

NHS BOLTON CLINICAL COMMISSIONING GROUP
Public Board Meeting

AGENDA ITEM NO:13.....

Date of Meeting:11th June 2021.....

TITLE OF REPORT:	Primary Care Commissioning Committee	
AUTHOR:	Joanne Taylor, Board Secretary	
PRESENTED BY:	Alan Stephenson, PCCC Chair	
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 13 th May 2021.	
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.	√
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:- <ul style="list-style-type: none"> • Approval of the BQC 2021/22. • Approval of the BQC Contract Value 2021/22. • Findings from the recent Access Audit. 	
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 – Virtual Meeting

Date: 13th May 2021

Time: 12.00pm

Present:

Alan Stephenson	CCG Lay Member (Committee Chair)
Su Long	CCG Chief Officer (in the Chair for items 9/21 to 12/21 and 14/21)
Stephen Liversedge	CCG Clinical Director, Primary Care & Health Improvement
Lynda Helsby	CCG Associate Director Primary Care & Health Improvement
Kathryn Oddi	CCG Head of Primary Care Contracting
Kelly Knowles	CCG Acting Chief Finance Officer
Andy Morgan	Bolton Council Elected Member
Susan Baines	Bolton Council Elected Member
Steven Whittaker	Local GP representative
Stacey Walsh	Local Practice Manager representative
Kerry Porter	GM H&SCP Primary Care Team representative
Melissa Maguinness	CCG Director of Strategic Commissioning/Deputy Chief Officer
Jim Fawcett	Health Watch representative

Minutes by:

Joanne Taylor	Board Secretary
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Minute No.	Topic
9/21	<p><u>Apologies for Absence</u> Apologies for absence were received from:-</p> <ul style="list-style-type: none"> Lynn Donkin, Public Health representative, Bolton Council.
10/21	<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.</p> <p>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>

11/21	<p><u>Minutes from the Meeting held on 11th March 2021</u> The Minutes were approved as a correct record.</p>
12/21	<p><u>Bolton Quality Contract (BQC) 2021/22</u> The Committee received a report outlining the proposals for the 9 months from July 2021 to March 2022. The report highlighted the previous decisions taken on suspending and re-establishing the BQC and a review of the quarter 4 data to March 2021.</p> <p>Members were reminded of the general principles around setting the BQC, taking into account that this is a re-set of the contract, general practice workload, setting achievable KPIs in consultation with the GP membership.</p> <p>It was noted that the proposal is for the same 8 standards to continue. The KPIs and the rationale behind each standard was presented.</p> <p>Further consideration was then given to the contract basis and penalties, noting the current principle of a 60%/40% split. The penalties proposed were a 5% penalty for non-compliance of mandated elements and a 5% penalty for achievement of less than 50% of the total KPIs, with the underlying principle that no practice will be subject to more than a 5% overall penalty, in the event they fail both of the above criteria.</p> <p>Members discussed the proposals for the remaining 9 months of the BQC, noting that current achievement reflects the year where routine general practice was changed by the Covid pandemic. It was further highlighted that general practice continues to struggle with ongoing demand which needs to be taken into account with any re-set of the BQC and this is why the focus for the next 9 months is on recovery of performance, recognising the pressures. Over the coming months the primary care team will monitor performance to determine what the full programme may be for the following year.</p> <p>The issues regarding primary care access were also discussed. There is an acknowledgement that the national access data is not as robust as we require and the proposal is to carry out 2 access audits locally to ensure this can be appropriately measured and reviewed. It was acknowledged that there is a rapidly changing situation in primary care, and undertaking a further access audit in September/October 2021 would be beneficial.</p> <p>Issues being raised by residents regarding lack of face to face consultations was also discussed. It was acknowledged that patient contacts have increased at unprecedented rates, however there is an expectation that all practices will offer face to face consultations where this is required. Members discussed the option of including an additional KPI on face to face consultations and how this may be measured.</p> <p>In light of the access issues raised, members reviewed the KPI percentage payments and discussed the percentage transfer of 2% each from the ageing well and health improvement KPIs to increase Access to a 5% target, with an option of a sub measurement for face to face consultations.</p> <p>Stephen Liversedge, Steven Whittaker and Stacey Walsh participated in the discussion to highlight local issues but did not vote.</p> <p>The Committee agreed:-</p> <ul style="list-style-type: none"> • To the continuation of the current principle of the 60%/40% split of the contract. • To a 5% penalty for non-compliance of mandated elements and a 5% penalty for achievement of less than 50% of the total KPIs/available finance, but that no practice will be subject to more than a 10% overall penalty, in the event they fail both of the above criteria.

