivered for this theme.</p> <p>3.6.21 The Committee agreed to approve full payment of this theme.</p> <p>3.6.22 The Committee agreed to note the content of the report and agreed to approve payment of 6 out the 7 themes which equates to a total balloon payment element of £1,902,876, and that further discussions will take place regarding Theme 2 Prescribing at the Extraordinary PCCC on 17 May 2019.</p>	
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3.0 ITEMS FOR DISCUSSION

10/05/19/3.1	Finance Update	
	Declarations of Interest: None	
	<p>3.1.1 The content of the report was outlined.</p> <p>3.1.2 It was highlighted that the biggest change relates to prescribing which based on the February data is underspent by £359k.</p> <p>3.1.3 Members were asked for any comments or questions. No further discussions took place.</p>	
	3.1.3 The Committee agreed to note the content of the report.	

10/05/19/3.2	GM Health and Social Care Partnership Update	
	Declarations of Interest: None	
	<p>3.2.1 A verbal update was provided.</p> <p>3.2.2 It was noted that Primary Care Networks are key at the moment. The deadline was confirmed as 15 May 2019.</p> <p>3.2.3 Members were advised that the CCG is able to access support from the national team if required regarding any issues regarding applications. A very comprehensive Frequently Asked Questions (FAQs) is also available.</p> <p>3.2.4 Confirmation was received that go live of the Primary Care Networks is 1 July 2019.</p>	

	<p>3.2.5 It is anticipated that during the first year there will be a focus on development, and there will be a commitment via the Greater Manchester GP Excellence Programme to enhance any training and development needs. Work will take place to ensure that there is no duplication between any national offer and that provided by GM.</p> <p>3.2.6 The Committee agreed to note the verbal update provided.</p>	
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10/05/19/3.3	<p>Primary Care Assurance Subcommittee Update (from 20 March 2019 meeting)</p>	
	<p>Declarations of Interest: None</p> <p>3.3.1 The content of the report was outlined and the following key areas highlighted.</p> <p>3.3.2 FeNO provision across HMR – the Medicines Optimisation Team had previously secured 2 free testing kits which were in use at Ashworth Street and Edenfield Road Surgeries.</p> <p>3.3.3 An overview of the testing was provided and the practices involved had reported positively regarding the accurate diagnosis and safer management of asthma and COPD patients.</p> <p>3.3.4 The Sub Committee agreed to purchase 9 kits costing £44k to enable all practices to have access, with practices without the kit being able to refer their patients to practices who do host them.</p> <p>3.3.5 A question was raised regarding how the kits were distributed geographically across the borough and it was confirmed they are wide spread.</p> <p>3.3.6 Lengthy discussions took place around the risk register.</p> <p>3.3.7 The Committee Self Assessments for Primary Care Finance, Contracts and Estates Sub Committee, Primary Care Innovation and Transformation Sub Committee and the Primary Care Performance and Quality Sub Committee were discussed. The good work undertaken by these Sub Committees were recognised.</p> <p>3.3.8 Discussions also took place regarding the request by Hope Citadel regarding the merger of p codes which is on hold due to the Primary Care Networks.</p> <p>3.3.9 The Committee agreed to note the content of the report and the update provided.</p>	

10/05/19/3.4	<p>Primary Care Innovation and Transformation Subcommittee Update</p>	
	<p>Declarations of Interest: None</p> <p>3.4.1 Item deferred.</p>	

10/05/19/3.5	Rochdale Transformation Update		
	Declarations of Interest: None		
	3.5.1	The key elements from the report were highlighted.	
	3.5.2	Members were advised that following the Quarter 4 Assurance meeting the work that is taking place in Rochdale regarding transformation is held in high regard by Greater Manchester Health and Social Care Partnership (GMHSCP).	
	3.5.3	It was highlighted that the information within the report is slightly outdated due to timing difficulties between the report being originally drafted for the Integrated Commissioning Board and discussed at today's meeting.	
	3.5.4	A key focus currently is identifying how we will transition from transformation funding. A review will take place of all of the interventions to understand the best approach for them going forward. Some interventions will remain the same, some may cease, others may require further funding and there will be some that become part of core budgets.	
	3.5.5	It was noted that there will be a requirement for some decommissioning decisions.	
	3.5.6	Following a query, it was confirmed that the deep dives will not only look at finances there will be consideration of quality and improvements for patients. Assurance was provided that all deep dives will consider all benefits.	
	3.5.7	Links are being made with those localities who have already transitioned from transformation to understand the work that took place.	
	3.5.8	It was emphasised that although the transformation funding is coming to an end, the transformation of services will continue.	
3.5.9	The Committee agreed to note the content of the report.		

13:30 - Cllr Rowbotham left the meeting

10/05/19/3.7	Primary Care Academy 2018/19		
	Declarations of Interest: None		
	3.7.1	The content of the report was summarised.	
	3.7.2	Members were advised that the majority of work that has taken place has been to establish an infrastructure.	
	3.7.3	Of those indicators that have not been achieved there has been mitigating evidence.	
	3.7.4	The Academy has been to a number of GM events and has been received positively.	
3.7.5	Members were asked for any comments or questions. No		

	further discussions took place.	
	3.7.6 The Committee agreed to note the content of the report.	

10/05/19/3.8	GP Contract Changes	
	Declarations of Interest: None	
	3.8.1 Item deferred.	

4.0 ANY OTHER BUSINESS - NONE

5.0 REPORTS FOR INFORMATION – NONE

DATE AND TIME OF NEXT MEETING

Friday 9 August 2019
12:00 – 13:30
Training and Conference Suite, Number One Riverside, Smith Street Rochdale OL16 1XU