

**NHS BOLTON CLINICAL COMMISSIONING GROUP**  
**Public Board Meeting**

**AGENDA ITEM NO: .....12.....**

**Date of Meeting: .....17<sup>th</sup> June 2022.....**

<b>TITLE OF REPORT:</b>	Primary Care Commissioning Committee	
<b>AUTHOR:</b>	Joanne Taylor, Board Secretary	
<b>PRESENTED BY:</b>	Alan Stephenson, PCCC Chair	
<b>PURPOSE OF PAPER: (Linking to Strategic Objectives)</b>	For the Board to receive and review the notes of the Primary Care Commissioning Committee meeting held on 14 <sup>th</sup> April and 16 <sup>th</sup> June 2022.	
<b>LINKS TO CORPORATE OBJECTIVES (tick relevant boxes):</b>	<b>Deliver the outcomes in the Bolton Joint Health and Care Plan.</b>	
	<b>Ensure compliance with the NHS statutory duties and NHS Constitution.</b>	
	<b>Deliver financial balance.</b>	
	<b>Regulatory Requirement.</b>	
	<b>Standing Item.</b>	√
<b>RECOMMENDATION TO THE BOARD: (Please be clear if decision required, or for noting)</b>	<p>The key points the Board is asked to note from these notes are:-</p> <ul style="list-style-type: none"> <li>• Approved no further changes to the final specification for the BQC for 2022/23.</li> <li>• Approved option 3 for the BQC payment for 2022/23.</li> <li>• Approved the recommendations detailed in the report for the Network DES requirements for tackling neighbourhood health inequalities.</li> <li>• The decisions made regarding the prescribing spend payments.</li> <li>• Approval of the application for incorporation of a GMS contract.</li> </ul>	
<b>COMMITTEES/GROUPS PREVIOUSLY CONSULTED:</b>	Primary Care Commissioning Committee.	
<b>REVIEW OF CONFLICTS OF INTEREST:</b>	Conflicts of Interest are reviewed at every meeting.	
<b>VIEW OF THE PATIENTS, CARERS OR THE PUBLIC, AND THE EXTENT OF THEIR INVOLVEMENT:</b>	Patient views are not specifically sought as part of this report.	
<b>OUTCOME OF EQUALITY IMPACT ASSESSMENT (EIA) AND ANY ASSOCIATED RISKS:</b>	EIA and an assessment is not considered necessary for the report.	

**NOTES**

**Primary Care Commissioning Committee – Virtual Meeting**

**Date:** 14<sup>th</sup> April 2022

**Time:** 12.00pm

**Present:**

<b>Alan Stephenson</b>	<b>CCG Lay Member (Committee Chair)</b>
<b>Su Long</b>	<b>CCG Chief Officer</b>
<b>Stephen Liversedge</b>	<b>CCG Clinical Director, Primary Care &amp; Health Improvement</b>
<b>Claire Donovan</b>	<b>CCG Acting Deputy Chief Finance Officer</b>
<b>Stacey Walsh</b>	<b>Local Practice Manager representative</b>
<b>Karen Cassidy</b>	<b>Public Health representative, Bolton Council</b>
<b>Janna Rigby</b>	<b>GMH&amp;SCP Primary Care Team representative</b>

**In attendance:**

<b>Lynda Helsby</b>	<b>CCG Associate Director Primary Care &amp; Health Improvement</b>
<b>Julie Derbyshire</b>	<b>Health Watch representative</b>

**Minutes by:**

<b>Joanne Taylor</b>	<b>Board Secretary</b>
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Due to a number of late apologies, the meeting was inquorate. Members present decided to discuss the items on the agenda and to hold a further meeting by email. Notes of the discussions would be circulated with proposed actions for agreement or otherwise.

