NHS BOLTON CLINICAL COMMISSIONING GROUP
Public Board Meeting

AGENDA ITEM NO: ……16……

Date of Meeting: ……26th January 2018……

TITLE OF REPORT:	Primary Care Commissioning Committee	
AUTHOR:	Joanne Taylor, Board Secretary	
PRESENTED BY:	Alan Stephenson	
PURPOSE OF PAPER: **(Linking to Strategic Objectives)**	For the Board to receive and review the minutes of the Primary Care Commissioning Committee meeting held on 14th December 2017.	
LINKS TO CORPORATE OBJECTIVES (tick relevant boxes):	**Deliver Year 2 of the Bolton Locality Plan.**	
	Ensure compliance with the NHS statutory duties and NHS Constitution.	
	Deliver financial balance.	
	Regulatory Requirement.	
	Standing Item.	√
RECOMMENDATION TO THE BOARD: **(Please be clear if decision required, or for noting)**	The Board is asked to approve the Minutes. The key points the Board is asked to note from these minutes are:- • The changes to the BQC for 2018/19 in particular the changes in standards, continue with the current funding split of 60:40 and to continue with the 75 contacts per 1,000 patients. • A brief report on the proposed changes will be presented to the January Board meeting.	
COMMITTEES/GROUPS PREVIOUSLY CONSULTED:	Primary Care Commissioning Committee	
REVIEW OF CONFLICTS OF INTEREST:	Conflicts of Interest are reviewed at every meeting.	
VIEW OF THE PATIENTS, CARERS OR THE PUBLIC, AND THE EXTENT OF THEIR INVOLVEMENT:	Patient views are not specifically sought as part of this report.	
OUTCOME OF EQUALITY IMPACT ASSESSMENT (EIA) AND ANY ASSOCIATED RISKS:	EIA and an assessment is not considered necessary for the report.	

MINUTES

Primary Care Commissioning Committee

Date: **14th December 2017**

Time: **12.00pm**

Venue: **The Bevan Room, 2nd Floor, St Peters House**

Present:

Alan Stephenson (AS)	**CCG Lay Member (Chair of Committee)**
Stephen Liversedge (SLiv)	**CCG Clinical Director, Primary Care & Health Improvement**
Su Long (SL)	**CCG Chief Officer**
Stacey Walsh(SW)	**Local Practice Manager representative**
Kathryn Oddi (KO)	**CCG Head of Primary Care Contracting**
Lynda Helsby (LH)	**Associate Director, Primary Care & Health Improvement**
Jackie Murray (JM)	**CCG Deputy Chief Finance Officer**

Minutes by:

Joanne Taylor (JT)	**Board Secretary**

Minute No.	Topic
79/17	**Apologies for Absence** Apologies for absence were received from: • Ian Boyle, Chief Finance Officer. • Steven Whittaker, Local GP representative. • Sara Roscoe, Primary Care Team, GM Health & Social Care Partnership. • Jack Firth, Health Watch representative.
80/17	**Declarations of Interest** **Stephen Liversedge and Stacey Walsh declared an interest in all the items on the agenda due to potential financial conflicts of interest.** **The Chair agreed that for each item, views would be taken on the potential conflicts of interest to confirm if these members could take part in any voting or decisions taken.** It was noted that declarations declared by members of the Primary Care Commissioning Committee are listed in the CCG's Register of Interest.
81/17	**Minutes from the last meeting held on 12th October 2017** **The minutes were approved as a correct record.** **Update on Registration Issues** The Committee received an update on the discussions held at a recent practice managers meeting where they were reminded of the recent issues/confusion on whether ID is essential and should not be a barrier to patient registration. It was noted that most practices state on their websites that new patients are required to bring some form of ID, as this is good practice, but should not prevent a patient from being registered with a practice if the patient is unable to provide ID.

