

**AGENDA  
PRIMARY CARE COMMISSIONING COMMITTEE – VIRTUAL MEETING**

**The meeting will be held via MS Teams Meeting and a diary invite will have been sent to you prior to the meeting**

**Date: 14<sup>th</sup> October 2021**

**Time: 12.00pm to 13.00pm**

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 meeting held on 5 <sup>th</sup> August 2021.	Paper – for approval	Alan Stephenson
4.	12.05pm	10 mins	Annual Report and ToR Review.	Paper – for discussion	Joanne Taylor
5.	12.15pm	10 mins	High Risk Antibiotics.	Paper – for discussion	Chris Haigh
6.	12.25pm	20 mins	Contract Updates: <ul style="list-style-type: none"> <li>Update on the Application to Increase a Boundary Area.</li> <li>Novation Update.</li> <li>Access Concerns.</li> </ul>	Verbal – for discussion	Kathryn Oddi
7.	12.45pm	5 mins	Estates Update.	Verbal – for discussion	Kathryn Oddi
8.	12.50pm	5 mins	Any Other Business.	Verbal	All
9.	12.55pm	5 mins	Chair reflection on significant decisions/actions/risks that may need reporting to the Board through these minutes.	Verbal	All
10.	13.00pm		Time & Date of Next Meeting - to take place from 12 noon on:- <ul style="list-style-type: none"> <li>9<sup>th</sup> December – full review of enhanced services.</li> </ul>	Verbal	All
11.	13.00pm		BQC Appeals: <ul style="list-style-type: none"> <li>Setting up of an Appeals Panel.</li> <li>BQC Late Appeal.</li> </ul>	Verbal	Alan Stephenson

## MINUTES

### Primary Care Commissioning Committee – Virtual Meeting

Date: 5<sup>th</sup> August 2021

Time: 12.00pm

Present:

Alan Stephenson	CCG Lay Member (Committee Chair)
Su Long	CCG Chief Officer
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
Susan Baines	Bolton Council Elected Member
Steven Whittaker	Local GP representative
Kerry Porter	GMH&SCP Primary Care team representative
Stacey Walsh	Local Practice Manager representative

Minutes by:

Joanne Taylor	Board Secretary
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Minute No.	Topic
32/21	<p><b><u>Apologies for Absence</u></b>            Apologies for absence were received from:-</p> <ul style="list-style-type: none"> <li>• Lynn Donkin, Public Health representative, Bolton Council.</li> <li>• Melissa Maguinness, CCG Director of Strategic Commissioning/Deputy CO.</li> <li>• Jim Fawcett, Health Watch representative.</li> <li>• Andy Morgan, Bolton Council elected member.</li> </ul>
33/21	<p><b><u>Declarations of Interest</u></b>  <b>Stephen Liversedge, Stacey Walsh and Steven Whittaker declared an interest in all the items on the agenda relating to primary care, due to potential financial conflicts of interest.</b></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:  <a href="http://www.boltonccg.nhs.uk/about-us/declarations-of-interest">http://www.boltonccg.nhs.uk/about-us/declarations-of-interest</a></p>
34/21	<p><b><u>Minutes from the Meeting held on 10<sup>th</sup> June 2021</u></b>  <b>The Minutes were approved as a correct record.</b></p>

35/21	<p><b><u>Primary Care Commissioning Contract Review</u></b></p> <p>The report from the MIAA internal audit review on primary care contracting was presented. Members were informed that the CCG has received substantial assurance in this area. There were 3 recommendations within the report relating to inclusion of an approval date, ensuring all contracts were submitted on time and the development of a communication strategy in relation to primary care. It was noted that the first two recommendations have now been remedied and the third recommendation is in development.</p> <p>The Committee thanked the primary care contracting team for their hard work in gaining this assurance from internal audit.</p> <p><b>The Committee noted the report.</b></p>
36/21	<p><b><u>Application for incorporation of a PMS Contract</u></b></p> <p>Further to discussions held at the last meeting, the Committee was presented with further legal advice on the potential risks and implications raised by this application.</p> <p>The Committee reviewed the legal advice received which highlights similar issues on ensuring a safe harbour arrangement is in place to process the novation without having to invite competition and to evidence that a tender process is not required due to lack of competition for technical reasons. The legal view concluded that the risk of challenge is likely to be low but advices on the need to assess if there are alternative providers in the market that could make a challenge.</p> <p>Members discussed the level of risk versus the effort and cost of a procurement process, acknowledging that the application appears to have relatively minor changes and is based on continuity of care and is in the interest of patients. Members discussed the option of requesting assurances from the practice to reduce the level of risk, in particular to confirm any future changes to directorship etc.</p> <p><b>The Committee agreed to the application in principle and delegated final approval to the Chief Officer of facilitated discussion with the practice over further assurance.</b></p>
37/21	<p><b><u>Update on the Application to Increase a Boundary Area</u></b></p> <p>The Committee was reminded of the previous discussions held regarding this application and that following a review of boundary areas, the primary care contracting team had highlighted an area that was not covered by any practice.</p> <p>This had been discussed further with the practice submitting the application, to request they accept this area within their boundary area but that a wider discussion with the PCN takes place to ensure all practices are in agreement.</p> <p>The meeting is scheduled to take place this week so a further update will be presented to the Committee at the next meeting.</p> <p><b>The Committee approved the boundary change to include the area not presently covered by any practice. It also agreed to review the other areas of this application further at the next meeting.</b></p>
38/21	<p><b><u>Proposal to Extend Income Protection</u></b></p> <p>Practices had been informed in February 2021 of the changes regarding the submission of invoices and income protection for the locally commissioned services that were outside of the Bolton Quality Contract.</p> <p>The proposal was to extend this to the end of quarter 2, 30<sup>th</sup> September 2021 with a review being undertaken in the meantime. Practices to re-start the submission of invoices and activity from 1<sup>st</sup> October 2021.</p>

