

AGENDA
PRIMARY CARE COMMISSIONING COMMITTEE

Date: 13th February 2020

Time: 12.00pm to 13.25pm

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

Item No.	Time	Duration	Subject	Paper/Verbal for Approval, Discussion or information	By Whom
1.	12.00pm		Apologies for Absence.	Verbal	All
2.	12.00pm		Declarations of Interest.	Verbal	All
3.	12.00pm	5 mins	Minutes from the last meeting held on 12 th December 2019.	Paper – for approval	All
4.	12.05pm	20 mins	Bolton Quality Contract 2020/21 Plans.	Presentation – for discussion	Stephen Liversedge
5.	12.25pm	15 mins	Annual Review of Locally Commissioned Services (LCSs).	Paper – for discussion	Kathryn Oddi
6.	12.40pm	15 mins	Directly Enhanced Services (DES) Specifications and Initial Outcome of the Consultation.	Paper – for discussion	Lynda Helsby
7.	12.55pm	10 mins	Estates Update.	Verbal – for discussion	Kathryn Oddi
8.	13.05pm	10 mins	Primary Care Investment Agreement – Quarterly Update.	Paper – for discussion	Lynda Helsby
9.	13.15pm	5 mins	Any Other Business.	Verbal	All
10.	13.20pm	5 mins	Chair reflection on significant decisions/actions/risks that may need reporting to the Board through these minutes.	Verbal	All
11.	13.25pm		Time & Date of Next Meeting: Dates for future meetings 2020 – to take place from 12 noon on:- <ul style="list-style-type: none"> • 9th April • 11th June • 13th August • 8th October • 10th December 	Verbal	All

MINUTES

Primary Care Commissioning Committee

Date: 12th December 2019

Time: 12.00pm

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

Present:

Alan Stephenson (AS)	CCG Lay Member (Committee Chair)
Ian Boyle (IB)	CCG Chief Finance Officer
Stephen Liversedge (SLiv)	CCG Clinical Director, Primary Care & Health Improvement
Lynda Helsby (LH)	CCG Associate Director Primary Care & Health Improvement
Kathryn Oddi (KO)	CCG Head of Primary Care Contracting
Kelly Knowles (KK)	CCG Deputy Chief Finance Officer
Steven Whittaker (SWH)	Local GP representative
Stacey Walsh (SW)	Local Practice Manager representative
Ann Gough (AG)	GMH&SCP Primary Care Team
Lynn Donkin (LD)	Bolton Council Public Health representative

Minutes by:

Joanne Taylor (JT)	Board Secretary
--------------------	-----------------

Minute No.	Topic
83/19	<p><u>Apologies for Absence</u> Apologies for absence were received from:-</p> <ul style="list-style-type: none"> • Su Long, CCG Chief Officer. • Susan Baines, Bolton Council Elected Member. • Andy Morgan, Bolton Council Elected Member. • Jim Fawcett, Health Watch representative.
84/19	<p><u>Declarations of Interest</u> Stephen Liversedge, Steven Whittaker and Stacey Walsh declared an interest in all the items on the agenda relating to primary care, 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.</p> <p>The Chair reminded members of their obligation to declare any interest they may have on any issues arising at meetings which might conflict with the business of the committee. It was noted that declarations declared by members of the committee are listed in the CCG's Register of Interest. The Register is available either via the CCG Board Secretary or the CCG's website at the following link: http://www.boltonccg.nhs.uk/about-us/declarations-of-interest</p>
85/19	<p><u>Minutes from the last Meeting held on 10th October 2019</u> The Minutes were approved as a correct record.</p>

86/19	<p><u>GP Contract Reform: Update on the PCN DES Funding Options</u></p> <p>The Committee received a further update following the discussions held at the last meeting where it was confirmed that the CCG has now reached agreement with each of the PCN Clinical Directors on how to handle this year's payment through the contract and local arrangements.</p> <p>It was reported that several workshops have now been held with the PCN Clinical Directors to discuss various funding options. This is still very much a live issue and options are progressing through the CCG Executive. It was further noted that workforce discussions are being held within the PCNs to gain an understanding of each PCN's future workforce requirements, including an understanding of the CCG's affordability and PCN budgets. It is anticipated that these discussions will be finalised by the end of December, as the CCG commission some of these services and there is a need to understand workforce needs to finalise the primary care commissioning intentions.</p> <p>The Committee noted the update.</p>
87/19	<p><u>Primary Care Budgets</u></p> <p>Further to the recommendation from the CCG's Finance and QIPP Committee, a report was presented detailing the breakdown of Primary Care funding streams and associated budgets. The report also detailed changes for 2020/21 which included transformation funding, delegated co-commissioning allocation, CCG programme allocation, the BQC and investment and impact funding.</p> <p>The Committee noted the update received on primary care funding streams.</p>
88/19	<p><u>2020/21 Primary Care Commissioning Intentions</u></p> <p>The Committee was requested to review a draft letter to be sent to all GP practices confirm to practices the outcome of the discussions held with PCN Clinical Directors to share an understanding of the implications of the PCN DES for 2020/21 to avoid duplication in contracts and payments already in place as there is an early indication that there may be key areas of duplication between the national PCN DES specifications and some local contracts. This is specifically regarding the care homes elements of the new DES being based on a vanguard model, in common with the local LES for Care Homes. With this in mind, it is important that the CCG give practices 3 months' notice that this LES will be decommissioned.</p> <p>The other potential issue is with regard to the new ways of working contract as the anticipatory care specification and KPIs for payment of the national investment and impact fund appear to have a great deal of commonality with local arrangements, which will be reviewed once further information on the PCN DES specifications for 2020/21 is received. The intention would be to give notice on this scheme if this is duplicated.</p> <p>Members acknowledged that the fact that the PCN DES appears to have commonality with some of the local contractual arrangements that the CCG has already trialled with practices should put Bolton practices in an advantageous position to support PCNS in the delivery of the national PCN DES specifications. The CCG will continue to work with PCN Clinical Directors and practices directly to support and develop the commissioning intentions further.</p> <p>The Committee Chair reviewed conflicts of interest for this item and agreed that Stephen Liversedge, Steven Whittaker and Stacey Walsh could remain in the meeting but would not have any voting rights.</p>

