Title of Report | Draft minutes and action plan from the previous Primary Care Co-Commissioning Committee held on 14th April, 2015
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Purpose of the Report | For approval.

<table>
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<tr>
<th>Actions Requested</th>
<th>Decision</th>
<th>Discussion</th>
<th>Information</th>
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<tr>
<td>Strategic Objectives Supported by the Report</td>
<td>1. Consistently achieving local and national quality standards.</td>
<td>✓</td>
<td>✓</td>
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<td>2. Delivering an increasing proportion of services from primary care and community services in an integrated way.</td>
<td>✓</td>
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<td>3. Reduce the gap in health outcomes between the most and least deprived communities in Trafford.</td>
<td>✓</td>
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<td>4. To be a financial sustainable economy.</td>
<td>✓</td>
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**Recommendations**

The Primary Care Co-Commissioning Committee are asked to approve the minutes of the previous meeting held on 14th April, 2015.

**Discussion history prior to Primary Care Co-Commissioning Committee**

The draft minutes were presented to the Governing Body on 28th April, 2015.

**Financial Implications**

N/A

**Risk Implications**

N/A

**Equality Impact Assessment**

N/A

**Communications Issues**

N/A

**Public Engagement Summary**

N/A

**Prepared by**

Jenna Lancaster, Governance Support Officer

**Responsible Director**

Paul Hulme, Associate Director – Corporate Services & OD.
PCCCC 15/01 INTRODUCTIONS AND APOLOGIES FOR ABSENCE

An apology for absence was received from Ms Julie Langton, Secondary Care Clinician.

The Chair introduced himself to the committee and indicated that he was acting as interim Chair. The Chair informed members that he was no longer a practicing GP.

All those in attendance introduced themselves.

The Public Reference and Advisory Panel (PRAP) Representative introduced himself and expressed frustration that the non-voting members of this committee would not be permitted to attend part 2 of this meeting. He
questioned how non-voting members differed from members of the public and whether this issue could be raised with NHS England. The Chief Operating Officer stated that this committee was the inaugural meeting and therefore, processes and procedures were still being defined. With regards to the part 2 agenda, members were advised that one item could be moved into the part 1 agenda. However, the remaining item was very sensitive due to on-going investigations and therefore, could only be disclosed at this stage, to voting members of this committee. The Chief Operating Officer advised members that moving forward, one agenda would be produced for meetings of this committee.

The Healthwatch representative supported the view of the PRAP representative and stated that she had completed and signed a (i) declaration of interest form and, (ii) confidentiality form and therefore, understood the importance of keeping sensitive information confidential and had a high level of experience of doing so. The Chief Operating Officer assured members that the issue was not about individuals, but related to the governance processes that were in place with regards to part 2 items and confirmed that this issue would be raised with NHS England.

The Chair commented that the non-voting members would provide invaluable input to the committee and although the meetings were held in public, members of the public could not contribute in the same way that the non-voting members could.

RESOLVED:

1) That the apology for absence be noted.

2) That clarity be sought from NHS England, with regards to non-voting members attending part 2 meetings of this committee.

PCCC 15/02 DECLARATIONS OF INTEREST

No declarations of interest were declared.

The Chair stated that the majority of members had completed and returned a declaration of interest form and asked those members who had not, to do so at the earliest opportunity.

RESOLVED:

1) That those members who had not completed and returned a declaration of interest form, does so at the earliest opportunity to the Governance Support Officer.
The Chief Operating Officer presented members with the Primary Care Co-Commissioning Committee terms of reference, for ratification. Particular emphasis was placed on section 3.2 of the terms of reference that related to the role of this committee and the activities that it was responsible for.

The Chair referred to the membership of this committee and the challenges that had arisen in terms of appointing a Lay Member Chair. Members were advised that work was taking place to appoint a lay member to the Governing Body, who would also be Chair of this committee.

The Lay Member for Audit, Governance and Finance sought further clarity with regards what was the definition of the term non-clinical. The Chief Operating Officer suggested that no further guidance had been issued by NHS England and that once the CCG had identified a potential Chair, NHS England would be approached to seek approval.

Members were advised that meetings of the Primary Care Co-Commissioning Committee would be held on a monthly basis in the interim period and from July, 2015, would be held bi-monthly.

The Chief Operating Officer informed members that weighted voting arrangements were now in place. Therefore, in respect of any functions within NHS England’s statutory obligations the CCG and NHS England would have an equal number of votes. The Lancashire and Greater Manchester sub-region of NHS England representative would have the casting vote if necessary, on any business pertaining to NHS England’s statutory obligations. Adversely, for any functions within the CCG’s statutory obligations, the Chair would have a second and deciding vote if necessary.