	<p><b>The Committee agreed to the extension of the income protection and submission of invoices for locally commissioned services to 30<sup>th</sup> September 2021.</b></p>
39/21	<p><b><u>Estates Update</u></b>  The Committee was informed that the Little Lever project is on track for completion in January 2022. Practices will be fully involved in the final design stage, the contractual relocation processes and engagement with patients will take place prior to opening.</p> <p><b>The Committee noted the update.</b></p>
40/21	<p><b><u>Any Other Business</u></b></p> <p><b><u>Update on BQC 2021/22</u></b>  The Chair informed members that some practices still had concerns regarding the standard and KPIs agreed regarding face to face consultations. The Chair has said that following the next access audit review, he will ask the Committee to review this and other BQC requirements in the light of NHS developments and pressures.</p> <p><b>The Committee agreed to review the BQC standard and KPIs regarding face to face consultations at the December meeting, once the access audit has been undertaken.</b></p> <p><b><u>Future Agenda Items</u></b>  Members were informed of 2 items to be presented at future meetings:</p> <ul style="list-style-type: none"> <li>• BQC Appeals process – October meeting.</li> <li>• Full review of the Local Enhanced Services – October meeting.</li> <li>• BQC Review – December meeting.</li> </ul>
41/21	<p><b><u>Chair reflection on significant decisions/actions/risks that may need reporting to the Board through these minutes</u></b>  The main points highlighted were:-</p> <ul style="list-style-type: none"> <li>• Approval in principle to the incorporation of a PMS Contract.</li> <li>• Approval to extend the Income Protection process.</li> </ul>
42/21	<p><b><u>Time and Date of Next Meeting</u></b>  It was agreed that the next meeting would be held on Thursday 14<sup>th</sup> October 2021 at 12 noon.</p>
43/21	<p><b><u>Exclusion of the Public</u></b>  <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>

**Primary Care Commissioning Committee**

**AGENDA ITEM NO:** .....4.....

**Date of Meeting:** .....14<sup>th</sup> October 2021.....

<b>TITLE OF REPORT:</b>	Draft Annual Report and Terms of Reference	
<b>AUTHOR:</b>	Joanne Taylor, Board Secretary	
<b>PRESENTED BY:</b>	Joanne Taylor, Board Secretary	
<b>PURPOSE OF PAPER: (Please be clear e.g. decision(s) required, a discussion, for noting)</b>		
For review and comment		
The purpose of this report is to provide a summary of the Committee’s activities, in order to demonstrate how the Committee has discharged its responsibilities and terms of reference.		
The Committee is asked to approve subject to review and comment on the draft report prior to the final document being presented to a future CCG governing body meeting.		
<b>LINKS TO CORPORATE OBJECTIVES (tick relevant boxes):</b>	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.	
<b>FINANCIAL IMPLICATIONS [discussed with Chief Financial Officer]:</b>		
None		
<b>COMMITTEES/GROUPS PREVIOUSLY CONSULTED:</b>		
None		
<b>REVIEW OF CONFLICTS OF INTEREST:</b>		
N/A		
<b>RECOMMENDATION(s)</b>		
The Committee is asked to approve subject to review and comment on the draft report prior to the final document being presented to a future CCG governing body meeting.		

# Primary Care Commissioning Committee

## Annual Report 2020-21

### 1. Introduction

The purpose of this report is to provide a summary of the Primary Care Commissioning Committee (the Committee) activities, in order to demonstrate compliance with the Committee's terms of reference, effectiveness and impact of the Committee.