	<p>The Committee approved the draft letter to be sent to practices to confirm the decommissioning of the local LES for Care Homes.</p> <p>The Committee also agreed to the review of the new ways of working contract and any further reviews required once further national guidance is received on the PCN DES and agreed to delegate responsibility to approve any further changes to local contracts to the CCG Chief Officer.</p>
89/19	<p><u>Expected Dementia Prevalence for a decision regarding setting amended targets based on NHS Digital Methodology</u></p> <p>The Committee received an update on dementia services. The presentation highlighted the current commissioned services which included Bolton’s Memory Assessment Services, psychological support for those looking after people living with dementia through 1 Point and the Acute Older Adults service provided by the Woodlands as well as the collaborative commissioned services which includes dementia support, transformation fund work, care home liaison team, Dementia United investment and Dementia Friendly communities.</p> <p>The presentation also highlighted the diagnostic rates, expected prevalence in Bolton and the projections and targets. It was noted that this information has been shared with clinical leads at each practice as some practices will need to review and improve their current target rates due to the demographic changes in each cluster to align with the BQC standard.</p> <p>Prior to further discussions, the Committee Chair reviewed conflicts of interest for this item and agreed that Stephen Liversedge, Steven Whittaker and Stacey Walsh could remain in the meeting but would not have any voting rights.</p> <p>The Committee was asked to review a way forward to address the issues that the demographic changes are presenting to practices. Members acknowledged that it would be unfair to expect practices to increase these targets with only 3 months left of this year’s BQC and, to do this, would not show a true reflection of achievement. Members did agree that from next year, the new targets proposed would be used.</p> <p>The Committee noted the presentation on dementia prevalence and agreed to the principle in reviewing the targets for the remainder of this year’s BQC relating to this standard.</p>
90/19	<p><u>Health Check Governance Processes – Quarter 2 Update</u></p> <p>The Committee received an update as at quarter 2 on health check governance and processes. It was reported that the current achievement is 75.3% and achievement is increasing quarter on quarter, mainly to the focus by the Health Improvement Practitioners.</p> <p>The CCG has provided practices with a new resource this year, wall charts, to try and encourage competition and training updates for all practice staff have also been provided.</p> <p>The CCG has met with the Council on a quarterly basis and are comfortable with progress recognising the CCG as a leader. Lesley Hardman is due to meet with the Regional Health Check Lead, along with Council colleagues soon, to discuss the programme and new initiatives developing, such as digital health checks, which is raising some questions on how risks can be calculated digitally. Lesley Hardman remains a representative on the national Health Check Forum.</p> <p>The Committee noted the quarterly update.</p>

91/19	<p><u>GM General Practice Retention Scheme Fund</u> The GP Forward View 2016 recognises its aims cannot be achieved without sufficient recruitment and workforce expansion in General Practice. It promises to ‘pull out all the stops to try to double the growth rate in GPs, through new incentives for training, recruitment, retention and return to practice.</p> <p>The GM General Practice Retention Scheme funding has been made available by the national NHSE/NHSI Team with the aim of facilitating initiatives to enable GPs and wider primary care clinicians to stay in the workforce, through promoting new ways of working and providing a more flexible offer that will create a sustainable model within general practice. The report updates the Committee on the way in which this fund has been utilised locally to date.</p> <p>In Bolton, a bid was submitted for 2 sessions from a GP clinical lead and 1 session for a nurse lead and Steven Whittaker has been appointed as the clinical lead. The developments that have so far progressed were shared with the Committee, which includes the development of a flagship PCN to take this work forward. The report also detailed the work to progress in 2019/20, including focusing on peer mentoring support and retainer GP leadership programmes.</p> <p>The Committee noted the update.</p>
92/19	<p><u>Estates Update</u> The Committee received an update on estate developments, in particular regarding the Little Lever project developments, where work is due to commence in January 2020. It was also noted that the business case for Horwich is due to be received the following week. The Committee also noted that a further review and re-work of the Unsworth scheme is currently progressing.</p> <p>Members were informed that a review of GM capital funding is taking place and the CCG will respond once notification is received on how to spend any capital slippage.</p> <p>The Committee noted the updates.</p>
93/19	<p><u>Any Other Business</u> <u>Prescribing Overspend</u> – Members discussed the current overspend on the prescribing budget, due to Category M prescribing and agreed that the position be reviewed over the next few months. If no improvement is seen, a further discussion will be held at the next meeting of the Committee, to include a review of previous decisions made where category M prices decreased. Members noted that discussions on this are also taking place at the GM CCG Chief Finance Officer meetings.</p> <p><u>CQC Ratings</u> – the Committee Chair congratulated Stephen Liversedge for the outstanding CQC rating received by his practice.</p>
94/19	<p><u>Chair reflection on significant decisions/actions/risks that may need reporting to the Board through these minutes</u> There were no significant decisions/actions/risks to report to the Board through these Minutes.</p>
95/19	<p><u>Time and Date of Next Meeting</u> The dates for future meetings in 2020 were approved. It was agreed that the next meeting would be held on Thursday 13th February 2020 at 12 noon in the Bevan Room, St Peters House.</p>

96/19	<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”.
97/19	<u>Future Agenda Items</u> Noted as:- <ul style="list-style-type: none">• Update on Health Check governance processes (quarterly).• Primary Care Investment Agreement (quarterly).



Better Bolton.

Bolton Quality Contract 2020 – 2021

Scoping - 1

January 2020

Context

- **December 2019**
 - Primary Care Managers develop a potential framework for the BQC 2019-2020
- **Outcome of the December discussion**
 - Initial thoughts/ideas/suggestions/concepts
 - Minimise any change to the BQC, taking into account the increase and complexity of current demand on general practice
- **Action – Executive is being asked to:**
 - Consider the ideas/changes being presented
 - Provide some direction and agreement for the Primary Care Managers to further progress the ideas

The current BQC Standards 2019-2020

- 1. Access to General Practice**
- 2. Ageing Well**
- 3. Carers**
- 4. Defined Patient Groups**
- 5. Demand Management**
- 6. Health Improvement**
- 7. Long Term Conditions – Best Care**
- 8. Membership Engagement**
- 9. Prescribing**

The Context –

Working towards aligning the work of Primary Care in Bolton with the GM Health Plan....