	The primary care team also highlighted to practice managers the process for movement on and off practice lists and the 8 day rule. **The Committee noted the update.**
82/17	**Report of the Primary Care Operational Group meeting held on 9th November 2017** The main highlights from the report were noted as:- • Contractual issues/list closures etc. • Performance dashboard and BQC. • Performer issues. • Proposed changes for the BQC. • Support to practices on CQC inadequate/requires improvements. **The Committee noted the update.**
83/17	**Bolton Quality Contract (BQC)** **BQC Proposals 2018/19 – Review of Standards and KPIs** The Committee received a presentation on the proposals for next year's BQC. Following the Board's decision to continue with the BQC for a further year, the primary care team commenced a full consultation process with the GP membership and Local Medical Committee. The Committee's attention was drawn to the increasing issues around GP workload, which is becoming unsustainable in terms of quality and safety with the need to take into consideration other initiatives to support the workforce further. The presentation highlighted the proposal to reduce the standards to 17 and to include some of the separate standards into the mandated standard. The Committee received an update on each standard and the following highlights were noted:- Access standard - no major changes. This measure will continue to focus on a reduction in out of hours attendances. The proposal for consideration by the Committee is an increase in the number of contacts per 1,000 population from 75 to 80. Cancer target - no changes. Continue with work surrounding all new cancer diagnosis to see if any opportunities missed to refer patients promptly on early presentation. Carers standard - no changes. Now have well established, validated carers registers. Defined patient group standard – no change. Remain as 4 groups for dementia, learning disabilities, mental health, and military veterans. Practices need to continue to be aware of new patients in these groups and ensure comprehensive checks are being undertaken. Demand Management standard – no change. Practices need to continue to comply with the Bolton pathways and listen to the instructions from the Clinical Standards Board. The KPI measurement is a reduction by 1% on first outpatient appointments. Emergency planning – the proposal is to move this standard into the membership engagement standard as a mandatory standard. End of life care – noted that this is a well established standard - no changes required. Practices will be asked to continue to participate in GSF to level 4 and hold monthly meetings to include cancer and non-cancer patients, undertake end of life audits, use of a prognostic indicator tool to identify non cancer patients, care co-ordination for patients

	identified as end of life, attendance and feedback at training events. Equality and Diversity (Pride in Practice) standard – training exercise undertaken to review in particular the LGB population which has worked well with practices to make them think strongly about Equality and Diversity across all arenas. The proposal is to build on this work to look carefully at protected characteristics and get these recorded in all practices, at first for any new patients and then to roll out to existing patients. Exception reporting standard – continue with ongoing monitoring with the ambition to be the lowest exception reporters in Greater Manchester. Frailty standard – propose a change to the name for this standard to continue the specific focus on patients aged over 75 and patients with complex needs/frailty at any age. This involves practice participation in meetings with integrated neighbourhood teams, undertaking comprehensive assessments, involving reactive and proactive care plans. Health Improvement standard – focusing on the validation of long term condition registers from data submitted by practices. There is further work to be progressed around health checks, with a focus on obesity in preparation for additional work with the obese population to ensure practices are focusing on weight, so information is available to plan services accordingly. Health protection standard – continue with the work around flu vaccinations. The primary care team has reviewed the option to include childhood flu vaccinations. However, it has been agreed that this is not included as it would significantly disadvantage those practices with high ethnic populations. Long term conditions standard – relates to best care work on long term conditions. The proposal is to include Chronic Kidney Disease to have a better focus on this due to the issues with the aging population. Membership engagement standard – includes mandatory standards around engagement and submission of data, participation in audits, submission of business continuity plans and now includes the phlebotomy and transfer of care KPIs. Patient experience standard – patient forums well established. Continue with friends and family testing. Patient safety and safeguarding standard – incident reporting and safety events to continue. All staff require safeguarding training at appropriate levels. Prescribing – continue with the work to eliminate waste, safe effective prescribing, safety audits and reduce high risk antibiotic prescribing in primary care. Cancer screening standard – continue to endeavour to increase screening in breast, bowel and cervical screening. Practices tasked to follow up with people who have not attended for interventions. Targets set at a level that no practice has yet achieved, however improvements are being seen and it is anticipated further improvements will be seen. Members also discussed the financial payments and noted that the current payment is £107 per weighted list size. An announcement on the national uplift will be received and the Committee will then need to agree the contract payment for 2018/19.