The Committee is established as a Sub-Committee of the governing body in accordance with NHS Bolton Clinical Commissioning Group (CCG) governing body's constitution.

The terms of reference setting out the membership, remit, responsibilities and reporting arrangements of the Committee were reviewed and amended in June 2021.

### 2. Membership

The membership of the Committee during 2020-21 was as follows:

- Alan Stephenson, Lay Member and Chair of the Committee.
- Jim Fawcett, Health Watch representative.
- Su Long, CCG Chief Officer.
- Ian Boyle, CCG Chief Finance Officer (to September 2020).
- Kelly Knowles, CCG Interim Chief Finance Officer (from September 2020).
- Stephen Liversedge, Clinical Director Primary Care & Health Improvement.
- Lynda Helsby, Associate Director Primary Care & Health Improvement.
- Bolton Council Senior Officer representative.
- Bolton Council Elected Member representative.
- NHS England Primary Care Commissioning representative.
- Steven Whittaker, local GP representative.
- Stacey Walsh, local practice manager representative.

### 3. Attendance

From April 2020 to March 2021, the Committee met six times and was quorate at each meeting.

The schedule of attendance is as follows:

	9/4/20	11/6/20	13/8/20	8/10/20	17/11/20	11/3/21
Alan Stephenson	√	√	√	√	√	√
Jim Fawcett	X	X	√	X	√	√
Su Long	√	√	√	√	√	X
Ian Boyle	√	√	√	N/A	N/A	N/A
Kelly Knowles	√	√	√	X	√	√
Stephen Liversedge	X	X	X	√	√	√
Melissa Maguinness	X	X	X	√	√	√
Bolton Council Senior Officer	X	X	X	X	X	√
Bolton Council Elected Members x 2	X X	√ X	√ X	√	√	√
NHS England Primary Care representative	X	X	X	√	√	√
Steven Whittaker	√	√	X	√	√	√
Stacey Walsh	√	√	√	√	√	√

#### 4. Conflicts of Interest

There were several declarations of interest reported dependent on the item for discussion. These were recorded in the minutes. 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.

For some items requiring decision, the members concerned asked not to take part in the discussions and were requested to leave the meeting when these items were being discussed.

#### 5. Remit and responsibilities of the Committee

The Committee's remit is to:

- Make collective decisions on the review, planning and procurement of primary care services in the borough of Bolton, under delegated authority from NHS England.

- In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and NHS Bolton CCG, which will sit alongside the delegation and terms of reference.
- The functions of the Committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.
- The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act, except those relating to individual GP performance management, which have been reserved to NHS England.
- This includes the following:
  - GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing breach/remedial notices and removing a contract);
  - Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);
  - Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
  - Decision making on whether to establish new GP practices in an area;
  - Approving practice mergers; and
  - Making decisions on ‘discretionary’ payment (eg. Returner/retainer schemes).
- The Committee’s aim is to deliver the following benefits:
  - Improved provision of out-of hospital services for the benefit of patients and local populations;
  - a more integrated healthcare system that is affordable, high quality and which better meets local needs;
  - more optimal decisions to be made about how primary care resources are deployed;
  - greater consistency between outcome measures and incentives used in primary care services and wider out-of-hospital services; and
  - a more collaborative approach to designing local solutions for workforce, premises and IM&T challenges.
- In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and NHS Bolton CCG, which will sit alongside the delegation and terms of reference.



## 6. Policy and best practice

The Committee applied best practice in its deliberations and decision making processes. It conducted its business in accordance with national guidance and relevant codes of conduct and good governance practice.

## 7. Conduct of the Committee

The Committee reviewed its performance, membership and terms of reference and any changes to the terms of reference or membership were approved by the Governing Body.

Meetings of the Committee were conducted in accordance with the provisions of Standing Orders, Reservation and Delegation of Powers and Prime Financial Policies approved by the Governing Body and reviewed from time to time.

The Board Secretary minuted the proceedings of all meetings of the Committee, including recording the names of those present and in attendance and the minutes of the Committee meetings were circulated promptly to all attendees of the Committee for approval.

The Committee reported to the Governing Body after each meeting via its minutes.

## 8. Key Areas Reviewed

Throughout the year, the Committee reviewed the following areas:-

- The Bolton Quality Contract for 2020/21 including:
  - New ways of working.
  - Payment proposal.
  - Prescribing payment adjustments due to Cat M.
  - Quarter 4 KPI member engagement adjustments.
  - A 6 month programme for re-setting primary care.
  - 2019/20 End of Year Report.
  - Multi-contract providers attendance at CCG events and meetings.
- The Bolton Quality Contract 2021/22.
- Regular updates on the development of the primary care estate.
- Regular updates on the Primary Care Investment Agreement.
- Regular updates on the Health Check Governance processes.
- Various primary care contractual changes and contractual issues.

