NHS
Stockport
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE
Public
Agenda

Date of Meeting:	**17th June 2020**	**Time**	**From**	**To**
			15:00	**16:30**
Venue:	**Virtual Meeting via Microsoft Teams**			

Item No	Agenda Item	Papers	Action required	Lead	Time
1.	Welcome and apologies		Note	Chair	15:00
2.	Notification of Items of Any Other Business		Note	Chair	
3.	Declarations of Interest: (any interest on any issue arising at the meeting that may conflict with agenda items)		Note	Chair	
4.	Minutes from previous meeting	Attached	Approval	Chair	
5.	Matters Arising / Actions from previous meeting	Attached	Approval	Chair	
Standing Items					
6.	Update report: • Issues affecting Primary Care	Verbal	Assurance	SW / VM	15:15
7.	Notification of any regular GM or national reporting programmes	Verbal	Assurance	GM representative	15:30
8.	Finance				
8.1	Finance Report	Attached	Assurance	MC	15:45
8.2	COVID-19 Expenditure	To Follow	Approval	MC	16:05

Quoracy requirements – three members of the Committee which must include: The chair or vice-chair of the Primary Committee; The Chief Nursing Officer or Chief Finance Officer; and another Lay Member

Membership – 3 x lay members; Executive Nurse; Chief Finance Officer; Stockport Healthwatch; LMC representative; and NHSE representative.

9.	Local Commissioned Services Contract 2020/21	Attached	Approval	EI / GM	16:15
Additional Agenda Items:					
10.	Registration of Patients in Intermediate Care and Transfer to Assess	Attached	Approval	GM	16:25
Any Other Business:					
11.	Any Other Business	Verbal	To note	Chair	16:30
Date and time of next meeting:					
	19th August 2020, 15:00 – 17:00, Venue to be Confirmed				

Quoracy requirements – three members of the Committee which must include: The chair or vice-chair of the Primary Committee; The Chief Nursing Officer or Chief Finance Officer; and another Lay Member

Membership – 3 x lay members; Executive Nurse; Chief Finance Officer; Stockport Healthwatch; LMC representative; and NHSE representative.

Definition of conflict of interest

Clinical Commissioning Groups manage conflicts of interest as part of their day to day activities. Handling them effectively is a crucial part of the maintenance of public trust in the commissioning system.

A conflict of interest occurs when an individual's ability to exercise judgement or act in a role could be impaired or otherwise influenced by his or her involvement in another role or relationship. The individual does not need to exploit his or her position or obtain an actual benefit, financial or otherwise, for a conflict of interest to occur.

Below is a list of the types of conflict which may occur. This should be referred to and noted when declaring an interest in any of the items on a Committee or meeting agenda:

Type of Interest	Description
Financial Interests	This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being: • A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations. This includes involvement with a potential provider of a new care model; • A shareholder (or similar ownership interests), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations; • A management consultant for a provider; or • A provider of clinical private practice. This could also include an individual being: • In employment outside of the CCG; • In receipt of secondary income; • In receipt of a grant from a provider; • In receipt of any payments (for example honoraria, one-off payments, day allowances or travel or subsistence) from a provider; • In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and • Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).
Non-Financial Professional Interests	This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual is: • An advocate for a particular group of patients; • A GP with special interests e.g., in dermatology, acupuncture etc.: • An active member of a particular specialist professional body (although routine GP membership of the Royal College of General Practitioners (RCGP), British Medical Association (BMA) or a medical defense organisation would not usually by itself amount to an interest which needed to be declared); • An advisor for the Care Quality Commission (CQC) or the National Institute for Health and Care Excellence (NICE); • Engaged in a research role; • Engaged in the development and holding of patents and other intellectual property rights which allow staff to protect something that they create, preventing unauthorised use of products or the copying of protected ideas; or • A GP/practice manager who is a member of the Governing Body or committees of the CCG, should declare details of their roles and responsibilities held within their GP practices.
Non-Financial Personal Interests	This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is: • A voluntary sector champion for a provider; • A volunteer for a provider; • A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation;

	• Suffering from a particular condition requiring individually funded treatment; • A member of a lobby or pressure group with an interest in health and care.
Indirect Interests	This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above) for example, a: • Spouse / partner; • Close family member or relative e.g., parent, grandparent, child, grandchild or sibling; • Close friend or associate; or • Business partner.