RESOLVED:

1) The Primary Care Co-Commissioning Committee ratified the terms of reference for this committee.

The Associate Director of Commissioning provided a brief summary of the primary care commissioning plan for 2015/16, which set out the areas of work which were and would be progressed throughout 2015/16. Members were informed that the plan would be extended as part of the handover and that discussions were currently taking place with NHS England.
The Associate Director of Commissioning made reference to the governance structure that was in place to support the primary care work streams and indicated that this committee would underpin this structure. The Health and Wellbeing Board representative supported this approach and indicated that this committee did not need to see the finer detail of all of the work streams.

The Governing Body Nurse Member referred to the governance structure and sought clarity that the work streams would be reported to this committee and not the Clinical Commissioning and Finance Committee or the Quality and Performance Committee. The Associate Director of Commissioning confirmed that this was the case and that the governance structure would be updated to reflect this.

The Head of Transformation Primary Care made reference to the Primary Care Strategy Steering Group and questioned whether NHS England was represented at this Group. The Associate Director of Commissioning confirmed that NHS England was represented by the Assistant Contract Manager and Head of Primary Care Operations.

The Head of Transformation Primary Care questioned whether an appeals process was in place, for example, a GP practice would have the right to appeal against contractual agreements. The Associate Director of Commissioning indicated that she would liaise with the Assistant Contract Manager with regards to this issue. The Associate Director of Corporate Services and OD suggested that the appeals process role would have to be precise.

The Associate Director of Commissioning referred to quality and informed members that the programme for 2015/16 would involve support to all practices at a locality level, with focused visits to 6 outlying practices as per the national and local GP scorecard. The Clinical Director of Performance and Quality commented that the CCG did not have the resources to visit every GP practice every year. Members were advised that the matrix by which the outlying practices should be identified was currently being developed and would be reported to a future meeting of this committee.

With regards to cervical cytology, the Lay Member for Patient and Public Involvement questioned how inequalities was being addressed. The Associate Director of Commissioning stated that a plan was being developed to capture hard to reach groups and further details would be included in the outturn report that would be presented to a future meeting of this committee.

The Lay Member for Patient and Public Involvement made reference to the Trafford Flu Plan and queried why the CCG had seen a decrease in
vaccinations in patients who were aged 65+ at risk and 2 year olds. The Chief Operating Officer stated that the number of vaccinations that were available for 2 year olds was not suffice to deal with the demand. The Health and Wellbeing Board Representative added that he was aware of one surgery who had delayed sending reminder letters to eligible patients and asked how this would be addressed. The Chief Operating Officer suggested that this was due to the GP practice not utilising the IT equipment correctly and suggested that the Patient Care Coordination Centre would mitigate against this happening in the future.

The Chair referred to the primary care appointments benchmarking audit and queried the timeframes in relation to this audit. The Associate Director of Commissioning stated that all of the relevant information had not yet been captured and work was on-going to do so. The Clinical Director for Quality and Performance stressed that the audit needed a form of validation and the Assistant Contract Manager suggested that a mechanism required to be in place to ensure comparisons were being made like for like. The Healthwatch Representative made reference to the ‘did not attends’ (DNAs) and queried whether work was being carried out to determine why patients did not attend appointments. The Associate Director of Commissioning stated that the quantity of DNAs was being reviewed and not the reasons. However, it was raised that the Patient Care Coordination Centre would capture data relating to reasons in the future.

The Associate Director of Commissioning made reference to the local enhanced services and the Healthwatch Representative indicated that it would be useful if this committee monitored all of the enhanced services. The Associate Director of Commissioning stated that this would be a joint update report with NHS England.

The Health and Wellbeing Board Representative referred to the services that were commissioned by the public health team and asked where they was reported. The Chief Operating Officer stated that this would be discussed with the Director of Public Health. The Chair suggested that updates should be presented to meetings of this committee, as it related to primary care.

The Associate Director of Commissioning advised members that work was currently on-going with regards to the primary care strategy and that progress reports would be presented to future meetings of this committee.

With regards to Primary Care Estates, members were informed that the CCG had been developing its community estate vision over a period of time. The Head of Transformation Primary Care suggested that Devo Manc could have implications for the estates and implied that capital funding could be available. Therefore, it was advised that the CCG closely monitored the progress made in
relation to Devo Manc. The Chief Operating Officer suggested that at a future meeting of this committee, the leverage of GP practices who did not want to move out of existing premises was discussed. The Clinical Director of Quality and Performance stated that NHS England had the legal right not to pay the rent for premises that were not fit for purpose. The Associate Director informed members that she was hoping to report the estates strategy at the next meeting of this committee that was being held on 12th May, 2015.