The Terms of Reference attached were reviewed and amended in June 2021.

**Alan Stephenson**  
**Primary Care Commissioning Committee Chair**

**October 2021**

# Primary Care Commissioning Committee

## Terms of Reference

### 1. Introduction

- 1.1. Simon Stevens, the Chief Executive of NHS England, announced on 1 May 2014 that NHS England was inviting Clinical Commissioning Groups (CCGs) to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG's preference for how it would like to exercise expanded primary medical care commissioning functions. One option available was that NHS England would delegate the exercise of certain specified primary care commissioning functions to a CCG.
- 1.2. In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of the functions specified in Schedule 2 to these Terms of Reference to NHS Bolton CCG. The delegation is set out in Schedule 1.
- 1.3. The CCG has established the NHS Bolton CCG Primary Care Commissioning Committee ("the Committee"). The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.
- 1.4. It is a committee comprising representatives of the following organisations:
  - NHS Bolton CCG;
  - Healthwatch Bolton;
  - GP not practising in Bolton;
  - Member representatives: Local GP, Practice Manager;
  - NHS England representatives including public health commissioning representative;
  - Local Council senior officer.
  - Local Council elected members.
- 1.2. The NHS England and Bolton CCG Primary Care Commissioning Committee is a committee with the primary purpose of jointly commissioning primary medical services for the people of Bolton.

- 1.3. The NHS Bolton CCG Primary Care Commissioning Committee is established in accordance with NHS Bolton Clinical Commissioning Group's Constitution, Standing Orders and Scheme of Delegation.

These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the Clinical Commissioning Group's Constitution and Standing Orders.

## 2. Statutory Framework

- 2.1. NHS England has delegated to the CCG authority to exercise the primary care commissioning functions set out in Schedule 2 in accordance with section 13Z of the NHS Act.

The National Health Service Act 2006 (as amended) ("NHS Act") provides, at section 13Z, that NHS England's functions may be exercised jointly with a CCG, and that functions exercised jointly in accordance with that section may be exercised by a committee of NHS England and the CCG. Section 13Z of the NHS Act further provides that arrangements made under that section may be on such terms and conditions as may be agreed between NHS England and the CCG.

- 2.2. Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between the Board and the CCG.
- 2.3. Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:
  - 2.3.1. Management of conflicts of interest (section 140);
  - 2.3.2. Duty to promote the NHS Constitution (section 14P);
  - 2.3.3. Duty to exercise its functions effectively, efficiently and economically (section 14Q);
  - 2.3.4. Duty as to improvement in quality of services (section 14R);
  - 2.3.5. Duty in relation to quality of primary medical services (section 14S);
  - 2.3.6. Duties as to reducing inequalities (section 14T);
  - 2.3.7. Duty to promote the involvement of each patient (section 14U);
  - 2.3.8. Duty as to patient choice (section 14V);
  - 2.3.9. Duty as to promoting integration (section 14Z1);
  - 2.3.10 Public involvement and consultation (section 14Z2).
- 2.4. The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those in accordance with the relevant provisions of section 13 of the NHS Act as set out below:

- Duty to have regard to impact on services in certain areas (section 13O);
- Duty as respects variation in provision of health services (section 13P).

2.5 The Committee is established as a committee of the Governing Body of NHS Bolton CCG in accordance with Schedule 1A of the “NHS Act”.

2.6 The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

### **3. Role of the Committee**

3.1 The Committee has been established in accordance with the above statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary care services in the borough of Bolton, under delegated authority from NHS England.

3.2 In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and NHS Bolton CCG, which will sit alongside the delegation and terms of reference.

3.3 The functions of the Committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.

3.4 The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act, except those relating to individual GP performance management, which have been reserved to NHS England.

3.5 This includes the following:

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing breach/remedial notices and removing a contract);
- Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- Decision making on whether to establish new GP practices in an area;
- Approving practice mergers; and
- Making decisions on ‘discretionary’ payment (eg. Returner/retainer schemes).

- 3.6 The CCG will also carry out the following activities:
- Plan, including needs assessment, primary medical care services in Bolton borough;
  - Undertake reviews of primary medical services in Bolton borough;
  - Co-ordinate a common approach to the commissioning of primary care services generally;
  - Manage the budget for commissioning of primary medical care services in Bolton borough.

- 3.7 The Committee will aim to deliver the following benefits:

- Improved provision of out-of hospital services for the benefit of patients and local populations;
- a more integrated healthcare system that is affordable, high quality and which better meets local needs;
- more optimal decisions to be made about how primary care resources are deployed;
- greater consistency between outcome measures and incentives used in primary care services and wider out-of-hospital services; and
- a more collaborative approach to designing local solutions for workforce, premises and IM&T challenges.