<b>Minute No.</b>	<b>Topic</b>
<b>20/22</b>	<p><b><u>Apologies for Absence</u></b>  Apologies for absence were received from:-</p> <ul style="list-style-type: none"> <li>• Kerry Porter, GMH&amp;SCP Primary Care Team representative.</li> <li>• Annette Walker, CCG Acting Chief Finance Officer.</li> <li>• Kathryn Oddi, CCG Head of Primary Care Contracting.</li> <li>• Steven Whittaker, local GP representative.</li> <li>• Jim Fawcett, Health Watch representative.</li> <li>• Andy Morgan, Bolton Council Elected Member.</li> <li>• Susan Baines, Bolton Council Elected Member.</li> </ul>
<b>21/22</b>	<p><b><u>Declarations of Interest</u></b>  <b>Stephen Liversedge and Stacey Walsh 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>
22/22	<p><b><u>Minutes from the Meeting held on 10<sup>th</sup> March 2022</u></b>  <b>Due to quoracy issues, the Minutes from the March meeting would need to be formally approved by the Committee at the next meeting.</b></p> <p><b>It was agreed that the notes from this meeting would be distributed to members via email, requesting members to approve the proposals outlined virtually.</b></p>
23/22	<p><b><u>PCCC Annual Report and Terms of Reference Review</u></b>  The draft Annual Report for 2021/22 and the revised Terms of Reference were presented to the Committee. 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.</p> <p><b>Members proposed that the Annual Report and Terms of Reference be approved by the Committee. Once approved, these would be presented to the CCG Board for final approval.</b></p>
24/22	<p><b><u>Feedback from the BQC Consultation</u></b>  Further to the discussions held at the last meeting, the primary care team has now undertaken further consultation with the GP membership on the proposed BQC for 2022/23.</p> <p>The report detailing the feedback received from the consultation was presented to the Committee. It was noted that the Executive has also reviewed this report at its meeting on 13<sup>th</sup> April. The report highlighted each standard and the feedback received from the GP membership on the proposed changes.</p> <p>Members reviewed the report presented and the comments/feedback received from practices. Members discussed that the main objective of the BQC is to constantly seek continuous improvement, and the expectation is for practices to deliver more on the access target. It was also noted that it is clear from the recent audit undertaken, that the majority of practices are meeting the new target. Members did recognise the pressures within primary care both on recovery from the pandemic and increased demand. However, there is a need to balance this with the public concerns being raised and NHS England's expectations on access.</p> <p>Members also discussed the feedback received regarding the dementia target and the issues being raised by practices regarding service delivery and waiting times for the dementia screening clinic.</p> <p>Members were reminded that the Committee had previously agreed at its last meeting:</p> <ul style="list-style-type: none"> <li>• To review further the Access KPI to increase to 80 per 1,000 contacts and increase the value.</li> <li>• Any KPIs with a rolling target (3 or 5 years) to have a stepped approach.</li> <li>• Focus practices on achieving targets at pre-pandemic levels.</li> <li>• Maintain a contract basis of 60%/40%.</li> </ul> <p>It was also noted that as from 1<sup>st</sup> July all contracts will novate to the Greater Manchester integrated care organisation, this will be the organisation that will formally hold NHS contracts with practices.</p>

	<p>The CCG is confident this year that practices can expect the BQC to continue. It was agreed that practices should be informed that CCG staff will transfer into the NHS integrated care organisation and practices will therefore continue to receive the same contact/support as they currently do. However, future plans for the following year are not as clear.</p> <p><b>Following careful consideration of the feedback from the GP membership and the information presented that practices are achieving BQC targets with plans for increased workforce, Members proposed no further changes to the final specification for the BQC 2022/23.</b></p>
25/22	<p><b><u>BQC 2022/23 Options for Payment</u></b></p> <p>The Committee received a report outlining proposals for consideration for a range of payment options for the eighth 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 2022 – 2023.</p> <p>It was noted that the CCG has planned for a level of inflation and growth in line with planning assumptions under the planning guidance for 2022/23.</p> <p>Members reviewed the proposed options, noting that:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Options 1 and 2 would contribute to the CCG achievement of the challenging QIPP target outlined in the 2022/23 financial plan.</li> <li>• Option 3 is within the level of inflation applied through the CCG financial plan.</li> </ul> <p><b>Members proposed option 3 for recommendation to the Committee, prior to final recommendation to the CCG Board.</b></p>
26/22	<p><b><u>Final Network Contract DES – Requirements for Tackling Neighbourhood Health Inequalities</u></b></p> <p>Following discussions held at the last meeting regarding initial submissions of 9 draft PCN plans for Tackling Neighbourhood Health Inequalities, 8 out of 9 PCNs were asked to either submit revised plans which did not duplicate with other funded DES/ QOF schemes or submit further details regarding the model of delivery, proposed outcome measures etc.</p> <p>Eight PCNs have now resubmitted plans in line with the above requirements, which were presented to the Committee for further review. The Committee reviewed each of the updated plans.</p> <p><b>Members proposed that the recommendations detailed in the report for the remaining eight plans be approved.</b></p>
27/22	<p><b><u>Any Other Business</u></b></p> <p>There was no further business discussed.</p>
28/22	<p><b><u>Chair reflection on significant decisions/actions/risks that may need reporting to the Board through these minutes</u></b></p> <p>The main points highlighted were:-</p> <ul style="list-style-type: none"> <li>• Propose no further changes to the final specification for the BQC for 2022/23.</li> <li>• Propose option 3 for the BQC payment for 2022/23.</li> <li>• Propose the recommendations detailed in the report for the Network DES requirements for tackling neighbourhood health inequalities.</li> </ul>

