

NHS BOLTON CLINICAL COMMISSIONING GROUP
Public Board Meeting

AGENDA ITEM NO:10.....

Date of Meeting:8th April 2022.....

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 March 2022.	
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)	<p>The Board is asked to approve the Minutes. The key points the Board is asked to note from these minutes are:-</p> <ul style="list-style-type: none"> • Reviewed the BQC 2022/23 proposals for final approval at the April meeting. • Supported the recommendations for developing and approving the plans for tackling neighbourhood health inequalities. • Affirmed that the Winter Access Funding is additional funding and cannot count towards BQC targets. 	
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 March 2022

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
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
Karen Cassidy	Public Health representative, Bolton Council

In attendance:

Lynda Helsby	CCG Associate Director Primary Care & Health Improvement
Kathryn Oddi	CCG Head of Primary Care Contracting

Minutes by:

Joanne Taylor	Board Secretary
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Minute No.	Topic
10/22	<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. • Jim Fawcett, Health Watch representative.
11/22	<p><u>Declarations of Interest</u> 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.</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>

12/22	<p><u>Minutes from the Meeting held on 13th January 2022</u> The Minutes were approved as a correct record.</p> <p>With regard to the recent issues at Ladybridge surgery, which were reviewed by the Committee at its last meeting, the Committee was informed that the practice may be closing this surgery at 2pm. Members were informed that Ladybridge surgery had been informed of the Committee's decision not to support the closure of the surgery in an afternoon, but that safety concerns both internally and externally would be actioned. It was noted that internal works had commenced and Councillor Morgan confirmed that the works to street lighting was commencing this week with the works to the car park commencing the following week. Councillor Morgan was thanked for the work he has done on this issue and was asked to also pass on the Committee's gratitude to involved councillors.</p> <p>It was agreed that the practice would be contacted to confirm the Committee's decision and discuss the reasons for the practice closing.</p>
13/22	<p><u>Bolton Quality Contract 2022/2</u></p> <p>The Committee received a presentation on the proposed BQC for 2022/23. The presentation highlighted:-</p> <ul style="list-style-type: none"> • An update on the 2021/22 achievements so far. • General principles for setting the BQC for 2022/23. • The proposed standards and KPIs. • KPI % allocation. • Further considerations regarding the contract basis and penalties. <p>Members discussed the proposals and commented that the general approach for the 2022/23 BQC is appropriate and that practices should be able to achieve the standards and KPIs set as the majority of these are annual reviews without a part year effect and no backlog to work through due to the Covid pandemic. Members agreed practices should see this year as a "catch up" and consolidation process.</p> <p>Members were keen to see a greater focus on the Access targets and to see this as an area requiring continuous improvement. There is pressure at a national and local level to show an increase in appointments.</p> <p>The Chair requested comments from the GP and Practice Manager representatives, confirming their contribution to these discussions is valuable but that they would be excluded from voting due to their conflicts of interest.</p> <p>Members supported to the comments raised and, with regard to the Access standard, highlighted that practices have been given additional roles to improve access and this should be reflected in achievement of this target. However it was noted that some practices may be struggling to recruit additional staff to cover the extra sessions to provide these additional contacts. The Chair confirmed that the Access target needs to increase as this is an issue for the public and is important that access is seen to be improving. Members agreed that the technology developments over the last 2 years should be seen as a positive.</p> <p>Steven Whittaker raised an issue with regard to the Health Check standard confirming that practices may struggle to meet these targets as this target is reviewed over a 5 year period and practices have been focused on the Covid pandemic for the last 2 years. Increasing this target may prove difficult for practices to achieve.</p>