- 3.7.1 In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and NHS Bolton CCG, which will sit alongside the delegation and terms of reference.

#### 4. Geographical Coverage

- 4.1 The Committee's responsibilities will cover the same geographical area as those of NHS Bolton CCG.

#### 5. Membership

- 5.1. The Committee will comprise of the following members:-

<b>Members (Designation)</b>
CCG Governing Body Lay Member (Chair of the Group) (Voting)
Healthwatch Representative (Voting)
CCG Chief Officer (Voting) (or their deputy)
CCG Acting Chief Finance Officer (Voting) (or their deputy)
CCG Clinical Director Primary Care & Health Improvement (Voting)
CCG Director of Strategic Commissioning (Voting)
CCG Associate Director Primary Care & Health Improvement (Non-Voting – In Attendance)

Bolton Council Senior Officer (or their deputy) (Voting)
2 Bolton Council Elected Members (Voting) (Susan Baines appointed as Vice-Chair)
NHS England Primary Care Commissioning (or their deputy) (Voting)
GP not practising in Bolton (Voting)
Local GP (Voting)
Local Practice Manager (Voting)

A CCG Lay Member will Chair the Group, in accordance with national guidelines. In the absence of the Chair of the Committee, a lay chairman shall be nominated by other members attending that meeting.

The Committee has agreed that the CCG Chief Officer and Chief Finance Officer can appoint deputies to attend meetings on their behalf. The deputies are:

- Chief Officer – TBC.
- Acting Chief Finance Officer – Associate Director, Financial Management.

## 6. Meetings and Voting

- 6.1 The Committee will operate in accordance with the CCG's Standing Orders. The Board Secretary will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than 7 days before the date of the meeting. When the chair of the committee deems it necessary, in light of the urgent circumstances, to call a meeting at short notice, the notice period shall be such as s/he shall specify.
- 6.2 Each member of the Committee shall have one vote except those indicated in schedule 1 as non-voting. The Committee shall reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.
- 6.3 Meetings of the Committee shall:
- (a) Be held in public, subject to the application of point (b) below;
  - (b) The Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of

the proceedings or for any other reason permitted by the Public Bodies (Admissions to Meetings) Act 1960 as amended or succeeded from time to time.

- 6.4 NHS England, Bolton CCG and Bolton Council have the right and responsibility to designate alternates of their own choosing to ensure they attend all meetings.
- 6.5 Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavor to reach a collective view.
- 6.6 The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.
- 6.7 The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.
- 6.8 Members of the Committee shall respect confidentiality requirements as set out in the CCG's Constitution.
- 6.9 The Committee will present its minutes to Governing Body of NHS Bolton CCG for information, including the minutes of any sub-committees to which responsibilities are delegated under section 8.4
- 6.10 The CCG will also comply with any reporting requirements set out in its Constitution.
- 6.11 Terms of Reference will be reviewed annually, reflecting experience of the Committee in fulfilling its functions. NHS England may also issue revised model terms of reference from time to time.
- 6.12 The Committee will also report to the governing body annually setting out how it has discharged its responsibilities and its terms of reference.

## **7. Quorum**

- 7.1 Two thirds of voting members represents a quorum. This should include a majority of lay and executive members in attendance with eligibility to vote.



## **8. Handling Conflicts of Interest**

- 8.1 As defined in the CCG's Conflicts of Interest Policy, where this Committee is taking a decision where a member of the Committee has a conflict of interest, the member/s will be excluded from the relevant parts of the meeting and clearly and demonstrably take no part in the decision-making process.

## **9. Frequency of Meetings**

- 9.1 The Committee will meet once every two months.
- 9.2 For any urgent interim decisions that are required. The process to follow is detailed below:
- Recommendation by the Operational Group.
  - Notified to the Joint Commissioning Committee Chair in the first instance.
  - Recommendation to the Joint Commissioning Committee for a "virtual" decision.
  - Reported and recorded at the next meetings of the Joint Commissioning Committee and Operational Group.
  - Reported to NHSE.

## **10. Secretary**

- 10.1 The NHS Bolton CCG Board Secretary will provide administrative support to the Committee. The Board Secretary will be responsible for:
- Circulation of the minutes and action notes of the committee within 1 week of the meeting to all members.
  - Supporting the chair in the management of business.
  - Drawing the committee's attention to best practice, national guidance and other relevant documents, as appropriate.
  - Present the minutes and action notes to the governing body of NHS Bolton CCG.
- 10.2 Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed, shall be forwarded to each member of the committee, and other persons required to attend no later than five working days before the date of the meeting. Supporting papers shall be sent to committee members and other attendees as appropriate, at the same time. These timescales can be amended by express agreement of the Chair of the Committee. Urgent items can be added to the agenda at short notice, only with the express agreement of the Chair of the Committee.