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Primary Care Commissioning Committee
DRAFT MINUTES of the meeting held on Wednesday 15th April 2020
Virtual Meeting

Circulation:

Peter Riley	Lay Member for Primary Care Commissioning, CHAIR
Dr Simon Woodworth	Chief Medical Officer, NHS Stockport CVM
Gail Henshaw	NHSE
Gale Edwards,	CCG Business Manager, NHS Stockport CCG
Gillian Miller	Interim Director of Commissioning, NHS Stockport CCG
Don Philips	Lay Member for Lived Experience & PI, NHS Stockport CCG
Viren Mehta	CCG Clinical Director for Primary Care, NHS Stockport CCG
Michael Cullen	Director of Finance, NHS Stockport CCG

In attendance:

David Dolman	Deputy Chief Finance Officer, NHS Stockport CCG
Dianne Oldfield	Senior Management Accountant, NHS Stockport CCG
Shirley Hamlett	Corporate Officer (Minutes), NHS Stockport CCG

Apologies:

Anita Rolfe	Executive Nurse, NHS Stockport CCG
Andrea Green,	Accountable Officer, NHS Stockport CCG
Judith Strobl	Public Health Consultant, SMBC

*(Those in bold are Members of the Committee)

1. Governance

1. Apologies
Apologies were noted as above.

The Chair declared that the meeting was quorate and could therefore continue with the items of business noted on the agenda.

2. Declarations of interest

The Chair reminded committee members of their obligation to declare any interest they may have on any issues arising at the Primary Care Commissioning Committee meeting which might conflict with the business of NHS Stockport Clinical Commissioning Group.

SW declared an interest in Item 13.1

3.1 Approval of previous minutes of the meeting held on 19th February 2020

The minutes of the meeting were agreed as an accurate record of the meeting.

4 Actions Arising
Practice closure in draft – GE to follow up date for next meeting
Pat survey – GE – cfwd to next Quality meeting have been postponed

SEG meeting – Group stood down, but invited to attend a virtual GM estates group – will update on pc estates accordingly.
GH – It was recognised budget does not extend to ooh providers. GM Will look with HEE and training hubs across gm
GM – Training of GPs
GH – tor received

Adswood – Oversight as data behind with changes around workforce returns. No longer on list

5 Notification of items for any other business

The Chair called for any other items of business to be considered during the meeting.

DD Discuss payment of General Practice working on Good Friday and Easter Monday and the current thinking around this. DD acknowledged this would be picked up in agenda item 12.

Items of Business

6. Update report: Current issues and outputs from Primary Care Quality Sub Group

GE updated the committee that the Quality Meetings have been postponed due to the COVID work Anita Rolfe is responding to. 19.43

GE informed the Committee Andrew Moss, CQC inspector has offered practices that practices can call or email him for assistance with queries. This message has gone out in communications. AM has GE telephone number.

7. Update report on any issues affecting Primary Care

SW updated the Committee that there has been a huge impact in the way people in Primary Care work which has seen an entire shift in the way triage and care has been delivered.

SW went on to highlight that Practices have quickly put in place procedures and are now working in ways that were envisaged in the 5 and 10 year plan, yet this has happened in general practice within 72 hours.

Action: The Committee would like to extend their thanks to practices for their hard work and efforts during these unprecedented times.

8. Notifications of any applications of practice managers/closures

There were none.

9. Notification of any regular GM or national reporting programme

GH highlighted that Primary Care reports around GP preparedness are picked up later in the agenda for discussion

The new DES directions which came into force on 1st April for 20/21 have now been issued across Greater Manchester practices. These have been sent to all CCGs in order to pass on to local practices to allow them to sign up and agree participation in services.

GH acknowledged the unprecedented work undertaken by general practices, CCGs and the wider system concerning COVID19 and informed the Committee that NHSE are aware of the asks but are trying to streamline these where possible so as not inundate General Practice unless a priority. GM are also looking at regular reporting which picks up on some pressure local systems may be under, such as Personal Protective Equipment (PPE), capacity in workforce, all systems have local reporting but NHSE are trying to get consistency across GM and how can they can respond to as a system

Digitalisation that has been planned over two to three years has been done in two to three weeks and the response to online consultation has been unprecedented with a tremendous amount of work undertaken to ensure all practices have capability via triage and online consultation. GH informed the Committee Sean Capper is part of a group who are looking at how to support health care professionals working remotely recognising some are having to self-isolate. The group is working rapidly to ensure laptops are available and looking at the demand across the system.

Work is also underway with the CCG and partners on what an online system or provider would look like going forward. It is hoped there will be some cross working and training needs and economies of scale what provider may look like going forward.

With regard to wider primary care, in particular urgent dental care systems, GH informed the Committee there are now four centres opened spread geographically across GM. Patients can be assessed via their normal dentist and should they need urgent treatment can be referred on. There is a pharmacy home delivery service which started over Easter for those patients who are shielding and are prioritised.

