

Item 5

## CLINICAL COMMISSIONING GROUP (CCG)

### Minutes of the Primary Care Commissioning Committee (PCCC) held on Tuesday 28<sup>th</sup> March 2017 Meeting Room 2 Blackburn Library

**PRESENT:**

Mr Graham Burgess	CCG Chair
Dr Malcolm Ridgway	Clinical Director for Quality and Effectiveness
Mr Roger Parr	Chief Finance Officer
Mr Paul Hinnigan	Lay Member - Governance
Dr Nigel Horsfield	Lay Member
Dr Geraint Jones	Secondary Doctor (Retired)
Dr Preeti Shukla	GP Executive Member
Mrs Claire Jackson	Interim Director of Commissioning Operations
Mrs Janet Thomas	Executive Nurse & Associate Director of Quality & Commissioning
Mr Joe Slater	Lay member

**IN ATTENDANCE:**

Mrs Catherine Lawless	CCG Development Officer (minutes)
Mrs Sarah Danson	NHS England
Mrs Julie Kenyon	Senior Operating Officer Primary Care & Medicines

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 general housekeeping.</p>
2.	<p><b>Apologies for Absence and Confirmation of Quoracy</b></p> <p>Apologies for absence were received in respect of:</p> <p>Dr Stephen Gunn and Mr Peter Sellars. Mrs Sarah Danson from NHS England gave apologies and would be arriving late for the meeting.</p> <p>The meeting was confirmed as quorate.</p>
3.	<p><b>Declarations of Interest</b></p> <p>The Chair asked members if they would like to declare any Conflicts of Interest (CoI) relating to items on the agenda. The Chair reminded those present that if, during the course of discussion a CoI became apparent, it should be declared at that point.</p> <p>Dr Preeti Shukla raised a Conflict of Interest with regards to Item 8 3.1 Estates and Technology Transformation Fund (ETTF) North and West locality individual Health Centre Developments. The Chair advised that Dr Shukla could observe the debate but could not take part in any discussion.</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>Minutes of the Meeting held on 14<sup>th</sup> February 2017</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 14<sup>th</sup> February were approved as an accurate record.</b></p>
12.35 p.m.	Mrs Sarah Danson joined the meeting
6.	<p><b>Action Matrix / Matters Arising</b></p> <p>The action matrix was reviewed and updates were provided.</p> <p>8.07 Primary Care Access Centre (PCAC) - Mr Parr advised that primary care streaming is to be looked at by the A &amp; E Delivery Board and is to be delivered in a different way.</p> <p>11. 3 Snapshot Healthwatch Report - The Chair advised that he had spoken to the Chief Exec of Healthwatch who agreed to provide more granularity with regards to future Healthwatch reports regarding current health and social care issues faced within Blackburn with Darwen.</p>
7.	<p><b>Update on Prescribing QIPP (Quality Innovation Prevention Productivity)</b> – Mrs Kenyon asked PCCC members to note the contents of the report and the progress to date across a number of prescribing areas, the GP Prescribing Budget, the 2015/2016 Medicines Optimisation Scheme (MOS), National QIPP indicators and also the Prescribing Waste Scheme. Mrs Kenyon drew PCCC members to 3.1.2 Medicines Optimisation Scheme summary which the year-end forecast showed a £432,065 underspend. Mrs Kenyon further advised that performance against the national QIPP indicators, in particular prescribing of antibiotics, had moved out of the bottom quartile for the first time in Qtr3. Mrs Kenyon advised that the Medicines Management Team has set up a Prescribing Waste Scheme Pilot and has stopped third parties managing repeat prescriptions. It was further noted that training has been provided by the Medicines Management Team to practices in Blackburn with Darwen to help and give guidance to their patients on alternative ways to order their medicines. Mrs Kenyon commented that a full evaluation of the pilot will be undertaken throughout March/April to enable a realistic estimate of Blackburn with Darwen’s potential QIPP savings.</p> <p><b>CONCLUSION</b> That the PCCC noted the contents of the report and agreed to receive an end of year report in June 2017. The Chair asked Mrs Kenyon to thank members of the Medicines Management Team for their hard work carried out at the GP practices in Blackburn with Darwen.</p> <p><b>ACTION: JK to provide a year-end report to the July meeting.</b></p>
8.	<p><b>Primary Care Update Report</b> Dr Ridgway asked PCCC members to note the contents of the Primary Care Update Report and drew the PCCC to key pieces of information. The Quality Outcomes Enhanced Services Transformation (QOEST) draft plan was presented to Blackburn with Darwen practices on 23<sup>rd</sup> March for final agreement with a start date of April 1<sup>st</sup> 2017. Estates - Dr Ridgway advised that in terms of estates for both the North and West schemes the outline business cases are being developed as part of the next stage in the process. Dr Ridgway advised that he is to attend the Regional Estates Group at Leeds, which should help provide more clarity on the approval process for the business cases. Mr Parr reminded PCCC members that the papers have already come to the PCCC where they agreed to support in principal and that when the funding to support the outline business cases is provided they will go to the Executive Team in the first instance and then finally to the PCCC for their approval. Access - Dr Ridgway further advised that following guidance from NHS England practices who operate a half day closure and or lunch time closures which are totalled up and equate to a half day, those practices cannot sign up to deliver the Enhanced Hours Direct Enhanced Service (DES).</p>