**11. Policy and Best Practice**

- 11.1 The Committee will apply best practice in its deliberations and in the decision making processes. It will conduct its business in accordance with national guidance and relevant codes of conduct and good governance practice.

**Date Terms of Reference Agreed:**

June 2021

**Review Date:**

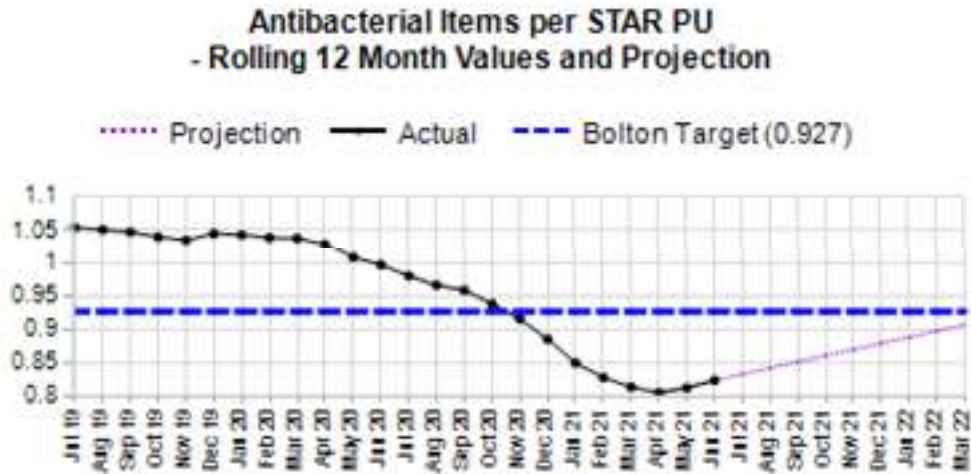
June 2022

<b>TITLE OF REPORT:</b>	BQC Prescribing – High Risk Antibiotics	
<b>AUTHOR:</b>	Chris Haigh	
<b>PRESENTED BY:</b>	Chris Haigh	
<b>PURPOSE OF PAPER: Decision to pay suggested achievements of BQC</b>		
<b>LINKS TO CORPORATE OBJECTIVES (tick relevant boxes):</b>	Deliver the outcomes in the Bolton Joint Health and Care Plan.	X
	Ensure compliance with the NHS statutory duties and NHS Constitution.	
	Deliver financial balance.	X
	Regulatory Requirement.	
	Standing Item.	
<b>FINANCIAL IMPLICATIONS:</b>		
Potential for BQC payment for 6 additional practices for the High Risk Antibiotics Indicator		
<b>COMMITTEES/GROUPS PREVIOUSLY CONSULTED:</b>		
BQC Informal Appeals Panel		
<b>REVIEW OF CONFLICTS OF INTEREST:</b>		
Nil		
<b>RECOMMENDATION(s)</b>		
The group upholds the decision on the award of BQC payment to the additional 6 practices for the reasons outlined in the paper		

## High Risk Antibiotics – BQC Amendment 2020/21

### Background

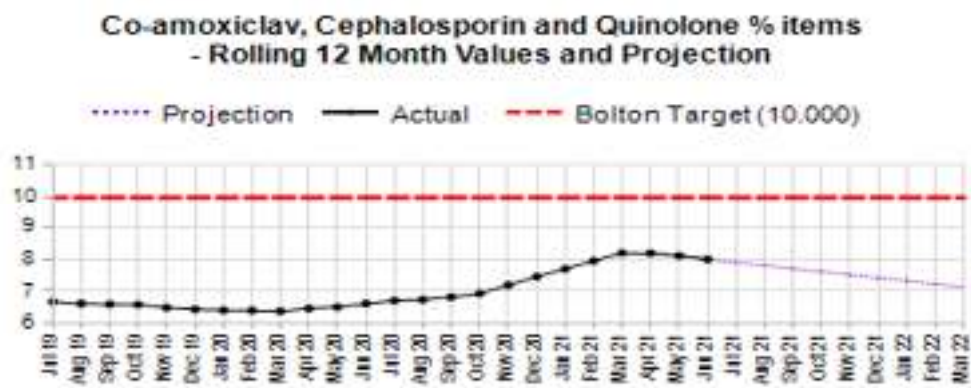
During the pandemic antibiotic usage has fallen to record low levels for Bolton. The graph below illustrates the drop seen of over the pandemic in overall antibiotic prescribing rates:



There are numerous factors that have contributed to the drop in overall antibiotic use and infections related to the pandemic and actions such as:

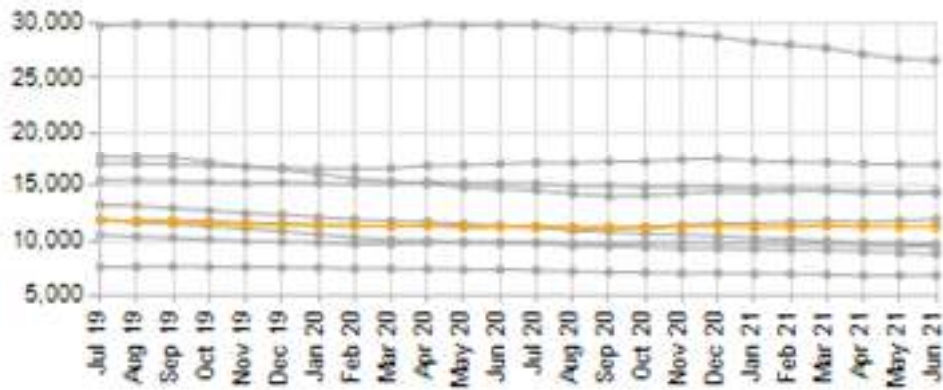
- Shielding/Isolating
- Mask Wearing
- Social Distancing
- Reduced contacts with prescribers

The above factors and others have resulted in significant reductions in overall antibiotic use. As a result of this the proportion of high risk antibiotics has increased as illustrated below:



Overall items dispensed have remained roughly stable as illustrated below (Bolton Highlighted in Yellow)

**Co-amoxiclav, Cephalosporin and Quinolone - Trend  
Rolling 12 Month Total Items (Absolute)**



Formulary choices for the high risk antibiotics are mainly based around urinary tract infections and other antibiotic uses less affected by social factors such as animal bites. We would not expect the drop in high risk antibiotic items to be the same as those mainly used for respiratory infections due to this.

In previous years antibiotic usage had been gradually declining and thus the measure and target would be fair or target % reduction or being below peer group average. This the vast majority of practices have only achieved payment related to their peer group position rather than based on their target at the start of the year. Given that the target for practices above their peers at baseline would have been nearly impossible to achieve as a % of items an alternate measure should be employed

**Suggested Actions**

Practice that have shown a reduction or maintenance (0% growth) of high risk items would be felt appropriate for this year. A breakdown of this updated achievement is below