Start Well

- Support delivery of early years – intervene at scale
- Develop approaches to reduce smoking in pregnancy
- Address low birth weight of babies

Live Well

- Health & Employment
- Focussed care (complex lifestyles)
- Lifestyle & wellness – CVD, Cancer, Respiratory
- Digitisation
- Cancer prevention – lung health checks
- Eradicating HIV

Age Well

- Poor housing
- Dehydration (malnutrition)
- Falls prevention
- Support to stay well and live at home

....and the Bolton Vision

ACTIVE – CONNECTED - PROSPEROUS

Start Well

- Our children get the best possible start in life, so that they have every chance to succeed and be happy

Live Well

- The health and wellbeing of our residents is improved, so that they can live healthy, fulfilling lives for longer

Age Well

- Older people in Bolton stay healthier for longer, and feel more connected with their communities

Links with primary care

Start Well

- Pre-conception family planning, lifestyle, healthy choices
- Family choices breastfeeding, lifestyle, weight, smoking, safe drinking, childhood immunisations

Live Well

- Tackling Obesity 'Diabesity'
- Life Expectancy tackling the impact of increasing levels of alcohol misuse

Age Well

- Social isolation
- Dementia early diagnosis and improving care for dementia patients



MENTAL HEALTH



Suggested amendments to...

- 1. Access to General Practice**
- 2. Ageing Well**
- 3. Carers**
- 4. Defined Patient Groups**
- 5. Demand Management**
- 6. Health Improvement**
- 7. Long Term Conditions – Best Care**
- 8. Membership Engagement**
- 9. Prescribing**

Suggested changes and rationale

Standard	Amendment?	Rationale
1. Access	Increase the target – Number of contacts from a minimum of 75, to a minimum of 80 per 1000 pop.	To take into account the increase in contacts provided by the new workforce ie MSK, MH, Clinical Pharmacists
2. Ageing Well	Increase the target – From 20% to 50% of the eligible group (number of ageing well assessments done in the last 3 years)	The target was set low in Year 1- to acknowledge that a new initiative takes time to embed in general practice
4. Defined Patient Groups	Remove LD health checks	There is a National DES for LD patients. This provides LD patients aged 14 years and over with a comprehensive annual health check. It also covers other elements which are not in the BQC.

Discussion required



Suggested changes and rationale

Standard	Amendment?	Rationale
6. Health Improvement	Re-insert Pulse Checking Increase KPIs: <ul style="list-style-type: none">• AUDIT C – from 60% to 62%• BMI recording – from 65% to 70%• Screening for diabetes/at risk of diabetes – from 86% to 88%	<p>This was removed from this section last year when it was added to the Ageing Well Standard. However, it needs re-introducing to ensure coverage for those aged 75 years and over.</p> <p>To take into account that the principle of the BQC is continuous improvement.</p>

Discussion required



Suggested BQC Standards 2020-2021

- 1. Access to General Practice**
- 2. Ageing Well**
- 3. Carers**
- 4. Defined Patient Groups**
- 5. Demand Management**
- 6. Health Improvement**
- 7. Long Term Conditions – Best Care**
- 8. Membership Engagement**
- 9. Prescribing**

KPIs - % allocations

These will be calculated to take into account:

1. Bolton's priority arenas
2. The need for continuous quality improvement in general practice
 - e.g. increased best care scores for asthma and COPD

KPIs 2020 – to be determined

	KPI 2019	KPI 2020	Rationale
1. Access to General Practice	4.0%	?	
2. Ageing Well	20.0%	?	To reflect the need for proactive prevention to prevent frailty
3. Carers	2.0%	?	As per previous year
4. Defined Patient Groups	4.0%	?	As per previous year
5. Demand Management	2.0%	?	As per previous year
6. Health Improvement	22.0%	?	As per previous year – improved % for health checks by moving pulse checking/flu vaccs to new Standard – Std 6.
7. Long Term Conditions – Best Care	12.0%	?	Preventing non-elective hospital admissions
8. Membership Engagement		Mandatory Standard	
9. Prescribing	34%	?	As per previous year
TOTAL	100% (of the 40%)		



Further considerations...

PCN DES – draft service specifications are out to consultation.

The content may duplicate the following areas:

- 1. Anticipatory Care – New ways of working**
- 2. Enhanced Health in Care Homes – LES**
- 3. Structured medication reviews and medicines optimisation – BQC Standard 9**

These schemes will be subject to review.

Further discussion needed once the content has been confirmed.

Further consideration – contract basis

Current principle 2019 - 2020

- **60% guaranteed payment – allocated for**
 - **Signing up to the contract**
 - **Implementation of delivery aspects**
 - **Delivering the mandated standard**

- **40% - achievement of the KPIs – allocated to**
 - **Reflect the triple aim of value for money, improved population health and better quality and patient experience of care**

Further consideration – contract basis

For 2020 – 2021 should we change the principle to...

- **50% - guaranteed payment?**
- **50% - achievement of the KPIs?**

...to reflect our ambition for continuous quality improvement, though achievement of the KPIs.

Discussion required



Further consideration – penalties

2019 – 2020 penalties

1. **5% penalty** - Non-compliance of mandated elements
2. **10% penalty** - Achievement of less than 50% of the total KPIs/available finance

No practice will be subject to more than a 10% overall penalty, in the event they fail both of the above criteria.

We suggest keeping these the same.

Discussion required

CCG Primary Care Commissioning Committee
AGENDA ITEM NO:5.....
Date of Meeting:13th February 2020.....