<b>29/22</b>	<b><u>Time and Date of Next Meeting</u></b> It was agreed that the next and final meeting would be held on Thursday 16 <sup>th</sup> June from 12 noon.
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## MINUTES

### Primary Care Commissioning Committee – Virtual Meeting

Date: 16<sup>th</sup> June 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
Annette Walker	CCG Acting Chief Finance Officer
Claire Donovan	CCG Acting Deputy Chief Finance Officer
Andy Morgan	Bolton Council Elected Member
Susan Baines	Bolton Council Elected Member
Stacey Walsh	Local Practice Manager representative
Kerry Porter	GMH&SCP Primary Care Team representative

In attendance:

Lynda Helsby	CCG Associate Director Primary Care & Health Improvement
Erika Sutcliffe	CCG Primary Care Contracting Team
Chris Haigh	CCG Head of Medicines Management

Minutes by:

Joanne Taylor	Board Secretary
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Minute No.	Topic
30/22	<p><b><u>Apologies for Absence</u></b>            Apologies for absence were received from:</p> <ul style="list-style-type: none"> <li>• Steven Whittaker, Local GP representative.</li> <li>• Karen Cassidy, Public Health representative, Bolton Council.</li> <li>• Kathryn Oddi, CCG Head of Primary Care Contracting.</li> <li>• Jim Fawcett, Heath Watch representative.</li> </ul>
31/22	<p><b><u>Declarations of Interest</u></b>  <b>Stephen Liversedge and Stacey Walsh declared an interest in all the items on the agenda relating to primary care, due to potential financial conflicts of interest.</b></p> <p><b>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.</b></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>

32/22	<p><b><u>Minutes from the Meeting held on 10<sup>th</sup> March and 14<sup>th</sup> April 2022</u></b>  <b>Due to quoracy issues, the Minutes from the March and April meetings required approval by the Committee.</b></p> <p><b>The Committee approved both the 10<sup>th</sup> March and 14<sup>th</sup> April 2022 Minutes.</b></p> <p>Councillor Baines requested an update on the action agreed at the April meeting to develop a pilot project for deaf people. It was reported that discussions have been held with the Chair of Bolton Deaf Society with an invitation to attend a future Clinical Leads meeting to discuss these developments further.</p>
33/22	<p><b><u>Prescribing Spend Payments for 2021/22 – Principle Decision</u></b>  <b>Stacey Walsh and Dr Liversedge declared an interest in this item and the Chair agreed that they would not take part in any discussion/decision regarding this item.</b></p> <p><b>Dr Liversedge left the meeting at this point.</b></p> <p>Due to suspension of the BQC related to the coronavirus pandemic, a 9 month BQC was in place for the year 2021/22 for prescribing waste spend targets. Calculations for achievement were based on the NHSBSA monthly breakdown of prescribing spend with budgets calculated on the last 9 months achievement rather than the full 12.</p> <p>On analysis of the figures, a larger number of practices have received lower achievement payments using this 9 month model than if the full 12 month budget was applied. It is felt that if a practice has achieved over the full year despite the BQC being shortened they should still receive payment as it represents work done and efforts to address prescribing cost. This will affect 4 practices in Bolton to achieve a payment or higher level of payment. A list of all practices' achievements was included in the report and reviewed.</p> <p>It was noted that practices BQC achievement for prescribing spend in 2021/22 can be based on the 9 or 12-month achievement, whichever is better.</p> <p>The Committee reviewed the further background information relating to near misses and significantly below peer weighted spend. On individual review of every practice that did not achieve any payment, it is clear that there are 3 practices that are very close to achievement that may have a valid appeal, narrowly missed target, significantly better than cluster peer average and below 75<sup>th</sup> centile (based on cost per ASTRO-PU weighted list). These measures have been highlighted to PCCC previously as mitigations where practices are working hard to achieve the target.</p> <p>A review of outstanding medicines optimisation (MO) work at the end of year 2021/22 showed that Deane Clinic had at least 5 pieces of work outstanding and did not participate in the annual MO meeting with the team. The value of this outstanding work is estimated at approximately £10-11k. Engagement with the MO work plan would likely have been sufficient to achieve their target.</p> <p>Edgworth had 2 pieces of work outstanding and engaged in all meetings etc. The value of the outstanding work is approximately £6k. It was noted that no work was outstanding for Dr Liversedge and partners.</p> <p>The Committee was asked to make a principle judgement on these cases or await dispute/appeal regarding payment to the practices. Members recognised that the 3 practices are likely to appeal and that this has been presented to the Committee to consider in advance the options in a dispute situation. Members also noted the criteria that has been used in comparing these practices with their peers, their previous achievements and the subjective measure around engagement.</p>