The Chief Clinical Officer referred to the Personal Medical Services Contracts (PMS). It was noted that the practice in which the Chief Clinical Officer was a partner, was on a PMS contract and that this interest had been previously declared and was listed on the CCGs register of interests. The Chief Clinical Officer referred to the contract value adjustment that was to be adjusted and implemented with a 4 year pace of transitional change and questioned when the four year period would commence. The Assistant Contract Manager stated that the four year period would commence on 1st October, 2015, as would the national review. The Chief Clinical Officer asked how and when the 13 GP practices that were operating on a PMS contract would be informed. The Chief Operating Officer stated that GP practices would be contacted as soon as possible. The Chief Finance Officer suggested that the framework with regards to the financial arrangements was unclear and required further clarity. The Head of Transformation Primary Care stated that she would raise this issue with the Greater Manchester Area Team and provide a response at the earliest opportunity.

The Lay Member for Audit, Governance and Finance referred to the amount of acronyms that were used throughout the reports that had been presented to this committee and queried whether a glossary of terms was available. The Governance Support Officer stated that she would circulate a jargon buster for member’s information. In addition, report writers would be asked to write the acronym in full with the acronym immediately after and thereafter in the report. The Health and Wellbeing Board Representative supported this approach.

The Chair welcomed the report and indicated that it was very informative. However, he suggested that inclusion of timescales would be beneficial in future reports.

The Healthwatch Representative stated that the update was excellent.

RESOLVED:

1) The Primary Care Co-Commissioning Committee noted the contents of the report and supported the 2015/16 commissioning plans being revised following the handover from NHS England.
DRAFT MEMORANDUM OF UNDERSTANDING: NHS ENGLAND/ TRAFFORD CCG

The Chief Operating Officer presented members with the draft Memorandum of Understanding (MoU) and stated that the MoU was a working document that could be amended throughout the year.

The Chief Operating Officer referred to the governance structure and queried whether the management board had been established. The Head of Transformation Primary Care stated that the Greater Manchester Co-Commissioning Committee would continue, in replacement of the board. The Associate Director of Commissioning stated that she attended this committee on behalf of Trafford CCG.

The Health and Wellbeing Board Representation queried how the MoU linked to Devo Manc. The Chief Operating Officer informed members that Rob Bellingham, Director of Commissioning was leading this piece of work to ensure that it worked in parallel. Members were advised that the MoU would be in operation for a year.

The Chief Finance Officer suggested that it would be useful if clarity of roles and responsibilities of the Area Team and Trafford CCG were included in the MoU, to avoid areas of uncertainty in relation to responsibilities. The Head of Transformation Primary Care stated that this would come to fruition throughout the shadow year and therefore, the MoU would be updated as and when appropriate. In addition, it was noted that primary care co-commissioning was about joint decision making and partnership working.

RESOLVED:

1) The Primary Care Co-Commissioning Committee noted the draft Memorandum of Understanding.

NHS ENGLAND JOINT-COMMISSIONING HANDOVER DOCUMENT

The Head of Transformation Primary Care presented the Trafford CCG contract log, for member’s information.

Members were advised of a discrepancy within the log and were informed that there was 13 PMS GP practices opposed to 20 that was originally reported.

The Chief Operating Officer welcomed the log but suggested that strategic information was required. For example, the CCG did not require to be informed
each time a GP retired or resigned and the focus of the information disclosed should be in relation to business continuity and quality issues. In addition, the Chief Operating Officer stated that the title of the report was incorrect as the log was not a handover document. The Associate Director of Commissioning commented that she had prepared the front sheet report with the understanding that the handover document would be submitted.

The Governing Body Nurse Member suggested that a detailed handover document was required, listing the work that had been carried out by NHS England since the abolishment of the PCT. The Chief Operating Officer and Associate Director of Commissioning supported this view. The Chair also supported the view and stated that there was currently a knowledge gap.

RESOLVED:

1) The Primary Care Co-Commissioning Committee noted the contract log and requested that a handover document was produced and presented to a future meeting of this committee.

PCCCC 15/07  COMMISSIONING APPROVALS POLICY

The Associate Director of Corporate Services and OD presented the Commissioning Approvals Policy for member’s approval.

Members were advised that prior to the establishment of this committee, business cases relating to primary care commissioning were reported to the Clinical Commissioning and Finance Committee for approval. The Commissioning Approvals Policy had therefore been produced to ensure that primary care commissioning was approved at meetings of this committee. The policy also provided a set of criteria by which schemes would need to adhere to, before approval by the committee.