	<p><b>CONCLUSION: That the PCCC noted the contents of the Primary Care Update Report.</b></p> <p>The Chair advised that the Blackburn Borough Council regularly hold planning meetings and that if there are plans for any large housing developments in the borough he asked for either Dr Ridgway or Mr Parr to meet with the council to discuss their plans for development in the Borough.</p>
<p><b>9.</b></p>	<p><b>GP Forward View –</b> Dr Preeti Shukla outlined the General Practice Forward View Plan for 2017/2019 and advised that the plan sets out the planned investment in General Practice for the period of 2017 to 2019 and is aligned with the key CCG strategies for primary care and also described the impact this may have on both urgent and elective care. Dr Shukla further advised the plan will enable delivery of general practice to change from its current fragmented model of small independent units into an integrated, high quality sustainable and modern provider of services for the population of Blackburn with Darwen.</p> <p>Following questions and answers from PCCC members the Chair advised that page 29 of the Plan, the Primary Care Access Centre Scheme Priority 2, should be removed as the Trust are now looking at options in utilising their current space for the Primary Care Access Centre. He also advised that the Blackburn North Scheme Priority should be updated to Priority 2. Mr Slater queried page 9, the total investment in transformation support of £3 per head to Blackburn with Darwen equates to £515,732k per head over a 2 year period and advised that “per head” needs removing. Miss Jackson advised that for accuracy purposes the Community Contract has been extended to March 2019 and not 2018. Miss Thomas asked for more emphasis to be included around nurses in the wider workforce not only numbers but also to include skills.</p> <p><b>ACTION: PS to update the GP Forward view.</b></p> <p><b>ACTION Dr Ridgway &amp; Mr Sellars to start looking at outcome measures and the challenges across BwD.</b></p> <p><b>CONCLUSION: That the PCCC noted the contents of the GP forward View.</b></p>
<p><b>10.</b></p>	<p><b>High Level Implementation Plan Primary Care &amp; Estates Strategy &amp; GP Forward View (DRAFT) –</b> Dr Ridgway asked PCCC to note the contents of the plan and agree to the implementation time table. Dr Ridgway commented that the draft plan is a useful tool to have as the CCG can add other initiatives that do not form part of the GP Forward View, such as the Primary Care Strategy or the Estates Strategy. The means all schemes and plans relevant to primary care, can be monitored more easily. Mr Hinnigan raised concern around the internal resources needed to deliver some of the outcomes and at some stage advised that there should be detailed implementation plans to deliver on every outcome. Dr Ridgway advised that there are other options available which include working with East Lancs CCG to deliver on outcomes. Miss Jackson further advised that this is part of the CCG’s QUIPP plans and the joined up work with East Lancs CCG and also the CCG’s joint commissioning arrangements.</p> <p><b>CONCLUSION: That the PCCC noted the High Level Implementation Plan Primary Care &amp; Estates Strategy</b></p>
<p><b>11.</b></p>	<p><b>Community Health Partnership Charges to GP Practices –</b> Dr Ridgway asked PCCC members to note the contents of the report and gave a brief update as to the history of the GP practice leases for the two LIFT buildings following the closure of the Primary Care Trust in 2013. Mr Parr further asked the PCCC to agree with the financial review conducted by Community Health Partnerships with regards to the change of non-reimbursable costs in respect of the GP occupancy in the two LIFT buildings. Mr Parr asked PCCC members to note section 2.6 which outlines the potential increase to the CCG’s budget of £87,331 if the PCCC agrees to increase its non-reimbursable costs to support the practices. It was noted that in 2015/16 NHS England did hold the budget and accrued the potential pressures in their accounts for 15/16 and have now delegated this budget and thus the CCG would have</p>