	<p>Members were informed that the Public Health team is currently in discussions with NHS England on additional funding to target vulnerable people to refer for health checks, from a prevention and early identification perspective. Further discussions locally with the CCG primary care and public health teams would be held to develop these plans further.</p> <p>Councillor Baines raised a suggestion following a recent discussion on developing a standard relating to people who are deaf or hard of hearing and discussed developing a pilot on this area. It was agreed further discussions on this would be held.</p> <p>Following discussions, the Committee's views on the proposed BQC 2022/23 were:</p> <ul style="list-style-type: none"> • To review further the Access KPI to increase to 80 per 1,000 contacts and increase the value. • Any KPIs with a rolling target (3 or 5 years) to have a stepped approach. • Focus practices on achieving targets at pre-pandemic levels. • Maintain a contract basis of 60%/40%. <p>The Committee agreed to receive the final version of the BQC 2022/23 at the April meeting and that in the interim an implied contract letter would be sent to practices on 1st April confirming the BQC intentions for 2022/23.</p>
14/22	<p><u>Network Contract DES – Requirements for Tackling Neighbourhood Health Inequalities</u></p> <p>PCNs are asked to work from October 2021 to identify and engage a population experiencing health inequalities within their area, and to co-design an intervention to address the unmet needs of this population.</p> <p>This work includes identifying and selecting the population experiencing inequality, working collaboratively across systems and localities; engaging with the community experiencing health inequalities; developing a plan by 28th February 2022 describing how the intervention will be delivered for the duration of the contract period; and identifying what outcome this intervention is expected to achieve and how that outcome will be measured. This measurement should support quality improvement activities within, and between, PCNs. Delivery of this intervention will commence from March 2022.</p> <p>An outline for developing and approving these plans were presented to the Committee, including an update from the GM Delegated Management Oversight Group meeting on 9th March, where a number of CCGs that had yet to receive/consider plans from all of their PCNs was discussed. It was agreed that discussions around this matter would be brought back to the next meeting on 23rd March; however all CCGs acknowledged the need to ensure schemes add value and do not duplicate existing services.</p> <p>It was proposed that plans not approved/approved in principle here will be brought back to this Committee for sign-off following resubmission in line with the comments made above.</p> <p>Members discussed the plans and agreed that overall there is a need for PCNs to focus on the wider inequalities of health across a larger population and that this be a principle for all PCNs to review.</p> <p>The Committee reviewed each of the PCN plans received:</p> <ul style="list-style-type: none"> • Bolton Central – request the PCN to review a different cohort, submit evidence of data and interventions that do not duplicate what is already in place. • Chorley Roads – request the PCN to review a different cohort, submit evidence of data and interventions that do not duplicate what is already in place. • Farnworth and Kearsley – addresses wider determinants of health, and is over and above the requirements in other schemes already in place and should be approved.

	<ul style="list-style-type: none"> • Halliwell – duplication with existing requirements – request the PCN to review a different cohort, submit evidence of data and interventions that do not duplicate what is already in place. • Rumworth – request the PCN to review a different cohort, submit evidence of data and interventions that do not duplicate what is already in place. • Westhoughton – request the PCN to review a different cohort, submit evidence of data and interventions that do not duplicate what is already in place. • Horwich – focuses on promoting health checks at an earlier age across an ethnic population. No duplication with other existing specifications, therefore a valid proposal and supported. Further information to be requested. • Turton – social isolation in the elderly and younger people with mental illness, therefore a valid proposal and support. Further information to be requested on delivery of the plan. • Brightmet – workshop to be held to consider data/information as a baseline to agree and identify areas. Proposed approach supported. <p>Bring back to Committee once finalised. Noted our approach is in line with processes across Greater Manchester.</p> <p>The Committee supported the recommendations outlined in the report for developing and approving these plans, with an agreed principle being to focus on the wider inequalities of health across a larger population. Further developments to include public health colleagues.</p> <p>The final plans to be presented for approval to the Committee at a future meeting.</p>
15/22	<p><u>Winter Access Fund Activity Contributing to BQC Access Audit</u></p> <p>Members were informed that the LMC Chair had asked for a question to be raised with the Committee on whether the activity and appointments delivered through the Winter Access Fund activity/funding could be considered alongside the BQC access target of 75 per 1,000 contacts.</p> <p>Members discussed and agreed that the Winter Access Fund is funding to deliver additional appointments above what is already being delivered, for which practices receive additional funding. The BQC access target is separate funding received by practices and both should be kept separate.</p>
16/22	<p><u>Estates Update</u></p> <p>The Committee was informed of developments on the Little Lever project. It was noted that there have been some delays on accessing the site and this may delay the target date of 31st March. The Heads of Terms have now also been agreed and access issues resolved.</p> <p>The Committee noted the update.</p>
17/22	<p><u>Any Other Business</u></p> <p><u>Delay to ICS Transition – Review of Business for Q1 (April to June)</u></p> <p>The Committee will continue to meet between April and June to take forward the business it is required to do as the CCG continues as a statutory organisation to the end June, prior to the ICS transition from 1st July.</p> <p><u>Shanti Medical Centre and Hindu Forum</u></p> <p>Councillor Baines raised a query regarding accommodation space at Shanti Medical Centre which was being used by the Hindu Forum who were requesting funding to make alterations to the space.</p>

	It was confirmed that any funding for building works would need to come from the landlord/owner of the building as NHS funding will not be available for these works as it is not a health matter.
18/22	<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"> • Reviewed the BQC 2022/23 proposals for final approval at the April meeting. • Supported the recommendations for developing and approving the plans for tackling neighbourhood health inequalities. • Affirmed that the Winter Access Funding is additional funding and cannot count towards BQC targets.
19/22	<p><u>Time and Date of Next Meeting</u></p> <p>It was agreed that the next meeting would be held on Thursday 14th April and the final meeting of the Committee held on 16th June.</p>