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| **Primary Care Commissioning****MINUTES of the meeting held on Wednesday 3 May 2017****Merseyway, floor 7, Regent House** |

**Present:**

Anita Rolfe Executive Nurse, NHS Stockport CCG

Christine Morgan Lay Member, Primary Care Commissioning **(Chair)**

Gaynor Mullins Chief Operating Officer, NHS Stockport CCG

Dr Vicci Owen-Smith Clinical Director for Public Health, NHS Stockport CCG

Dr Ranjit Gill Chief Clinical Officer, NHS Stockport CCG

**In attendance:**

Ann Gough Contract Manager, NHS England

David Kirk Healthwatch

Cllr Tom McGee Stockport Council

Laura Latham Associate Director Corporate Governance and Organisational Effectiveness, NHS Stockport CCG

Roger Roberts Director of GP Development, NHS Stockport CCG

J Parker Head of Safeguarding, NHS Stockport CCG

J Higgins Named GP Safeguarding, NHS Stockport CCH

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| 1. **Governance**
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| 1. **Apologies**

Apologies were received from J Crombleholme and M Chidgey |
| **ITEMS OF BUSINESS** |
| 1. **Declarations of interest**

G Mullins requested that it be noted that she was a patient at the Village Surgery in BramhallJ Parker requested that it be noted that she was a patient at Eastholme Surgery. R Gill requested that it be noted that he was a registered GP and had an interest with regards to the Commissioning Intentions for General Practice. As a non-voting Member of the Committee it was agreed that he could remain in the meeting and contribute to the discussion relating to the item. Cllr McGee requested that it be noted that he was a patient at Heaton Moor Medical Practice.J Higgins requested that it be noted that he was a registered GP and had an interest with regards to the Commissioning Intentions for General Practice. He also noted that he was an appointed Neighbourhood Representative for Viaduct the GP Federation.  |
| 1. **Notes of last meeting**

The minutes were agreed as a correct record.  |
| 1. **Actions**

Updates had been undertaken and nothing further was required.  |
| 1. **Notification of items for any other business**

There was none on this occasion.  |
| 1. **Safeguarding Report**

J Parker outlined the CCG’s responsibilities with regard to safeguarding assurance across general practice and the progress undertaken in recent months to develop an approach to seeking what was required. She noted that there had been a low response to the condensed version of the NHS England safeguarding tool and explained that the assessments of other regulators (eg Care Quality Commission) would provide supporting evidence for local assurance. J Higgins confirmed that he had been working closely to support Practices and noted that there was a common understanding across General Practice of the professional obligations to ensure appropriate safeguarding arrangements were in place. A Rolfe confirmed that similar work had been undertaken with Care Homes and that the assessment document could be used as a continual live improvement tool once completed and would support preparation for inspection processes. The options outlined in the report were presented to the Committee noting in particular the resource requirements, impact and level of assurance which would be provided by each. The current level of risk considered by the Quality Committee was noted alongside the potential implications if one of the proposed was not progressed.  The following key elements were discussed: * Safeguarding was acknowledged as a very serious matter by General Practice and the current gap was in assurance and not delivery of safeguarding services to those deemed vulnerable
* The recommendation of the Safeguarding Team was to progress Option 4 as aligned to the development of the Neighbourhood Model.
* The balance between allocation of resource for safeguarding at Practice and at wider collaborative practice level
* The Care Quality Commission inspections did include assessment of safeguarding practices and the number of recent inspections should provide Commissioners with some assurance that safeguarding has not be flagged as a known concern across Stockport.

**Resolved:** That the Committee: 1. Requests that further work on scoping the requirements of safeguarding as part of the Neighbourhood Business Case be progressed in order for it to be commissioned and funding considered.
2. Supports the progression of further consideration of a blend of Options 1 and 4 as outlined in the report with a further report to be presented back to the Committee in September 2017.

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| 1. **Practice Boundary Application – The Village Surgery**

An application to formally extend the boundary of the Village Surgery to include the developing Woodford Estate was considered by the Committee. R Roberts confirmed that the application was consistent with existing Stockport boundary arrangements and that no objections had been raised as part of the consultation. The Committee received confirmation that the impact on the community nursing team was being assessed on an ongoing basis as part of alignment of the service to the emerging neighbourhood model. It was noted that a further proposed development at Handforth may impact on the provision of General Practice Services in the area and work may be required with East Cheshire CCG. **Resolved**: That the Committee: 1. Approve the application to change the practice boundary of the Village Surgery as outlined in the report.
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| 1. **Child Health Information Service**

V Owen Smith highlighted the issue of data quality regarding childhood immunisation information and the importance of having a data system in place to target resource to increase rates and to prevent multiple vaccinations being administered. She noted the existing system required multiple data flows, was paper based and not as efficient or effective as was required. Options for further developing Graphnet to feed data to the Stockport Child Health Information Service (CHIS) were discussed and the issue of resourcing a proposed change was highlighted to the Committee. This element of work was suggested as a priority for action, in line with the Greater Manchester standards. The Committee confirmed the view that the issue needed resolving and the different approaches of other areas were highlighted. It was noted that the matter did not fall directly within the remit of the Committee however it was important that where issues were highlighted the Commissioners of the service were contacted to discuss potential solutions. **Resolved:** That the following actions be noted: 1. On behalf of the Committee V Owen Smith would contact the Commissioners of the CHIS to discuss the local issues and impact
2. A Rolfe to follow up on the issue being raised previously at the Quality Surveillance Group and provide feedback to the Committee.
3. Support be provided for resolving the issue in order to increase childhood immunisations and more effectively manage information as part of the CHIS.
4. The paper would be shared with the Datawell Team by V Owen Smith.

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| 1. **Commissioning Intentions**

G Mullins provided an overview of the proposed commissioning intentions for General Practice, including progression of key objectives of the GP Forward View and local investment in and transformation of General Practice. An overview of existing investment in General Practice through the GP Development Scheme was discussed, in addition to the specification for delivery of the Greater Manchester Primary Care Standards. The balance of investment between individual and collaborative General Practice and the wider neighbourhood team was highlighted. The Committee considered the following elements in detail: * Requirement as part of commissioning intentions for all Practices to use the EMIS system in terms of data management and system resilience
* Importance of patients being able to access the same level and quality of care across Stockport, with flexibility in delivery led by the individual practices and / or neighbourhoods
* The next steps in further developing the specification collaboratively with Viaduct Health in order to co-design what is required with flexibility to deliver elements differently to meet population needs.
* The provision of a 7 Day Services Pilot in the Heatons led by Heaton Moor Medical Group which would allow for testing and review of the proposed implementation of requirements and for learning to be shared across Stockport.
* The wider context of other service delivery including Out of Hours in light of the Stockport Together Transformation.

G Mullins commended the work undertaken in developing the approach presented and in aligning the complex existing picture in the light of transformation. **Resolved:** That the Committee:  • Support the variation into individual GP Development Scheme contracts of GM and Stockport standards and the associated £1.5m of funding.• Support the recommendation to variation at risk (£0.4m) of the GM Standards service specification into individual GP Development Scheme contracts.• Agree that the Heaton Moor 7 Day Access pilot should be commissioned via a 3 month non-recurrent variation into their GP Development Scheme Contract.• Agree that the commissioning intentions for general practice at scale should form the basis of detailed service specification and the next stages of business case and benefits delivery planning. |
| 1. **Any other business**

There were none on this occasion. |
| 1. **Date of next meeting:**

**Wednesday 5 July** **13:00 – 15:00****Viaduct, floor 7, Regent House** |