

**CLINICAL COMMISSIONING GROUP (CCG)**  
**Minutes of the Primary Care Commissioning Committee (PCCC) held on**  
**Tuesday 19<sup>th</sup> June at 12.30 – 2.00 p.m.**  
**in Meeting Room 1, Blackburn Central Library,**  
**Town Hall Street, Blackburn, BB2 1AG**

**PRESENT:**

Dr Nigel Horsfield	Lay Member (Chair)
Dr Malcolm Ridgway	Clinical Director for Primary Care and Quality
Mr Peter Sellars	Primary Care Transformation Manager
Mr Paul Hinnigan	Lay Member – Governance
Dr Geraint Jones	Lay Member – Secondary Care Doctor (Retired)
Mr Roger Parr	Deputy Chief Executive/Chief Finance Officer
Mrs Janet Thomas	Executive Nurse/Associate Director of Quality & Commissioning
Dr Preeti Shukla	General Practitioner (GP) Executive

**IN ATTENDANCE:**

Mr David Massey	Cumbria and Lancashire Local Medical Committee
Dr Stephen Gunn	GP Educational Lead
Mrs Catherine Lawless	Primary Care Support Assistant (Minutes)
Mrs Sarah Danson	NHS England Contracts Manager
Mrs Anne Greenwood	Service Transformation Manager, Scheduled Care
Miss Samantha Wallace-Jones	Senior Commissioning Manager, Scheduled Care

Min No:	
1.	<p><b>Chair’s Welcome</b></p> <p>The Chair welcomed everyone to the meeting and gave a short briefing with regards to the content of the agenda and members introduced themselves.</p>
2.	<p><b>Apologies for Absence and Confirmation of Quoracy</b></p> <p>Apologies for absence were received from:</p> <p>Mr Graham Burgess</p> <p>The meeting was confirmed as quorate.</p>
3.	<p><b>Declarations of Interest</b></p> <p>The Chair reminded Members of their obligation to declare any interest that they may have on any issues arising at Committee Meetings which might conflict with the business of BwD CCG. The Chair asked members if they would like to declare any Conflicts of Interest (Col) relating to items on the agenda.</p> <p>Declarations declared by members of the PCCC are listed in the CCG’s Register of Interests. The Register is available, either via the Secretary to the GB or the CCG website via the following link:</p> <p><a href="http://www.blackburnwithdarwenccg.nhs.uk/about-us/registers-interests/">http://www.blackburnwithdarwenccg.nhs.uk/about-us/registers-interests/</a></p>

	<p>The Chair reminded those present that if, during the course of discussion, a Col became apparent, it should be declared at that point.</p> <p>Dr Stephen Gunn declared a financial interest relating to Item 9 Primary Care Estates Strategy due to him having a financial interest in Witton Medical Centre premises should any discussion follow around the sale of the building. The Chair agreed for Dr Stephen Gunn to remain in the meeting but to not take part in any discussions.</p> <p>Dr Preeti Shukla declared a financial conflict of interest for Item 8.1 QOEST 2018/19 due to her being a partner at a member practice. The Chair agreed for Dr Preeti Shukla to remain in the meeting but to not take part in any discussions.</p>
4.	<p><b>Questions from the Public</b></p> <p>No questions had been received from members of the public.</p>
5.	<p><b>Draft Minutes of the Meeting held on 20<sup>th</sup> March 2018</b></p> <p>The minutes of the previous meeting were reviewed and accepted as an accurate record.</p> <p><b>RESOLVED That the minutes of the meeting held on 20<sup>th</sup> March 2018 were approved as an accurate record with exception to page 3 last paragraph to be amended to read “a GP or a practice nurse”. ACTION: CL to amend paragraph.</b></p>
6.	<p><b>Action Matrix / Matters Arising</b></p> <p>Matters to be discussed as agenda items.</p>
7.	<p><b>Primary Care Co Commissioning Terms of Reference – Annual Review – For Approval</b></p> <p>The PCCC noted that there have been no amendments made to the Primary Care Co Commissioning Terms of Reference.</p> <p><b>CONCLUSION: That the PCCC approved the Primary Care Co Commissioning Terms of Reference and asked that they be reviewed again in 12 months.</b></p>
8.	<p><b>Primary Care Update Report</b></p> <p>The Chair raised comment around the number of acronyms contained within the document and asked that going forward they all be written in full.</p> <p>Mr Peter Sellars presented the Primary Care Update report which brought to the attention of members National and Local Primary Care news and information.</p> <p><b>Group (Estates and Technology Transformation Fund)</b> The West scheme is still progressing and is being supported by region.</p> <p><b>Primary Care at Scale</b> – Primary Care Networks have all now been established. There is to be a further £1 per head from NHS England to develop projects. PS advised of the measures the Networks will have to work towards, which includes utilising the Apex workforce tool which will be beneficial to CCGs, Practices and Primary Care Networks going forward.</p> <p><b>Extended Access</b> - Access to GP Services is available to 100% of patients living in Blackburn with Darwen and is providing additional services at weekends such as cervical smears. It was noted that Local Primary Care are also looking at other options to provide extended access.</p> <p><b>Medicines Management Update</b> – MR advised the PCCC that compared to the previous year Blackburn with Darwen’s prescribing spend is down by £1 million. MR asked the PCCC to note the graph which outlines the expenditure to date despite the unprecedented number of medicines with stock shortages which drove up prices (No Cheaper Stock Obtainable</p>

