

NHS BOLTON CLINICAL COMMISSIONING GROUP
Public Board Meeting

AGENDA ITEM NO:12.....

Date of Meeting:9th July 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 10 th June 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 re-set of KPIs. • Contracted boundary area. • PMS Contract. 	
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: 10th June 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
Melissa Maguinness	CCG Director of Strategic Commissioning/Deputy Chief Officer
Jim Fawcett	Health Watch representative

In attendance:

Andrea Thomas	CCG Primary Care Contract Manager
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Minutes by:

Joanne Taylor	Board Secretary
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Minute No.	Topic
19/21	<p><u>Apologies for Absence</u> Apologies for absence were received from:-</p> <ul style="list-style-type: none"> • Kerry Porter, GMH&SCP Primary Care team representative. • Lynn Donkin, Public Health representative, Bolton Council.
20/21	<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</p>

	<p>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>
21/21	<p><u>Minutes from the Meeting held on 13th May 2021</u> The Minutes were approved as a correct record.</p>
22/21	<p><u>Primary Care Covid Expansion Funding</u> The report detailed the proposals for the second tranche of ring-fenced funding available to practices for the Covid expansion fund programme. It was noted that this report has been reviewed and approved by the CCG Executive who agreed that this funding be managed in the same way as the first tranche of funding was managed, ie: to allocate on a weighted patient basis to support the delivery of 7 priority areas outlined in the report.</p> <p>One of the priority areas is the delivery of the home oximetry service with delivery of this service being provided by Bolton FT community services due to the subsequent wave in Covid and increasing demand.</p> <p>The Committee reviewed the 7 priority areas, noting that practices are being asked to provide assurance around delivery of all priority areas.</p> <p>The Committee approved the proposals outlined in the report for the use of the second tranche of funding for the Primary Care Covid Expansion Fund.</p>
23/21	<p><u>Terms of Reference Review</u> The updated terms of reference were reviewed and approved by the Committee.</p>
24/21	<p><u>Bolton Quality Contract (BQC) – Reset of the KPIs</u> Following discussions held at the previous meeting and recommendations made, the Committee received an update on further proposed changes to the BQC. These changes had been proposed following a meeting with the CCG Chief Officer, Committee Chair and CCG primary care colleagues. The proposals had also been discussed with the GP membership at a recent clinical leads meeting.</p> <p>The Committee noted the achievements made to date compared with 2020 data and discussed the changes to the access audit, in particular the ongoing issues with practices resuming face to face consultations and noted the discussions held with the GP membership on enforcing a target of 22.5 face to face contacts, undertaking 2 further access audits.</p> <p>The Committee discussed the specific issues being raised regarding the reduced offer of face to face consultations by some practices. Members agreed it was not unreasonable to expect practices to offer this now that routine capacity was returning in the system and funding has been made available to access other arenas to provide these appointments. It was agreed that practices should be communicated with to encourage them to have more face to face consultations. Members agreed that where practices may struggle to offer this, that a review be undertaken with the practice to understand their reasons for offering limited face to face consultations.</p> <p>Members also reviewed the proposed changes to the Best Care standard and were informed of the current risks due to Covid regarding the respiratory function testing. The proposal was that the long term condition checklist be completed without carrying out this function. Members noted that some practices would prescribe a patient flow meter to patients as an alternative to do this test at home if this was required.</p> <p>Members also noted the addition of a new safety KPI for the Prescribing standard.</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 to the following changes to the BQC for 2021/22:</p> <ul style="list-style-type: none"> • To the change to the Access KPI to include 22.5 face to face contacts (30% of the 75 target) and to participate in 2 further access audits. The CCG primary care team would continue to offer support to any practice with specific issues around achievement of this target. • To increase the KPI payment to a 5% payment for Access and reduce the Ageing Well and Health Improvement by 2% each. • 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. • A practice will be subject to a 10% overall penalty, in the event they fail both of the above criteria. • To communicate this information to the GP membership. <p>Lynda Helsby left the meeting at this point.</p>
25/11	<p><u>Request for 2 practices to make changes to their contracted boundary area</u> Stacey Walsh confirmed an interest in this item and left the meeting at this stage.</p> <p>The Committee was informed of two applications received from practices to change their contracted boundary areas.</p> <p><u>Reduction in Boundary Area</u> The first application was for a reduction in the boundary area. Members were informed that the practice holds a GMS contract and serves a population of approximately 3641 patients. There are two whole time equivalent (WTE) GP Partners and two part-time nurses with a combined WTE of 0.9. The practice is a member of the Farnworth & Kearsley Primary Care Network (PCN).</p> <p>The practice's rationale for reducing their boundary area is due to an increase in their list size, serving a highly deprived demographic area and issues with regard to premises constraints. Members were informed that the premises constraints are due to change and the deprivation demographics match with other practices in that area. The issues that the reduction in boundary area would cause for two care homes was also noted.</p> <p>The Committee agreed that the request be refused.</p> <p><u>Increase in Boundary Area</u> The second application was from a practice to increase its practice boundary. It was noted that the practice holds a PMS contract and serves a population of approximately 13,738 patients. There are 15 GPs (5 of which are partners) with a combined WTE of 9.8. The practice employs 6 nurses with a combined WTE of 3.8. The practice is a member of the Farnworth & Kearsley Primary Care Network (PCN).</p> <p>The practice's rationale for increasing their boundary area was to increase patient choice, alleviate pressures on surrounding practices, register patients from new housing developments and offer services to other local struggling practices.</p> <p>Members discussed the application and raised concerns around the large expansion proposed to this boundary area.</p> <p>It was noted that following a review of this application, a small area not fully covered with primary care provision had been identified and the Committee was asked to review and approve the inclusion of this area within this practice's boundary.</p>