	Members also reviewed the continued payment schedule and noted that, historically, practices have been guaranteed 60% to deliver the contract, leaving 40% for achievement of the KPIs. The proposal consulted on was the option to change this to a 50/50 split. The feedback received from practices was to reject the funding split change. This was strongly opposed as the weighting in favour of the guaranteed amount gives some flexibility in helping towards planning and costs to achieve the other 40%. Changing the funding split will inevitably lead to lower payments, higher targets for less money. It was noted that the proposal is to continue with the same payment schedule where practices receive 20% of the payment every quarter, with 80% payment being made overall and the remaining 20% to be received or recovered, once the data has been verified. Further work would be progressed on any minor adjustments required to the KPIs and utilisation of the 40% once the Committee has agreed to the proposed changes to the standards. Any changes would then be presented back to the Committee at the next meeting. Members also noted the proposal that there is no change to the KPI for membership engagement, but if a practice fails any aspect of this KPI, a penalty of 5% will be imposed. With regard to contracting and performance management, the proposal is to continue with the current contract route through the issuing of an independent contract by the CCG with individual practices. This contract will be mutually dependent with the core contract, which is similar to existing local commissioned services and the contract will be overseen by the Primary Care Commissioning Committee, through delegated arrangements with NHS England. Performance will continue to be monitored by the CCG, practices will continue to be supported by the Primary Care Development & Health Improvement Team and any disputes relating to KPIs will be resolved locally wherever possible with an appeals process in place through NHS England, if required. Members reviewed the main proposed changes regarding: • The removal of patient survey measures, reducing some of the mandatory events as any issues will continue to be addressed either by audit or through clinical leads meetings. • The addition of the CKD and best care KPIs, more work around determinants of health and comprehensive assessments of over 75s. • Amending the Equality and Diversity standard to record protected characteristics in new patient checks. • Increase to 80 contacts per 1,000 patients. • Change to the funding split. **Following discussions, the Committee agreed:-** • **To continue with the funding split of 60/40 for a further year.** • **To the removal of the patient survey measure, but that the measure continues to be monitored without an incentive payment.** • **To reduce some of the mandatory events.** • **To the addition of the Rockwood scores for over 75s, BMI & Smoking Status and CKD Best Care KPIs.** • **To amend the Equality & Diversity Standard to record protected characteristics in new patient checks.** • **To remain with the 75 contacts per 1,000 patients with the intention to review this again next year and to audit additional workforce intensively during the course of the year to prove the contribution is effective.** • **To review any proposed changes to the KPIs and funding for the BQC for**