	<p>(NCSO). MR advised the PCCC of a number of schemes which have helped to reduce prescribing costs over the last 12 months which include stopping pharmacies directly ordering prescriptions, Medicines Management Optimisation Waste Scheme and the restriction of gluten free prescribing.</p> <p><b>GP Forward View (GPFV) Update</b> – Local Primary Care are leading on the training of Care Navigation for practice staff and are now in the 2<sup>nd</sup> phase which will facilitate every practice to have at least 1 Care Navigator by the end of summer 2018. The General Practice Resilience programme continues to be led by NHS England.</p> <p>Questions &amp; Answers followed:</p> <p><b>RESOLVED: That the PCCC received the report and noted the items as detailed.</b></p>
<p>9.</p>	<p><b>Primary Care Estates Strategy</b> – SG asked PCCC members to note the contents of the updated Estates Strategy for Blackburn with Darwen which outlines the review undertaken for Blackburn with Darwen neighbourhoods to align the future estate with commissioning requirements. It was noted that the CCG has identified a number of schemes to ensure development and sustainability of primary care and to increase the range and scale of services delivered closer to patient's homes, to develop hubs in all neighbourhood areas and to help develop 21<sup>st</sup> century GP practice premises for the residents of Blackburn with Darwen. SG further advised that the Estates Strategy will develop over time to meet the needs of patients and the health care system. SG drew the PCCC to the CCGs priority areas for Blackburn with Darwen which are:</p> <ol style="list-style-type: none"> <li>1. New GP and Community Care facility in Blackburn West – 3 GP practices are to be relocated who are currently operating from old converted houses, who also wish to merge.</li> <li>2. To scope a new GP and Community Care facility in the North locality - 6 practices to relocate. Some practices are operating from small, outdated premises and wish to work more closely together.</li> <li>3. Extension and refurbishment of Bangor St Health Centre (Shifa).</li> </ol> <p>Questions &amp; Answers followed.</p> <p>PH queried page 8 Financial Summary – Second Paragraph and asked when will there be a summary of the capital resources required to implement the strategy be brought to the PCCCs attention. After discussions it was agreed that PS would provide the PCCC with a financial summary at the meeting in September. <b>ACTION: PS to provide a financial summary in September.</b></p> <p>PH queried page 9 – Second Paragraph – The CCG will develop a risk management framework for the Strategy which will highlight the critical dependencies and risks to implementation and asked when will this be brought to the PCCCs attention. After discussions it was agreed that PS would provide the PCCC with a risk management framework for the meeting in September. <b>ACTION: PS to provide a risk management framework to the meeting in September.</b></p> <p>Waterside Surgery - RP provided the PCCC with an update on the Waterside premises from Property Services and advised that Property Services have accepted a vacation notice from 1<sup>st</sup> January 2019. RP advised that the CCG will now pay for the first 6 month's rent and then property services will pick up the remaining costs.</p>
<p>10.</p>	<p><b>GP Practice List Sizes – Lancashire &amp; South Cumbria CCG's.</b> SG drew the PCCC to the contained analysis of the average GP list sizes across Lancashire which were updated in March 2018. SG asked PCCC members to note the variation of list sizes across the region and compared this with Blackburn with Darwen.</p>