TITLE OF REPORT:	Annual Review of Locally Commissioned Services (LCSs)	
AUTHOR:	Kathryn Oddi	
PRESENTED BY:	Kathryn Oddi	
PURPOSE OF PAPER: (Please be clear e.g. decision(s) required, a discussion, for noting)		
<p>The CCG has a number of LCSs with GP Practices, Pharmacists and Optometrists which are due to expire on 31st March 2020. This paper provides an update on the current review process and an indication of commissioning intentions for 2020/21.</p>		
LINKS TO CORPORATE OBJECTIVES (tick relevant boxes):	Deliver the outcomes in the Bolton Joint Health and Care Plan.	x
	Ensure compliance with the NHS statutory duties and NHS Constitution.	x
	Deliver financial balance.	
	Regulatory Requirement.	
	Standing Item.	
FINANCIAL IMPLICATIONS [discussed with Chief Financial Officer]:		
COMMITTEES/GROUPS PREVIOUSLY CONSULTED:		
REVIEW OF CONFLICTS OF INTEREST:		
RECOMMENDATION(s)		
<p>PCCC is asked to note and approve the recommendations to date for the commissioning of LCSs for 2020/21.</p>		

Locally Commissioned Services Review For 2020/21

Locally Commissioned Services (Medical) Review Meeting

Attended By:

Kathryn Oddi – CCG Head of Strategic Primary Care Commissioning & Contracting (KO)

Lesley Hardman – CCG Head of Primary Care Development (LHa)

Stephen Liversedge – CCG Clinical Director Primary Care Development & Health Improvement (SL)

Janet Watson - CCG Principal Accountant – Financial Management (JW)

Sharif Uddin – Chair, Bolton LMC (SU)

Lynn Donkin – Bolton Council, Assistant Director of Public Health (LD)

Scheme	Commissioner	Finance Position – 2019/20	Practice Sign-Up	Discussion	Action/Recommendation
Anti-coag.	LHa	<ul style="list-style-type: none"> Budget: £20,776 Forecast Expenditure: £17,361 Forecast Variance: £3,415 (underspend) 	<ul style="list-style-type: none"> Swan Lane MC Unsworth Group Mandalay MC Deane Clinic 	<p>It was noted that the increasing use of novel oral anticoagulants may impact on levels of activity under this scheme compared with previous years.</p> <p>The cost of this scheme needed to be understood within the context of wider services delivery – ie cost of service at WMHC costs.</p>	<ul style="list-style-type: none"> LHa to speak with wider CCG commissioners to establish cost of the anti-coag. service at WMHC. Future commissioning intentions for this scheme to be confirmed to KO as soon as possible
New & Emerging Communities	KO	<ul style="list-style-type: none"> Budget: £18,121 Forecast Expenditure: £18,121 Forecast Variance: break even 	Provided by one practice - Bolton General Practice	<p>Council had agreed, in 2016/17 to undertake a review of all schemes aimed at supporting asylum seekers/refugees/new and emerging communities in order to inform future commissioning needs from a 'joined up', borough-wide perspective.</p> <p>Changes in staffing since then has meant that this piece of work has not been completed.</p>	<ul style="list-style-type: none"> LD to speak to Council/Public Health Colleagues to establish if this work had been started and confirm back to CCG Assuming there had been no progress, it was agreed that the current specification would be updated and reissued with a one year review date to allow for continuity while PH/Council colleagues complete their review.

Asylum Seekers	KO	<ul style="list-style-type: none"> Budget: £25,766 Forecast Expenditure: £10,889 Forecast Variance: £14,877 (underspend) 	18 practices currently signed up	As above	As above
Nursing Homes	KO	From Transformation Fund) - TBC	21 practices currently signed up	The specification for Nursing Homes within the PCN DES contains a level of duplication with this current specification.	KO to send out a contractual note to all participating practices confirming that the LCS for Nursing Homes will cease at the point at which delivery of the DES Service Spec for Nursing Homes commences.
Homelessness	KO	<ul style="list-style-type: none"> Budget: £2,519 Forecast Expenditure: £2,481 Forecast Variance: £38.00 (underspend) 	Provided by one practice - Dr Lyon & Ptrs	<p>Agreed that there was an ongoing need for a service of this type. LD confirmed that there were more up to date standards available than those Faculty of Homelessness and Inclusion Health standards</p> <p>https://www.pathway.org.uk/faculty/standards/</p> <p>Crane, M., Cetrano, G., Joly, L., Coward, S., Daly, B., Ford, C., Gage, H., Manthorpe, J., and Williams, P. 2018. Mapping of Specialist Primary Health Care Services in England for People who are Homeless. London: Social Care Workforce Research Unit, King's College London.</p> <p>https://www.kcl.ac.uk/scwru/res/hrp/hrp-studies/hearth/hearth-study-mapping-fullreport-2018.pdf</p>	<ul style="list-style-type: none"> Spec to be updated in line with current standards. Recommission with 2 year review

Insulin Initiation	LHa	<ul style="list-style-type: none"> Budget: £172,571 Forecast Expenditure: £169,016 Forecast Variance: £3,555 (underspend) <p>The budget is combined for both Insulin Initiation and Insulin Mgt.</p>	25 practices signed up	<p>Concerns raised that practices signed up to provide this service must have a sufficient level of activity to ensure competencies are maintained throughout the period of sign-up. A minimum of 6 initiations within a 12 month period was felt to be reasonable. Of the 25 practices signed up, only 10 had claimed in 2018/19 of which only 2 had claimed for more than 6 initiations. To date in 2019/20, only 8 practices have claimed, with only one practice currently meeting the minimum level of 6 initiations. This point must be reiterated at the point of sign-up and a declaration of staff competence completed for named staff undertaking insulin initiation.</p> <p>??Diabetes Centre – possible changes (ie move to treatment of insulin dependent diabetics only)</p>	<ul style="list-style-type: none"> PC commissioner for this scheme to speak with wider CCG commissioners to understand the situation with the Diabetes Centre, the current cost of this service (ie the service provided by the Diabetes Centre) and the impact any changes there might have on the LCS scheme. Future commissioning intention should then be confirmed to KO ASAP.
Insulin Management	LHa	See above	27 practices signed up.		As above.
Ring Pessary Service	LHa	<ul style="list-style-type: none"> Budget: £8,634 Forecast Expenditure: £13,368 Forecast Variance: £4,734 (overspend) 	16 practices originally signed up to this scheme, with 10 of these providing the service to patients of other practices.	Two practices (Cornerstone & Heaton MC) recently confirmed that they no longer wish to provide this service to patients of other practices due to additional cost of indemnity.	<ul style="list-style-type: none"> Recommission service with no changes to specification on a 2 year basis Write out to all practices informing them of the list of practices providing the services to other patients.