	<p>to manage any of the pressures associated with it. Concern was raised by PCCC members with regards to the additional charges to the CCG's budget to which Mrs Danson agreed to take back to the NHS England. The Chair asked that a letter be written to NHS England outlining the CCG's concern.</p> <p><b>ACTION: Mrs Danson to feedback back the PCCC's comments to NHS England.</b></p> <p><b>ACTION: Mr Parr to DRAFT a letter to NHS England outlining the PCCC's concern.</b></p> <p><b>CONCLUSION; That the PCCC agreed to the financial review conducted by the Community Health Partnership but raised concern on the additional burden to the CCG's budget.</b></p>
12.	<p><b>GP Opening Hours Update</b> Dr Ridgway provided a briefing with regards to the Daily Telegraph article which outlined Blackburn with Darwen as having one of the lowest levels of GP opening hours per day in England at 5.1 hours. Dr Ridgway advised that the CCG do not recognise the figures detailed in the report and has contacted the journalist in question to ascertain where he obtained this information. Dr Ridgway advised that the journalist has replied and has sent in some data which is currently being analysed by Anne Cunningham and will be available to PCCC members at the next meeting.</p> <p><b>ACTION: GP Opening Hours data to come to the next PCCC.</b></p> <p>Dr Ridgway provided PCCC members with a breakdown of Blackburn with Darwen's GP Practices' Branch Surgeries and their opening hours and advised that some of them do operate half day closures and advised that he is in contact with David Geddes to see if he can provide clarity around branch surgery opening hours and access requirements generally.</p> <p><b>ACTION: The Chair advised that a more positive article should be written in return to residents of Blackburn with Darwen on what the CCG are doing around access and workforce.</b></p> <p><b>CONCLUSION: That the PCCC noted the contents of the GP Opening Hours Update.</b></p>
13.	<p><b>Primary Care Home:</b> Dr Ridgway asked the PCCC to note that the Primary Care Home (PCH) is a new model of primary and community care and that BwD had been invited by the National Association of Primary Care to be a member of their national Communities of Practice Network. PCH is potentially a future delivery mechanism for an integrated health and social care system. It was noted that there is interest across Pennine Lancashire and that the CCG are waiting to receive more clarity around the various options available for developing new models. Miss Jackson advised that it has been agreed that the new models of care will go to the Pennine Lancs Systems Leaders Group to review and decide what the best change vehicles might be across Pennine Lancs.</p> <p><b>CONCLUSION: That the PCCC noted the update.</b></p>
14.	<p><b>Primary Care Co Commissioning Committee Terms of Reference:</b> Dr Ridgway advised that following the PCCC's suggested changes to the Terms of Reference that the committee note the changes in sections 2.3 and 2.6. Mr Parr advised that the section around quoracy should also be amended to read that there should be a mixture of 1 Exec Member and 1 GP to be included in the quoracy of four.</p> <p><b>ACTION: Mrs Lawless to make the necessary amendments.</b></p> <p><b>CONCLUSION: That the Primary care Co Commissioning Terms of Reference go to the Governing Body for approval.</b></p>

15.	<b>Any Other Business</b>
	<b>Date and Time of Next Meeting</b> The next meeting will be held on Tuesday 16 <sup>th</sup> May 12.30 - 2.00 p.m. in Meeting Room 2, Blackburn Central Library, Town Hall St, Blackburn, BB2 1AG.

DRAFT