	<ul style="list-style-type: none"> • To increase the KPI payment to a 5% payment for Access and reduce the Ageing Well and Health Improvement by 2% each. • Delegate to the CCG Chief Officer, PCCC Chair and Vice Chair to review any changes in the Access KPI in light of the above discussions, if these changes were required to be made prior to the next meeting.
13/21	<p><u>Bolton Quality Contract (BQC) – Contract Value 2021/22</u></p> <p>The report outlined a range of payment options for the seventh year of the BQC, in light of the uplift to the Global Sum Rate (the national price per patient for ‘core primary medical services’) for 2021 to 2022.</p> <p>There were 4 options considered and reviewed by the Committee. It was highlighted that the CCG has planned for a level of inflation and growth in line with planning assumptions under the H1 planning guidance for 2021/22. The costs outlined in option 4 are in excess of these assumptions, should this option be the preferred option the CCG will need to increase its QIPP target to cover these costs. Options 1 and 2 would contribute to the CCG achievement of the challenging QIPP target outlined in the H1 2021/22 financial plan.</p> <p>The Committee discussed the options, and recommend a preferred option for BQC payments for 2021 – 2022. Subsequently, the PCCC recommendation will be ratified at a future CCG Board meeting once practices have been consulted based on the PCCC decision.</p> <p>Members noted that practices have received full funding of the BQC this year due to the Covid pandemic and noted that last year the agreement to move to an inflationary uplift was to reflect the new language and funding NHS England was applying. From last year, with the primary care strategies that NHS England released, it has become clearer that the global sum increases are about levelling up and sustaining support to general practice. Bolton has previously levelled up higher than the global sum rate on the assumption NHS England would eventually do the same. Bolton has been ahead of curve and to keep increasing is not in line with approaches previously planned. Therefore, option 2 would be consistent with the discussions held the previous year and also reflect the amount of funding already in primary care in 2020/21.</p> <p>Stephen Liversedge, Steven Whittaker and Stacey Walsh did not participate in the discussions or voting.</p> <p>The Committee agreed the funding as outlined in Option 2 of the paper, with a total funding requirement of £5,127k.</p>
14/21	<p><u>Estates Update</u></p> <p>The Committee received an update on the current estates developments. The main highlights noted were regarding the developments with the Little Lever project which is currently in design stage and on track for opening in early 2022. The outline business case for the Horwich development has now been submitted to GM and the bid for additional space and clinical rooms at Kearsley medical centre is progressing.</p> <p>It was noted that a further re-modelling of the bid for the Unsworth group practice is now developing, further to the original scheme being too expensive.</p> <p>The Committee noted the updates.</p>

15/21	<p><u>Primary Care Access</u></p> <p><u>Access Audit</u> The Committee received a presentation on the findings from the access audit undertaken over a 2 week period from January to February 2021.</p> <p>The number of telephone consultations, online consultations, video contacts, face to face appointments and home visits was recorded. This included contacts with GPs, ANPs, first contact AHPs (pharmacists, MSK practitioners, mental health practitioners) and practice nurses. Across Bolton there were 69 contacts per 1,000 patients per week with a first contact practitioner (lowest practice 43, highest practice: 108).</p> <p>This comprised of 62 contacts per 1,000 patients per week with GPs and ANPs (lowest practice: 16, highest practice: 107), 7 contacts per 1,000 patients per week with first contact AHPs (lowest practice: 0, highest practice: 54). There were 12 contacts per 1,000 patients per week with practice nurses (lowest practice: 0, highest practice: 23).</p> <p>Members discussed the findings presented and acknowledged the variation issues from the data presented. It was, however, noted that the situation has changed over the last three months with a building picture that primary care is handling more demand than ever, which is not supported by the information in this audit, due to being carried out in January 2021. As discussed previously in the meeting, members agreed the need to ensure regular access audits were carried out to keep reviewing this position. Soft intelligence is confirming that access is increasing, therefore, this needs to continue to be measured and where there are increases in numbers and variations, that these are highlighted and further interventions discussed with the practices concerned.</p> <p>The Committee noted the findings from the Access Audit undertaken in January and February 2021 and agreed that further regular access audits be carried out, with the next one confirmed for September/October 2021.</p> <p><u>Response to Councillors regarding Access Issues</u> The report detailed a number of queries recently received from Councillors on primary care access issues and the responses sent. It was noted that 35 issues had been escalated in total, with some unidentifiable practices.</p> <p>Where practices have been identified, the primary care team have held meetings with practice representatives and non-identifiable information only has been shared with the practice to enable a response. Almost all practices have now responded with 4 practices having more than 1 query to review. The proposal was to feedback the responses to the Councillors who had originally submitted the issues.</p> <p>The Committee noted the responses to Councillors on the current access issues reported.</p>
15/21	<p><u>Any Other Business</u> There was no further business discussed.</p>
16/21	<p><u>Chair reflection on significant decisions/actions/risks that may need reporting to the Board through these minutes</u> The main points highlighted were:-</p> <ul style="list-style-type: none"> • Approval of the BQC 2021/22. • Approval of the BQC Contract Value 2021/22. • Findings from the recent Access Audit.

17/21	<u>Time and Date of Next Meeting</u> It was agreed that the next meeting would be held on Thursday 8 th June 2021 at 12 noon.
18/21	<u>Exclusion of the Public</u> <i>"That representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest", Section 1 (2), Public Bodies (Admission to Meetings) Act 1960".</i>