	2018/19 at the next meeting once national uplifts are known. **<u>KPI A&E Attendances In Hours</u>** The Committee has been made aware previously of the issues with the A&E minor attendance KPI which resulted in this KPI being paid on an exception basis. The Committee tasked the CCG on reviewing how this can be measured. The primary care team has reviewed this with the BI team, however there remain ongoing data issues. **The Committee agreed to not include this KPI in Standard 1 of the BQC for 2018/19.** **Jackie Murray left the meeting at this stage.**
84/17	**<u>Progress on the Closed List Application</u>** The Committee received an update on the application from a practice to close its list due to estate capacity issues. Following previous discussions, NHS England had suggested a review through the self-analysis questionnaire produced by the RCGP as part of the GP Excellence Scheme. The CCG has met with the practice and NHS England to review the results from the questionnaire and is currently awaiting a response back from the practice. **The Committee noted the current position regarding this application.**
85/17	**<u>Primary Care Investment Agreement Implementation Plan</u>** The Committee had reviewed the investment agreement for the GP forward view with NHS England at the last meeting. Part of the governance process is that the Committee has oversight of the implementation plans. There are a number of schemes in the Bolton investment agreement with each scheme having a full implementation plan, which is a tri-partite agreement with the CCG, GP Federation and Local Medical Committee. A lead from each organisation is allocated to each scheme. Members reviewed the implementation actions, finances and proposed timescales. The proposal is to update the Committee on the implementation plans at each meeting and exception report for those areas that are not achieving as per the timescales. Feedback received from NHS England is for further clarification on the care navigation plans to understand the modelling. The CCG is working with Bolton CVS to model this. NHS England has also raised access queries relating to out of hours and the 7 day response, questioning the geography of having 3 sites across Bolton, not being able to deliver the 50,000 population requirement. The CCG is awaiting the outcome of the provider bidding process but recognise the need to consider the current GP workforce and the ability to stretch across more than 3 sites. **The Committee noted the development of the implementation plans and agreed further updates on progress to be reported back at future meetings.** **<u>GP Excellence Scheme</u>** It was reported that three practices have been supported through the GP Excellence Scheme following ratings of inadequate and requiring improvement by the CQC and good outcomes have been achieved through the scheme. **The Committee noted the update.**

86/17	**<u>Branch Surgery Opening Hours</u>** The Committee had requested that further information be obtained prior to any decision being made on opening hours for branch surgeries and as an individual decision would set a precedent in this complex arena. Members were informed that the primary care team has engaged with the public health department and reviewed the analysis across all 9 practices with branch surgeries, looking at the division based on postcodes, statistics on patients likely to attend their nearest surgery and deprivation issues to agree a formula to present to the Committee to give the opportunity to agree any changes to the current set up where every branch surgery is requested to open fully in hours. **The Committee agreed to review the proposals at a future meeting (February or April meeting).**
87/17	**<u>Practice Relocation</u>** The report outlines the proposal for a practice to relocate its premises as the premises are now being used at maximum capacity and the lease is due to expire in May 2018. A full equality impact assessment has been carried out and the next steps are to develop the design work which may have potential cost implications to the CCG. The proposal is also to consult with wider stakeholders to finalise the consultation process regarding this proposed relocation. The CCG Chief Officer proposed that the request also be shared with the Council. Members agreed the relocation would provide considerable improvement in patient care and experience. **The Committee supported, in principle, the practice's request to relocate on the basis that the move will be cost-neutral to the CCG. A final decision will be sought following completion of the patient and stakeholder engagement exercises and submission of a detailed cost plan.**
88/17	**<u>Estates Update</u>** Members were informed that the PIDs have now been finalised and submitted to the GM Capital Pipeline Board for the Avondale, Farnworth, Kearsley, Peter House Surgery and Beehive practices. **The Committee noted the update and agreed to receive a further update at the next meeting.**
89/17	**<u>Any Other Business</u>** There was no further business discussed.
90/17	**<u>Chair Reflection on significant decisions/actions/risks that may need reporting to the Board through these Minutes</u>** The main areas to be highlighted to the Board through these minutes were noted as:- • The changes to the BQC for 2018/19 in particular the changes in standards, continue with the current funding split of 60:40 and to continue with the 75 contacts per 1,000 patients. • A brief report on the proposed changes will be presented to the January Board meeting.

91/17	**<u>Time and Date of Next Meeting</u>** Agreed as 8th February 2018 at 12pm in the Bevan Room, St Peters House.
92/17	**<u>Proposed dates/times for meetings in 2018</u>** Agreed to hold bi-monthly on the 2nd Thursday of the month from 12pm to 2pm in the Bevan Room, SPH: • 12th April 2018 • 14th June 2018 • 9th August 2018 • 11th October 2018 • 13th December 2018
93/17	**<u>Exclusion of the Public</u>** "That publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted, and that the public be excluded".