	<p>The Committee noted the current principles and rules in place and that the medicines optimisation team has undertaken a full review of all practices against the same set of criteria outlined to the Committee.</p> <p><b>The Committee decided not to make any amendments to the criteria although it noted that it remained open to the practices to make an appeal on the basis of individual circumstances.</b></p> <p><b>The Committee approved that prescribing spend on the basis of even 9 or 12 months would be acceptable and would meet the criteria.</b></p> <p><b>Dr Liversedge returned to the meeting at this point.</b></p>
34/22	<p><b><u>GM Future of PCCC Arrangements</u></b></p> <p>The Committee received a report from the GM Health and Social Care Partnership regarding the future arrangements for primary care contracting and primary care governance arrangements including the delegation arrangements that will be put in place as we move to a new statutory body from 1<sup>st</sup> July 2022.</p> <p>The main highlights discussed were regarding the future delegation arrangements and governance arrangements and members were taken through examples of primary care decisions and how these will be dealt with at both a GM and locality level.</p> <p>Members were informed that the primary care team is developing a primary care handover document to share with the GM and locality primary care governance structures once these have been developed.</p> <p><b>The Committee noted the report.</b></p>
35/22	<p><b><u>Application for incorporation of a GMS Contract</u></b></p> <p><b>Stephen Liversedge and Stacey Walsh were asked if either of their practices would wish to bid for this application. Both confirmed their practices would not wish to do so and the Chair agreed that both members could remain in the meeting to contribute to the discussions/decision to review this application.</b></p> <p>The Committee reviewed an application received from a practice to incorporate its GMS agreement due to the need for significant organisational restructuring.</p> <p>Members were informed that it is possible for 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 GMS). This process is known as ‘incorporation’. It was noted, however, that a change from a single-handed or partnership contract to a limited company is a complete change of the identity of the contracting party, regardless of whether the company is owned and/or run by the original contractors.</p> <p>The Committee reviewed the risks and mitigations to this application including a review of the legal advice received. The practice application, financial implications and incorporation of this contract in other CCGs was also reviewed. It was noted there were no risks and mitigations that the Committee needs to be aware of.</p> <p>Members questioned if a CQC review has also been undertaken. It was confirmed no issues have been identified with the CQC. CQC ratings were reported as good for this practice. It was agreed that regular meetings are held with the CQC and they will be notified of this application at the next meeting.</p> <p><b>The Committee agreed to the application, subject to the CQC having no objections.</b></p>



36/22	<p><b><u>Any Other Business</u></b></p> <p>As this was the final meeting, the CCG Chief Officer thanked the Committee Chair for his management of this Committee over the last few years.</p> <p>The Committee Chair wished to record his thanks to all Committee members for their significant contributions to the development of the local primary care services.</p>
37/22	<p><b><u>Chair reflection on significant decisions/actions/risks that may need reporting to the Board through these minutes</u></b></p> <p>The main points highlighted were:-</p> <ul style="list-style-type: none"> <li>• The decisions made regarding the prescribing spend payments.</li> <li>• Approval of the application for incorporation of a GMS contract.</li> </ul>