Locally Commissioned Services (Pharmacy) Review Meeting

Attended By:

Chris Haigh CCG Head of Medicines Optimisation (CH)

Kathryn Oddi – CCG Head of Strategic Primary Care Commissioning & Contracting (KO)

Louise Gatley - Honorary Secretary, Bolton LPC (LG)

Keith Williams, Bolton LPC (KW)

Bryony O'Connor Bolton Council, Head of Service – Public Health (BO)

Stephen Liversedge – CCG Clinical Director Primary Care Development & Health Improvement (SL)

Janet Watson - CCG Principal Accountant – Financial Management (JW)

Scheme	Commissioner	Finance Position – 2019/20	Pharmacy Sign-Up	Discussion	Action
Palliative Care	Chris Haigh (CCG Head of Medicines Optimisation)	Annual Budget: 1,898 Forecast Outturn: Break even	Currently around 9 pharmacies are providing the scheme with satisfactory geographical coverage over the 9 neighbourhoods/PCNs. Opening hours for some of these 9 pharmacies had changed/reduced over recent	Agreed that , in general, the scheme should continue; however the specification itself required review to ensure: <ul style="list-style-type: none"> Reduction of the number of medicines on the current Palliative Care Medicines List with the aim of bringing it in line with Manchester’s list. The palliative care guidelines referred to in the specification are up to date. 	<ul style="list-style-type: none"> CH to send out EoI to all Bolton pharmacies. A transparent process would be followed (with input from LPC) to ensure scheme providers were selected who would offer the best access for patients across all 9 PCNs (this ‘selection criteria’ to be made clear to pharmacies from the outset) CH to review the spec as described Once the actions above are completed, the scheme to be recommissioned for a 2 year period.

MAR	Chris Haigh (CCG Head of Medicines Optimisation)	Annual Budget: 35,000. Forecast outturn: break even	In total 65 pharmacies have signed up to the MAR LCS contract. Currently only 42 of these pharmacies have made a claim in the last 24 months.	<p>Discussions covered pros and cons of decommissioning this scheme:</p> <ul style="list-style-type: none"> • No other CCGs across Greater Manchester commission such a service • Under Equality Act, there is no requirement for community pharmacists to provide MAR charts • A number of pharmacies provide the MAR sheets but do not claim for it • One pharmacy claims approx. 1/3 of the total spend on this service each year • CCG cannot accurately validate the invoice claims without going outside of the IG boundary • What would the impact be on social care, should the service be decommissioned • Possibility of the Council /FT continuing to commission the service themselves, as their role as a 	<ul style="list-style-type: none"> • Need to fully understand the position with regard to the 'outlier' claimant. CH to: <ul style="list-style-type: none"> ➤ speak to Anne Eccles at the FT to see if the amount claimed fits with the number of service users they have on their books ➤ Speak with CCG IG Lead to clarify the CCG's position, as a commissioning organisation, in terms of handling Personal Data for non-direct care purposes. • BO to speak to Council colleagues to explore the likely impact on social care should the scheme be decommissioned. <p>Once the above points have been established, a report appraising options for future commissioning intentions should be brought to CCG Exec. by Head of Meds Optimisation.</p>
-----	--	--	---	---	---

				provider organisation would overcome the IG issues relating to validating the invoices.	
--	--	--	--	---	--

Locally Commissioned Services (Optometry) Review Meeting

Attended By:

Kathryn Oddi – CCG Head of Strategic Primary Care Commissioning & Contracting (KO)

Janet Watson - CCG Principal Accountant – Financial Management (JW)

Helen Wright CCG - Strategic Commissioning Manager – Elective Care (HW)

Matthew Thornton – Chair, Bolton LOC (MT)

Scheme	Commissioner	Finance Position – 2019/20	Discussion	Action
Pre-Assessment Cataract Service	Helen Wright	Annual Plan: £40,203 Year to Date Spend: £16,000 Last Year's Outturn: £30,500	<ul style="list-style-type: none"> • Training – it was agreed that face to face training should be <u>available</u> on a yearly basis. • Accredited Practices – who holds this list? • Care pathway discussion – ie move to accredited-only referrals. The process for 'screening' referrals from an EUR perspective and from non-accredited cataract referral refinement optometrists needs to be scoped out during the next 12 months in order to refine this element of the process. • HW is working on a revised cataract referral form which will mean that optom. referrers won't be required to hold 'choice' discussions with patients. 	<ul style="list-style-type: none"> • HW to amend the specification in light of these discussions. • HW to confirm current sign-up (ie names of practices signed up) and confirm if sign-up for 2020/21 should be confined to current sign-up or if the revised spec for 2020/21 is to be offered out to all optometrist practices. • Once the specification is amended/updated, and the proposed level of sign-up confirmed, KO to write out to practices for expressions of interest etc.

IOP Scheme	Helen Wright		CCG Executive had recently approved a new route for IOP referrals. This service was to be commissioned via the Primary Eyecare Service.	<ul style="list-style-type: none">• HW to confirm to KO the date that notice will need to be served to providers of the current service once a commencement date for the new service is known.• HW to confirm cost of new service to JW.
------------	--------------	--	---	---

Network Contract DES – Engagement on Draft Outline Service Specifications Summary Report

30 January 2019



Purpose of engagement



Through engagement on the draft outline Network Contract DES service specifications, we have heard several clear and consistent messages from general practice and the wider health and care system. This feedback, summarised here, has already been informing negotiations on the final GP contract package, which we want to agree as soon as possible with the BMA GPC. NHS England and Improvement would like to provide practices and PCNs with certainty and renewed confidence as rapidly as possible.