Practice code	Practice name	Baseline	Target	Year end achievement	Practice rate	Peer group rate	Achieved target?	Better than peer group?	Sliding scale	Achievement	Change in Items 19/20 vs 20/21	% Change in Items	Updated Achievement
P82001	The Dunstan Partnership	6.5%	5.8%	8.4%	8.4%	7.0%	N	N	-	-	45	12%	No Change
P82002	Counsell & Partners	4.3%	3.9%	6.6%	6.6%	8.7%	N	Y	-	100%	72	40%	No Change
P82003	Kildonan House	4.5%	4.1%	5.6%	5.6%	7.7%	N	Y	-	100%	-4	-1%	No Change
P82004	Swan Lane Medical	7.5%	6.7%	8.3%	8.3%	8.1%	N	N	-	-	-63	-19%	100%
P82005	Stable Fold Surgery	7.7%	7.0%	10.8%	10.8%	7.7%	N	N	-	-	36	13%	No Change
P82006	Pike View Medical	6.5%	5.9%	9.1%	9.1%	7.7%	N	N	-	-	25	9%	No Change
P82007	Kearsley Medical	6.2%	5.6%	7.7%	7.7%	8.6%	N	Y	-	100%	38	8%	No Change
P82008	Stonehill Medical	5.0%	4.5%	3.9%	3.9%	7.0%	Y	Y	-	100%	-127	-35%	No Change
P82009	Garnet Fold	6.1%	5.5%	9.8%	9.8%	8.6%	N	N	-	-	83	36%	No Change
P82010	Dalefield Surgery	8.9%	8.0%	11.7%	11.7%	7.0%	N	N	-	-	18	5%	No Change
P82011	Lowe & Partners	4.3%	3.8%	4.5%	4.5%	7.0%	N	Y	-	100%	-39	-22%	No Change
P82012	Earnshaw & Partners	5.3%	4.7%	7.1%	7.1%	7.0%	N	N	-	-	19	14%	No Change
P82013	Loomba & Partner	7.7%	6.9%	9.2%	9.2%	8.1%	N	N	-	-	-45	-25%	100%
P82014	Spring House Surgery	8.8%	7.9%	8.3%	8.3%	8.6%	N	Y	50%	100%	-40	-13%	No Change
P82015	Unsworth Group Practice	6.0%	5.4%	7.1%	7.1%	7.7%	N	Y	-	100%	-36	-5%	No Change
P82016	Harwood Group Practice	7.8%	7.0%	9.0%	9.0%	8.6%	N	N	-	-	-51	-11%	100%
P82018	Alastair Ross Medical	4.3%	3.9%	7.1%	7.1%	7.0%	N	N	-	-	43	28%	No Change
P82020	Hallikeri & Partner	5.6%	5.1%	7.3%	7.3%	8.7%	N	Y	-	100%	7	6%	No Change
P82021	The Oaks Family Practice	8.6%	7.8%	10.2%	10.2%	8.6%	N	N	-	-	-17	-5%	100%
P82022	Hendy & Rizwan	8.0%	7.2%	11.1%	11.1%	8.1%	N	N	-	-	21	9%	No Change
P82023	Mandalay Medical	6.8%	6.2%	7.7%	7.7%	7.7%	N	Y	-	100%	-89	-22%	No Change
P82025	Burnside Surgery	2.3%	2.1%	3.2%	3.2%	8.7%	N	Y	-	100%	4	10%	No Change
P82029	Jeyam & Jesusdas	5.7%	5.1%	7.9%	7.9%	8.1%	N	Y	-	100%	3	3%	No Change
P82030	Deane Medical	4.1%	3.7%	7.7%	7.7%	7.5%	N	N	-	-	32	53%	No Change
P82031	Heaton Medical	5.1%	4.6%	6.7%	6.7%	7.7%	N	Y	-	100%	28	10%	No Change
P82033	Zarrouk & Partner	4.0%	3.6%	4.7%	4.7%	8.7%	N	Y	-	100%	-8	-15%	No Change
P82034	Edgworth Medical	7.1%	6.3%	8.8%	8.8%	7.7%	N	N	-	-	19	20%	No Change
P82036	Jain & Subramanian	3.4%	3.1%	4.6%	4.6%	8.6%	N	Y	-	100%	-6	-9%	No Change
P82037	Fig Tree Medical	8.6%	7.7%	10.8%	10.8%	7.0%	N	N	-	-	-14	-7%	100%
P82607	Crompton View Surgery	5.5%	5.0%	7.4%	7.4%	8.6%	N	Y	-	100%	16	13%	No Change
P82609	Shanti Medical	6.9%	6.2%	10.2%	10.2%	7.5%	N	N	-	-	7	3%	No Change
P82613	Spring View Medical	6.2%	5.6%	8.2%	8.2%	8.7%	N	Y	-	100%	22	14%	No Change
P82616	Beehive Surgery	4.2%	3.8%	5.8%	5.8%	8.1%	N	Y	-	100%	5	7%	No Change
P82624	Orient House Medical	4.4%	3.9%	3.3%	3.3%	8.7%	Y	Y	-	100%	-42	-54%	No Change

P82625	Sidda	3.0%	2.7%	2.8%	2.8%	7.5%	N	Y	25%	100%	-13	-48%	No Change
P82626	Uddin & Partners	3.8%	3.4%	5.4%	5.4%	8.1%	N	Y	-	100%	4	6%	No Change
P82627	Cornerstone Surgery	6.0%	5.4%	10.5%	10.5%	8.6%	N	N	-	-	76	61%	No Change
P82629	Dakshina-Murthi	8.9%	8.0%	12.8%	12.8%	8.1%	N	N	-	-	3	3%	No Change
P82633	Great Lever One	4.3%	3.8%	6.1%	6.1%	8.1%	N	Y	-	100%	-6	-10%	No Change
P82634	Karim & James-Authe	5.7%	5.1%	6.7%	6.7%	8.1%	N	Y	-	100%	-31	-24%	No Change
P82640	Al-Fal Medical	4.9%	4.4%	4.5%	4.5%	7.5%	N	Y	75%	100%	-3	-4%	No Change
P82643	Liversedge & Partners	7.9%	7.1%	10.1%	10.1%	7.7%	N	N	-	-	8	3%	No Change
P82652	Farnworth Family Practice	2.5%	2.2%	4.3%	4.3%	7.0%	N	Y	-	100%	22	59%	No Change
P82660	Deane Clinic	3.8%	3.4%	4.1%	4.1%	8.7%	N	Y	-	100%	-14	-20%	No Change
Y00186	3D Medical	3.8%	3.4%	2.8%	2.8%	7.5%	Y	Y	-	100%	-10	-50%	No Change
Y02319	Bolton General Practice	5.7%	5.2%	8.5%	8.5%	8.1%	N	N	-	-	-22	-18%	100%
Y02790	Bolton Medical	5.1%	4.6%	7.0%	7.0%	8.1%	N	Y	-	100%	-15	-10%	No Change
Y03079	Bolton Community Practice	9.9%	8.9%	13.5%	13.5%	8.7%	N	N	-	-	100	12%	No Change
Y03366	The Olive Family Practice	4.5%	4.1%	9.5%	9.5%	7.5%	N	N	-	-	53	62%	No Change