GE highlighted there is local reporting system in place and there is a need to look at how GM feed into tableau to ensure there is no overlap. GH confirmed GM are taking this into consideration and are hoping to get a live feed to allow reporting into tableau.

DP queried if there is anyone in the CCG or elsewhere looking at how Stockport ensures any benefits and efficiencies experienced with the use of the new technology by practices is not lost. GM started to discuss this along with the broader recovery from COVID. Pull together a plan for capitalising opportunities COVID has presented re commissioning going forward and lessons learnt so very early discussions have started, which will develop and feed into strategy committee.

DP went on to note he is impressed with the work done so far and wants to ensure maintain the momentum.

10 **Finance Report**

Chair welcomed MC and handed over to DO

Finance Report includes provision outturn against budget at 31st March. It is to be noted we are still working towards year end so this report is provisional. Any subsequent changes will be reported at next meeting.

CCG is reporting a total provisional overspend of £425k for 2019/2020. No sig changes since last meeting so this consists of previous variance reported which are balance of budget shortfall of £402k, actual prof 18/19 outturn being 171k higher than forecast, this is offset by actual proper

services 18/19noutturn being 107k lower than forecast.

There has been no change to the recovery plan since the last meeting so budget shortfall remains at £402k. With regard to plan for 2020/21 this has been suspended due to COVID-19 so an update cannot be provided.
Main thing committee need to note is CCG reporting provisional overspend of £425k for 2019/20

DD highlighted no material differences the provisional position so would like to provide that level of assurance with committee.

DP queried if the Government announcement with regard to writing off certain things impacts the CCG or does this apply to elsewhere. DD responded we are still waiting for clarification on whether it will affect CCGs or if it is provider related.

The Chair noted with all the changes, this year has been something of a perfect storm with CFO Mark Chidgey leaving, End of Year and COVID-19 and asked if there were any capacity issues. DD responded there has been no sickness in the finance team. Business continuity plans have been put in place, and with staff working from home daily meetings are conducted. Currently the focus is on being able to deliver the annual report and accounts on time and on getting payments to suppliers.

It was queried how the additional expenditure regarding COVID-19 spend is going. DD informed the Committee that Mark Chidgey had put in place a process regarding approval, recording, and reporting. Will pick up later the Impact on primary care and practices and any additional costs will be reimbursed back to practices just about putting a process to capture all primary care expenditure COVID-19 related.

The Committee received and approved the paper

11. Primary and Community Care Delivery Plan update

SW gave a limited update as the development of the plan has paused, with no progress made as due to COVID-10 there have been a number of other priorities.

GE added initial priorities may be slightly different within the plan with lessons that will have be learnt from this period and a total review will probably be needed which will form part of the recovery plan.

12. GMS & PMS contract revisions

Changes to GMS/PMS services in line with COVID

GE updated the Committee regarding the letter from NHSE dated 14th April. This seems to give no further details than were included in the SOP, but it does clarify the contact side. There will also be variations due to the Bank Holiday working, there have been no discussion yet regarding the May bank holiday which will also have contractual implications.

GE noted there have been some changes to the PCN DES and these changes are summarised on the front page of the paper.

Prior to COVID19 Stockport were already in a strong position with a strong GP Federation, strong Out of Hours provider and very strong GP service, this meant Stockport were able to adapt to the response and challenge to COVID19 pandemic.

Key areas change to service core GP service. All practices are total triage systems either – telephone or online consultation and have moved to technological solutions quickly. Practice has also adapted national guidance locally. All PCN Leads meet as part of the Bronze Meeting to discuss issues allowed by Stockport CCG and LMC to adapt to the changes needed.

Particularly helpful has been the guidance on non-essential service stepped down for now such as vasectomy; and routine that can wait or be paused. There has been a collaborative approach to networking. Prioritisation to non-essential work can vary across practices but most networks have paused the same type of services. Immunisation of children and other types of immunisation is still being carried on where possible.

CQC inspections have been suspended unless serious concern or Safeguarding issues 16th March
A number of digital requirements for submission have been relaxed so GPs can focus on COVID19.
There has been flexibility on locally commissioned services such as ward rounds in care homes which can be virtual or telephone, however some practices are still visiting.

Other major change – GP PCN DES lot due to start on 1st April 2020. Major change is to– postpone some service specifications to October 2020 including the structured medication review. .It is hope the Early diagnosis of cancer starts as soon as possible

Participation forms will be sent to all PCNs – practices to sign up to confirm participation.