- PCNs are vital partners in delivery of the ambitions described in the Long Term Plan. They are a new opportunity to help make general practice sustainable and integrate care with community partners. NHSE&I recognise that PCNs are at an early stage of development and capacity building, having only been formally established from July 2019. **Our objective is for the Network Contract DES to support PCNs to improve standards of care across the country, with realistic expectations for delivery that benefit patients and respects the five year contract deal agreed in January 2019.**
- Draft outline service specifications for April 2020 were developed through a national co-design process with relevant stakeholder groups. In recognition of the breadth and importance of the proposals, NHSE&I took the unprecedented step of publishing drafts of the proposed service requirements prior to contract negotiations. **We explicitly intended to provide stakeholders – particularly PCN members – with the opportunity to see early details of, and engage with, our proposals so that they could genuinely shape the outcome.**
- The engagement period was necessarily shorter than originally intended, driven on one side by the timing of the general election and on the other by the need to give GPs good notice of their new contracts for April 2020. The mid-January closing date was designed to allow sufficient time for feedback to be analysed and incorporated in GP contract negotiations.
- **We are grateful for all the feedback received, and for the significant amount of work and time taken by PCNs, GPs, LMCs and many others to provide clear and full feedback.** We see such widespread engagement in a debate about how PCNs develop as positive. It will inform our future approach to PCN development, including the content of the Network Contract DES.
- **The feedback from general practice, and the wider health and care system showed in-principle support for the aspirations of the individual services. But there were also clear concerns. These include; the workforce implications and the investment general practice was being asked to make in new workforce roles; the level of resource available to support delivery; the level of specificity and length of the specifications and the aggregate effect of introducing all five services from April 2020.**

Engagement on draft specifications



Thanks are due to the large numbers of GPs, local medical committees (LMCs) and others who took the time to read and respond to the drafts.

Channel	Breadth of engagement
Survey	4,048 responses received (<i>N.B. some responses were duplicate entries</i>).
Twitter chat 7 th January	413 participants 1,827 tweets 11.2m impressions
Webinar 8 th January	683 registered attendees c. 22,000 words generated via chat room feedback Approximately 35% of attendees were from primary care/PCNs. Around 25% were commissioners.
Webinar 9 th January	473 registered attendees c. 20,000 words generated via chat room feedback Approximately 40% of attendees were from primary care/PCNs. Around 25% were commissioners.
Webinar 14 th January (community services specific)	361 registered attendees c. 10,000 words generated via chat room feedback Approximately 12% of attendees were from primary care, 20% came from providers of community services and 29% from commissioning organisations.
Direct email	Over 200 direct feedback emails received, including 20 examples of good practice.

- Many respondents signalled broad support for the aims of the services themselves, but voiced significant concerns about the capacity and capability of PCNs to deliver the proposed requirements and the workforce challenges faced by primary care. Concerns included:
 - The level of GP resource required to implement all of the proposed service requirements, with particular reference to the Enhanced Health in Care Homes (EHCH) service and the proposed fortnightly input into the care home round.
 - The pace and scale of transformation – particularly with all five services being introduced in 2020/21, and with the level of staff training, stakeholder engagement and cultural change that this requires.
 - The challenges in recruiting through the Additional Roles Reimbursement Scheme, including: the availability of candidates for certain roles, the need for flexibility in the number of roles reimbursed through the scheme and the 30% practice contribution to most reimbursable workforce roles.
 - Clinical Director workload already being high, which risked being exacerbated by the proposed requirement to appoint clinical leads for individual service areas.
 - The suggestion that integrated urgent care / out of hours support for care homes may come under the authority of PCNs in the future.
- Some respondents raised concerns that a high number of the metrics in the specifications might be performance managed in monitoring delivery, and suggested that more qualitative measures and outcome metrics should be introduced. They also expressed concerns that primary care would be held accountable for the performance of other organisations.
- Some respondents raised concerns that:
 - The distribution of resources through the DES should adequately account for the variation in geographies and demographics between PCNs (in particular the uneven distribution of care home beds)
 - The focus of the proposed services on particular patient groups within PCNs could draw existing resources from other groups

Respondents requested further clarification of:

- How PCNs will be supported by CCGs and ICSs to deliver the services, how existing services are expected to transition or remain in place and how continued commissioning of services and growth in primary care and community services investment can be guaranteed.
- How system partners (including providers of community services, mental health, public health and adult social care) are expected to deliver the service in partnership with PCNs.
- The level of available funding available to PCNs, providers of community services and other providers, and further information on how this can be accessed.
- The evidence base for the proposed service requirements.
- The support available to tackle PCN operational challenges, including:
 - Boundary issues
 - Data sharing, information governance and system interoperability (including shared care records) and how this is reflected in the staging of requirements
 - The make-up and operation of multidisciplinary teams
 - The availability of estates to house new members of staff
- Whether PCNs can sub-contract these services to other providers and whether commissioners can commission them from other providers on the behalf of PCNs.
- How digital solutions could be used to deliver some of the requirements.
- Performance requirements for the metrics, how the information to support them will be collected and the penalties for not meeting the service requirements described.
- The operation of the Investment and Impact Fund (IIF).

Key messages on individual draft service specifications



Structured Medication Reviews (SMRs)

Key messages:

- Many respondents supported the aims of the specification, but some raised concerns at the number of SMRs that PCNs would be required to deliver as a result of the proposed cohorts. Many respondents felt that offering SMRs to '100%' of these cohorts would be unrealistic in relation to the available clinical pharmacist resource.

Requests for clarification:

- Further guidance was requested on the level of qualification required for the individuals delivering SMRs, and how medicines optimisation in care homes (MOCH) pharmacists are expected to work alongside this spec.
- Many respondents requested further guidance on how SMRs should be offered and delivered to patients, including whether this can take place remotely/digitally, and the time assumed to deliver the review.
- Respondents requested further information on how PCNs should identify individuals in the required cohorts, and whether SMRs should also be offered to people who have already had a medicines use review (MUR).
- Some respondents requested further information on the rationale for switching to low carbon inhalers.
- Respondents requested further clarity on how prescribing disincentives created through the specification (e.g. for opiates in palliative care) should be managed, and how the service should relate to existing CCG formularies.

Enhanced Health in Care Homes (EHCH)

Key messages:

- Many respondents stated that the fortnightly GP-led input to the in-person home round would require significant resource, and suggested that:
 - it does not necessarily have to be delivered by GPs, and could be covered by nurses or allied health professionals (AHPs);
 - it does not necessarily have to be delivered face to face and could be covered virtually; and
 - there is insufficient capacity in the DES to deliver this requirement.
- Many respondents raised the issue of disparity between PCNs with small numbers of homes and those with a large volume and suggested that this has not been adequately accounted for in the distribution of resources through the DES.
- Some respondents challenged the requirement to support the training and professional development of care home staff, and expressed concerns that this, and the provision of NHS-funded nursing support to nursing homes, could result in disinvestment in staff and training by care home providers.