	<p>Questions &amp; Answers followed</p> <p><b>CONCLUSION: That the PCCC noted the variation of GP list sizes across Lancashire.</b></p>
11.	<p><b>Umar Medical Practice</b></p>
11.1	<p><b>Umar Medical CQC Inspection Report – For Information</b></p>
11.2	<p><b>Umar Medical CQC Inspection:</b> SD advised the PCCC that following the CQC Inspection visit at Umar Medical Practice on 7<sup>th</sup> March the practice has been rated as inadequate in the safe, effective, responsive and well led domains and requires improvement in the caring domain, which gives the practice an overall rating of inadequate and puts the practice into special measures. It was noted that a review of all the concerns highlighted in the CQC report has been undertaken with reference to the contractual requirements of the Personal Medical Services Contract. There are a number of concerns which cross reference directly to contractual requirements.</p> <ul style="list-style-type: none"> <li>• Infection prevention and control compliance</li> <li>• Fire safety and building safety (legionella risk assessment)</li> <li>• Complaints Procedures</li> <li>• Policies and Procedures</li> <li>• Safeguarding Training</li> </ul> <p>SD advised the PCCC of the recommendations highlighted in the report and asked the PCCC to consider whether the contractor should be issued with breach and or remedial notices if assurances are not gained from the contractor.</p> <p>Questions &amp; Answers followed.</p> <p>Discussions followed with regards to the CCG serving breach and or remedial notices on practices to which PH made comment that there should be a consistent approach and a clear process used for dealing with any practice that is put into special measures. DM suggested that to help the practice with timescales could all the breach and or remedial notices be issued at the same time.</p> <p><b>CONCLUSION: That the PCCC agreed to serve the breach and or remedial notices to the practice.</b></p> <p><b>ACTION: MR to contact the practice to inform them that breach and or remedial notices are to be issued.</b></p>
12.	<p><b>Memorandum of Co Commissioning – For Approval</b> MR gave background information with regards to the Memorandum of Understanding which was developed between NHS England and Lancashire CCGs which sets out the roles, responsibilities and working arrangements for the delivery of primary medical care services across Lancashire and South Cumbria.</p> <p><b>CONCLUSION: That the PCCC noted the contents of the paper and approved the task and functions list as a guide to the roles and responsibilities of NHS England and Blackburn with Darwen CCG in the delivery of primary care contracting and commissioning functions.</b></p>
13.	<p><b>Referral Quality Scheme Payment – AG</b> advised of the purpose of the paper which is to seek approval of the payment mechanism for the Referral Quality Scheme which was introduced in September 2017. AG advised that the scheme is included in the Quality, Outcomes and Enhanced Services Transformation Scheme (QOEST) from April 2018 and will continue to support the primary care key performance indicators related to referrals, compliance with procedures of limited clinical value and collaborative working. It was noted a range of demand management tools incorporated in to the Referral Quality Scheme have successfully delivered an overall reduction in 1<sup>st</sup> out-patient attendance activity since the scheme commenced compared to the previous year. The PCCC noted that the total savings</p>

	<p>for the period of the scheme to date is £163,838 with £81,919 being available for reinvestment in to primary care. The GP Federation will coordinate reinvestment in to Primary Care Network schemes subject to agreement by individual practices. AG asked the PCCC to note the contents of the paper and agree to support payment to the Primary Care Networks via the GP Federation.</p> <p>Questions &amp; Answers followed:</p> <p>Discussions followed with regards to whether the £81,919 is recurrent funding and whether the CCG should keep the original activity baseline and make it recurrent monies. PS advised the PCCC that the Primary Care Networks are currently looking at developing projects and are putting together business cases for various schemes to which the funding could be used. RP made comment that this could be acceptable and achievable but clarity was needed around governance and decision making.</p> <p><b>CONCLUSION: That the PCCC agreed to support payment of savings to the Primary Care Networks via the GP Federation.</b></p>
<b>Items for Information</b>	
14.	<p><b>Primary Care Project 16/17 Data Collection:</b></p> <p><b>CONCLUSION: That the PCCC noted the data collection</b></p>
15.	<p><b>GPFV 2<sup>nd</sup> Year Anniversary</b></p> <p><b>CONCLUSION: That the PCCC noted the contents of the paper</b></p>
16.	<p><b>Primary Care Strategy</b></p> <p><b>CONCLUSION: That the PCCC noted the contents of the paper</b></p>
17.	<p><b>Primary Medical Care Policy &amp; Guidance Manual</b></p> <p><b>CONCLUSION: That the PCCC noted the contents of the Policy &amp; Guidance Manual</b></p>
18.	<p><b>Primary Care Group Minutes April</b></p> <p><b>CONCLUSION: That the PCCC noted the minutes of the Primary Care Group in April</b></p>
19.	<p><b>NHS England Support for Primary Care Services</b></p> <p><b>CONCLUSION: That the PCCC noted the contents of the report.</b></p>
20.	<p><b>Primary Care Work Plan</b></p> <p><b>CONCLUSION: That the PCCC noted the contents of the paper</b></p>
21.	<p><b>Finance Report Month 2</b></p> <p><b>CONCLUSION: That the PCCC noted the Finance Report Month 2</b></p>
22.	<p><b>Date and Time of Next Meeting</b> The next meeting was scheduled for Tuesday 24<sup>th</sup> July at 12.30 - 2.00 p.m. Board Room, Fusion House.</p> <p>The Chair thanked everyone for their attendance and input and stated that the meeting would now move into Part 2.</p>