The Associate Director of Corporate Services and OD suggested that discussions with NHS England would take place to discuss how the policy would apply to them.

RESOLVED:

1) The Primary Care Co-Commissioning Committee approved the Commissioning Approvals Policy.

_The Chief Clinical Officer advised members that an update with regards to the Norris Road Surgery would be discussed in part 1 of this committee._
The Chief Operating Officer presented a report that outlined the history and current position of Norris Road Surgery, which was currently under the Care Quality Commission (CQC) special measures and outlined the actions that were being undertaken and planned by NHS England and the CCG under joint commissioning.

The Clinical Director of Performance and Quality expressed an interest in this item as he was a partner at Washway Road Medical Centre and therefore, the potential action taken with regards to a list dispersal, should Norris Road Surgery not secure CQC compliance could impact on his surgery. The Chief Operating Officer stated that work was currently being carried out regarding patients at Norris Road Surgery and it was anticipated that should a list dispersal be put into action, the majority of patients would be transferred to Boundary House Medical Centre.

The Chief Operating Officer stated that it was not an option for the Norris Road Surgery to remain open in its current form.

The Healthwatch Representative expressed concern that patients of Norris Road Surgery did not want the surgery to close and that the media and communications surrounding this issue would have to be managed effectively.

The Governing Body Nurse Member referred to the improvements that had been identified by the CQC team but expressed concern that patient safety was being compromised. The Chief Operating Officer assured members that patient safety had not been comprised and that it was identified as a risk opposed to specific patient safety.

Members were advised that the practice had 4 months remaining to secure compliant status.

The Governing Body Nurse Member queried whether a GP practice could refuse to accept additional patients. The Chief Operating Officer stated that a practice could refuse if (i) the practice patient list was closed, or (ii) the patient was not living within the practice catchment area.

The Assistant Contract Manager advised members that if the Norris Road Surgery did not secure compliant status, a number of options would be available and a consultation process would be carried out.
RESOLVED:

1) The Primary Care Co-Commissioning Committee noted the contents of the report and supported the position taken by NHS England and Trafford CCG to plan for list dispersal, should the practice not secure CQC compliance.

PCCCC 15/09 ANY OTHER BUSINESS

There were no items of any other business.

PCCCC 15/10 DATE AND TIME OF NEXT MEETING

It was noted that the next meeting would take place on Tuesday 12th May, 2015 at 2.00pm in the Sale and Stretford Suite, Crossgate House.
## ACTIONS ARISING FROM THE PRIMARY CARE CO-COMMISSIONING COMMITTEE

<table>
<thead>
<tr>
<th>Action No</th>
<th>Agenda Item No</th>
<th>Meeting action was originally raised in:</th>
<th>Action</th>
<th>Update:</th>
<th>Lead</th>
<th>Status</th>
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<tbody>
<tr>
<td>1.</td>
<td>15/01</td>
<td>14.04.15</td>
<td>That clarity be sought from NHS England, with regards to non-voting members attending part 2 meetings of this committee.</td>
<td></td>
<td>J. Williams</td>
<td></td>
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<td>2.</td>
<td>15/02</td>
<td>14.04.15</td>
<td>That those members who had not completed a declaration of interest form, does so at the earliest opportunity to the Governance Support Officer.</td>
<td></td>
<td>All</td>
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<td>3.</td>
<td>15/04</td>
<td>14.04.15</td>
<td>That the governance structure relating to the Primary Care Steering Group be amended to include the Primary Care Co-Commissioning Committee.</td>
<td></td>
<td>J. Crossley</td>
<td>Completed</td>
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<td>4.</td>
<td>15/04</td>
<td>14.04.15</td>
<td>That the framework with regards to the financial arrangements in</td>
<td></td>
<td>J. Williams</td>
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<td>5.</td>
<td>15/04</td>
<td>That a copy of the jargon buster be circulated to all members for information.</td>
<td>J Lancaster</td>
<td>Completed</td>
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| 6. | 15/04  | That a workplan be established for this committee, to include the following items to be reported to a future meeting of this committee when appropriate: | - Quality matrix  
- Cervical Cytology Outturn Report  
- Local Enhanced Schemes Updates  
- Primary Care Strategy Progress Reports | J Crossley   |        |
| 7. | 15/04  | The Associate Director of Commissioning to liaise with the Assistant Contract Manager with regards to an appeals process.                | J Crossley  
G Henshaw                                                                                   |            |        |
<p>| 8. | 15/06  | That a handover document be produced and reported to a future meeting of this committee.                                                | J Williams                                                                                 |            |        |</p>
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<tr>
<td>Complete</td>
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