Requests for clarification:

- Clarity was requested on the types of care homes included in the remit of the specification and whether requirements could be flexed for different types/sizes of homes.
- Respondents requested further guidance on how to undertake a home round and on the full range of staff roles and organisations that could be involved in the multidisciplinary team (MDT).
- Respondents requested support with data sharing agreements, information governance and integration of IT systems.
- Respondents requested further clarity on NHSE&I's expectations for existing EHCH contracts, including Local Enhanced Services and relevant GP retainers paid by care homes.
- Respondents queried how the requirement for 1:1 alignment between care home and PCN, could be delivered while respecting patient choice.
- Respondents requested clarification on the provision of vaccinations for care home staff, in particular where staff are not registered with a practice in the PCN that is aligned with the care home.

Anticipatory Care	
Key messages:	<ul style="list-style-type: none">• Many respondents supported the integrated care ambitions of the specification, but questioned the assumptions of capacity in PCNs, community services and other providers.• Some respondents queried the proposed inclusion of metrics for falls and delirium risk in Anticipatory Care, given the variety of cohorts that could be targeted. They also noted that the metrics for Anticipatory Care need to match its phasing (i.e. measure set up in year one, and delivery from future years).• Some respondents questioned the need to develop/adopt local population health management tools this year if NHSE&I is likely to select a preferred approach in the future.
Requests for clarification:	<ul style="list-style-type: none">• Respondents requested clarification on the cohort to be targeted by the service, including the degree of local flexibility in selecting the required population, and the analytical support available to PCNs.• Respondents requested guidance and templates to support: data sharing between organisations, the establishment of MDTs and appropriate governance structures to support cross-provider working.• Respondents requested clarity on the distinction between End of Life Care and Anticipatory Care, and the key differences between the Anticipatory Care service and the Unplanned Admissions DES.• Respondents requested further information on the evidence base for the service.

Personalised Care

Key messages:

- Whilst there was support for the principles of the personalised care specification, many respondents stated that there was a mismatch between proposed targets and available levels of resource.
- Some respondents suggested that GPs should not be required to promote personal health budgets or that the role of CCGs should be made much clearer.
- Some respondents suggested that social prescribing services cannot be measured solely on the volume of patients seen, particularly as their role involves work in building relationships with the wider system.

Requests for clarification:

- Respondents requested clarity on how the specification links to the other services described in the DES.
- Respondents requested further information on the evidence base for the service.
- Respondents requested further guidance / templates and training in: standards for good social prescribing, shared decision making, personalised care and support planning and Patient Activation Measures (PAM).
- Respondents requested integration of the PAM tool in GP IT systems.
- Respondents requested further information on how the personal health budgets described in the specification should link to the PHBs offered through other services (e.g. in continuing healthcare/wheelchair services).
- Respondents requested further information on the indicators that will be used to monitor the service, including how they account for referrals to social prescribing not made by the GP, and how quality of care will be assessed.

Early Cancer Diagnosis

Key messages:

- Many respondents broadly welcomed the aims of the service and proposed content.
- Some respondents highlighted that primary care alone cannot deliver improvements to cancer waiting times, noting that capacity in hospitals (oncologists, scanners, technicians etc.) also needed to be available.
- Concern was expressed that lowering the threshold for GPs to make onward referrals for cancer would place a greater burden on secondary care.

Requests for clarification:

- Respondents requested further clarity on how the specification is expected to link to existing place-based networks and cancer alliances.
- Respondents requested further clarity on the distinction between safety netting and referral management.
- Respondents requested further information on how rapid diagnostic centres were taken into account in the design of the service.
- Respondents requested clarity on how the specification aligns with the Quality and Outcomes Framework (QoF) quality improvement module for cancer, and whether the cohort for the specification should also be a focus for personalised care.
- Respondents requested clarification of the role of local public health teams in supporting delivery of the service, and suggested that some of the responsibilities described in the specification could fall under their remit.
- Respondents suggested that the metrics for the service should better distinguish between different types of cancer.

Our goal is to provide PCNs with certainty and confidence about their future as rapidly as possible, as part of the process for agreeing the GP contract with the BMA GPC.

The engagement feedback has already been informing discussions about the final contract deal, with both NHSE&I and BMA GPC working to address the core concerns raised in a way that continues to respect the existing five year deal, sustains general practice, and secures improvements for patients.

The scale and feedback received demands a clear response, in the form of an updated overall contract package, as part of which we want to agree a significantly reworked set of service specifications.

CCG Primary Care Commissioning Committee

AGENDA ITEM NO:8.....

Date of Meeting:13th February 2020.....

TITLE OF REPORT:	Primary Care Investment Agreement – Quarterly Update.	
AUTHOR:	Lesley Hardman, Head of Primary Care Development	
PRESENTED BY:	Lynda Helsby, Associate Director Primary Care & Health Improvement	
PURPOSE OF PAPER: (Please be clear e.g. decision(s) required, a discussion, for noting)		
The Committee is asked to review the quarterly update on the Primary Care Investment Agreement projects.		
LINKS TO CORPORATE OBJECTIVES (tick relevant boxes):	Deliver the outcomes in the Bolton Joint Health and Care Plan.	
	Ensure compliance with the NHS statutory duties and NHS Constitution.	√
	Deliver financial balance.	
	Regulatory Requirement.	√
	Standing Item.	
FINANCIAL IMPLICATIONS [discussed with Chief Financial Officer]: N/A		
COMMITTEES/GROUPS PREVIOUSLY CONSULTED: Primary Care Commissioning Committee CCG Executive		
REVIEW OF CONFLICTS OF INTEREST: Conflicts of interest to be reviewed when considering this report.		
RECOMMENDATION(s) The PCCC is asked review and note the quarterly update.		