	<p>The Committee approved the inclusion of the small area not covered by any practice in this practice’s boundary and looked positively on the proposal to increase the boundary area to improve choice.</p> <p>However, the Committee agreed that further information would be required to understand from a PCN point of view the balance of pros and cons for this proposal. Following this it will be further reviewed by the Committee at the next meeting.</p> <p>Stacey Walsh returned to the meeting.</p>
26/11	<p><u>Application for incorporation of a PMS Contract</u></p> <p>The Committee was informed of an application received from a PMS practice (contractual agreement currently held by individual medical contractors operating under partnership arrangements) requesting approval to incorporate.</p> <p>Members were informed that ‘incorporation’ is the process by which individual GPs or partnerships holding a GMS, PMS or APMS contract to seek Commissioner approval to operate and deliver services through a company limited by shares (called a “qualifying body” in PMS). It was noted, however, that this change to a limited company is a complete change to the identity of the contracting party, regardless of whether the proposal is for the limited company to be owned and/or run by the original contractors.</p> <p>It was noted that the NHS England Primary Medical Care Policy and Guidance Manual (PGM) refers to ‘the Commissioner’s obligations under procurement law to determine whether there is a risk of challenge in agreeing the request and whether a competitive tender process should be carried out to select any new contractor’. It goes on to say that ‘a commissioner may conclude that a proposal [from a practice to incorporate], and the associated benefits, is worth supporting provided that there is alignment with local strategic priorities and identified risk can be mitigated and/or minimised’.</p> <p>The Committee was also informed of the stability this would provide in ensuring continuity of care for patients. The practice also believe that incorporation would enable the practice to become the lead practice for the PCN and allow for employment of PCN staff, something which has been resisted by all practices in the PCN.</p> <p>Also highlighted was the legal view received and similar incorporation of contracts that have taken place in other CCGs to enable the Committee to make an informed view.</p> <p>The Committee discussed and queried the risks highlighted regarding the procurement rules and the effect this could have on other practices in this PCN. It was noted that the CCG has fully discussed this application with NHS England who has confirmed the need for the CCG to take further legal advice as any risk would be the CCG’s risk.</p> <p>The Committee agreed that further legal advice be sought on the potential risks and implications raised by this application, for further review at the next meeting.</p>
27/21	<p><u>Estates Update</u></p> <p>There were no further updates to report to the Committee.</p>
28/21	<p><u>Any Other Business</u></p> <p>There was no further business discussed.</p>

29/21	<p><u>Chair reflection on significant decisions/actions/risks that may need reporting to the Board through these minutes</u></p> <p>The main points highlighted were:-</p> <ul style="list-style-type: none"> • Approval of the BQC re-set of KPIs. • Contracted boundary area. • PMS Contract.
30/21	<p><u>Time and Date of Next Meeting</u></p> <p>It was agreed that the next meeting would be held on Thursday 5th August 2021 at 12 noon.</p>
31/21	<p><u>Exclusion of the Public</u></p> <p><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></p>