Bolton Investment Agreement – Q3 Update – December 2019

1	Training - Care Navigation	<p>The training for Care Navigation in primary care was finally completed in July 2019. 38 practices have been trained to use the EZ Nav system.</p> <p>Practices started to implement the process of care navigation in August.</p> <p>Informal feedback from practice staff is that they are now navigating people to the most appropriate source of care, but they are not widely using the EZ Nav web based tool. Practices report that they have in-house systems which they are happy to use for this purpose.</p> <p>A <i>Survey Monkey</i> questionnaire has been developed to gather formal feedback from practices, and to evaluate the implementation and any outcome aspects of this project. A report will be completed by the end of March 2019.</p>
2	Training - Workflow Optimisation	<p>This project is now complete.</p> <p>A final report has been produced. Outcomes will be shared at the same time as the Care Navigation report.</p>
3	Online Consultations	<p>The tender process started in December and concluded in early January 2020. Moderation meeting was held on 4th February 2020 with contract aware shortly after.</p> <p>It is unlikely that all practices will be live by 31st March 2020 – target is May 2020.</p>
4	GM Excellence	<p>. The GM GP Excellence Programme has recently offered/promoted:</p> <ul style="list-style-type: none"> • Regional Round Table Event 8th November 2019 For General Practice Nurses, Advanced Nurse Practitioners, and Health Care Support Workers based in GP practices. PCN Clinical Directors and their deputies were also invited to attend. • Primary Care Change Management for Managers 20th November 2019 A one-day workshop for managers undergoing and supporting staff through change programmes. • Primary Care Networks - Next Steps for Practice Managers Training 25th November 2019 • Primary Care Leadership offers aimed at aspiring and talented primary care and clinical colleagues covering: <ul style="list-style-type: none"> ➤ Leading in Primary Care Network Programme ➤ Media Training ➤ Change Management Influencing & Negotiating Skills ➤ Building Resilience: Supporting Leaders Across Systems and Localities ➤ Effective Chairing Skills <p>Details of all the above are sent out direct to practices from GM as well as promoted via the CCG's regular Practice Bulletin.</p>
5	Improving Access	<p>Extended Access to Primary Care is part of the Bolton Primary Care Locality Service (PCLS) provided through a lead contractor arrangement with BARDOC. The service is now fully operational over 3 sites, Waters Meeting Health Centre, Winifred Kettle Hub and The Urgent Treatment Centre at royal Bolton Hospital.</p> <p>Work has been ongoing to improve utilisation rates of the service, through and action</p>

		plan and agreed trajectory for improvement. Unfortunately, following improved utilisation rates through quarter 2, performance in this area fell slightly to 73%, in December which is lower than the GM target of 75%. Work continues to improve these further and ensure patients are able to access the service quickly and easily.
6	Clinical Pharmacists	<p>All staff have now transferred to the PCN DES funding model. 8 PCNs agreed to an interim measure where the CCG retains employment for 19/20 under a MoU, but 1 insisted that the roles TUPE across to a practice within their PCN. This took place in November 19 with 2 staff members.</p> <p>Confirmation of employment after April was confirmed with the remaining PCNs with 6 choosing staff to be employed by Bolton GP federation and 2 requesting employment stay with Bolton CCG. The TUPE process is now underway for affected staff with transfer of staff expected on 1st April 2020</p> <p>Recruitment took place to a level of 18 WTE however 2 new starters withdrew late in the recruitment process after being offered positions. Recruitment to the positions remaining with the CCG is now underway. There is a risk of trained staff loss if they are unhappy with the change of employer and the potential opportunities elsewhere outside of the locality.</p>
7	General Practice at Scale	Network DES specifications have been released. Ongoing collaboration needed with PCN Directors to support delivery.
8	Enhanced Care Homes	No further update since Q2.
9	Sustainability 10 High Impact Changes	<p>Overview of TF Schemes</p> <p>The TF initiatives have been somewhat overshadowed by the development of the PCNs.</p> <p>Some of the CDs have argued that they should not be responsible for developing or progressing these initiatives, since they were 'neighbourhood' projects – and are not in the remit of Networks.</p> <p>The CCG has been clear to advise that the responsibility for progressing these bids lies with the PCNs – the GP neighbourhood agenda has morphed into the PCN agenda.</p> <p>Brightmet & Little Lever – Specialist Respiratory Nurse</p> <p>No further update – evaluation expected April 2020</p> <p>Central & Great Lever – Specialist Diabetes Nurse – group sessions</p> <p>No further update – evaluation expected April 2020</p> <p>Chorley Roads – Care Navigator for the Elderly - 'Amanda'.</p> <p>No further update – evaluation expected April 2020</p> <p>Crompton & Halliwell – NESP Worker</p> <p>No further update – evaluation expected April 2020</p> <p>.</p> <p>Deane – Specialist Paediatric Nurse</p> <p>No further update – evaluation expected April 2020</p> <p>.</p> <p>Farnworth & Kearsley – Micro Assets, Teenage Pregnancy, MDT Meetings</p>

		<p>Micro Assets – this is now complete. The expected evaluation report has not yet been received.</p> <p>Teenage pregnancy – No further update – evaluation expected April 2020</p> <p>MDTs – this has been superseded by the New Ways of Working Specification.</p> <p>Horwich – Care Navigator for the Elderly - ‘Amanda’</p> <p>No further update – evaluation expected April 2020</p> <p>Rumworth – Care Navigator for the Elderly – ‘Amanda’</p> <p>No further update – evaluation expected April 2020</p> <p>Turton – Care Navigator for the Elderly - ‘Amanda’.</p> <p>No further update – evaluation expected April 2020</p> <p>Westhoughton – Acute Visiting Service</p> <p>No further update – evaluation expected April 2020</p>
10	Workforce Planning	<p>The CCG submitted a successful bid against the 2019/20 GP Retention Scheme, securing a total of £54,900 against the £54,977 available. The proposals included in the bid, for completion during January 2020 – December 2020 are:</p> <ul style="list-style-type: none"> • Continued funding of the two posts in the Primary Care Recruitment and Retention Team to carry on the work started in 2018/19, particularly the development of the flagship ‘Training PCN’, greater use of apprenticeships and the work already started with Rochdale Training to promote, recruit and support the development of pre-employment traineeships to provide back-fill for the release and development of existing staff within general practice. • Produce and distribute promotional material aimed at ST3 doctors/training nurses and school leavers to encourage consideration of a career in primary care and promote working in Bolton specifically as a first destination career. • Meet with Bolton College to raise awareness with learners to work in primary care. • Use the analysis of the recently undertaken Workforce Audit to target interventions at those areas/PCNs which are most at risk of GP/nurse retirement etc over the next 5-10 years. <p>Establish a peer support group for newly qualified GPs in first 5-7 years post-qualification to encourage peer support and continued professional development.</p>