It is anticipated there will be no changes and all seven Primary Care Networks will remain as before, however this cannot be guaranteed

GE noted that national guidance stated GPs should be paid at same rate as before, performing as same levels as before, inclusive of all community services and DES.

GE asked DD to clarify what reasonable costs are.

DD note the guidance does set out it would pay any reasonable costs therefore any additional costs incurred because of COVID19 would be reimbursed back to practices. Currently in discussion about reimbursement of practices opened over Good Friday and Easter Monday as normal working day so a process which is pragmatic and non-bureaucratic is being looked at. Working out a day rate based on this and will have to align this with the number of sessions provided on those days.

GMiller added that to give some context the CCG have commissioned specific COVID-19 services, Mastercall for COVID-19 patients needing face-to-face appointments and Viaduct to support those needing a home visits. Stockport CCG has commissioned from other providers also.

GE know investment and impact fund incentive scheme is being deferred but there is no understanding of the financial impact. PCNs nationally have been promised will be paid not sure

we understand what impact is as yet however the National Guidance has stated no one will be worse off. It seems the idea this will be shared across networks.

Something else that needs resolving locally is what additional payments through PCNs will be paid.

DD added that the finer details on an incentive scheme still need to be worked out and clarification on those areas

GE assurance wise continued financial payments will help practices and the learning and collaborative approach by the PCNs and system partners has been positive learning exercise.

The Contractual variation process still needs to happen.

GE noted there will be risks in recovery stage will be one of biggest issues – catching up and recovery. The support for General Practice will be needed

DP queried if GPs don't have to look until other side? Is that correct?
SW responded this is correct, no GPs looking at all – it's about surviving the current situation. There will be some benefits to maximise. SW clearly gains – digital and total triage, video consultation has changed the way GPs work. Need to ensure the benefits stick. – done in 48 hrs where 3 beforehand. Be aware of less beneficial which GPs may like.

SW noted there are GP practices that can collaborate which has been huge help with problem solving.

DP highlighted he has much respect for the way primary care is working well.

GH asked if the point in investment and impact funding could be clarified. Totally recognise lots of communication from Greater Manchester. Has been agreement on Impact Fund. £16.25m of funding which was earmarked is now going to support PCNs funding stream and is paid on PCNs weighted population at 27per weighted patient up to 31 September. GE asked GH to share this document

Committee agreed all three recommendations. 59

GM 2nd one been well mitigated through system

Chair pleased to note how best practice during crisis will be shared.

13. Review of Primary Care Services In Stockport

SW raised he conflicted on the following item as he is a partner at the practice, therefore GM presented the paper and explained that the pace has been such that rapid decisions had to be made to allow the service for this patient to continue

13.1 Special allocation scheme for an individual patient

Exceptional needs patient presented at last meeting.

Asked for Commissioners to note and approve who is beyond expected needs service. Go2Doc gave notice they no longer wished to provide this service, this went out to tender process through Stockport to ask for expressions of interest, none were received. Mastercall were also approached however no response was received. Beech House practice were then approached as they have a history of managing complex patients. The practice agreed a temporary contract for three months which covers one on one, responding to calls and clinical need.

The three months will be used to find how to manage this patient and whether they are able to go into a mainstream service. This contract has commenced due to having to provide ongoing primary care.

Recommend to note acknowledge and approve although delegated authority was given.

The Chair queried what would happen after the three months GM explained the learning from Beech House practice will help to agree a model for provision of care appropriate for this patient and if there is a need to commission differently a two year contact will be set up. GM will update the committee at the next meeting

GH the support paper pulled together is challenging and complex, it is understanding what outputs are.

DP queried if this is one off situation and if three months is enough. GM replied there is a scheme for SAS is for this well-known patient who is truly exceptional and agreed that 3 months may not be long enough and 6 months may be needed going forward.

GE raised there is a need to find solution in case numbers increase going forward.

PGL reminded that SW is conflicted in this item.

Recommendations – noted and agreed Committee will support 3 month going forward if needed. PLG did point out that further information will be needed to extend as
GM will bring back update but not in position

Committee agreed the recommendations.

VM joined the meeting.

13.2 Temporary registration arrangements for Bramhall Manor patients

GM papers refers to urgent need for new care home to enable hospital to management. Contract to be agreed in short time. Viaduct Care to provide care to patients

To note to committee these are temporary registrations of patients who will retain their host practice.

Ongoing challenges to see if sustainable going forward.

The Chair noted the provision seems timely in being able to use the facility as SFT are needing step down provision.

Risk mitigation – monitoring quality of care and provision. Issues raised over bank holiday weekend. New provider and new things and patients are stepped down in context of COVID-19 crisis. Some being managed daily wider issue of hybrid registration
Ongoing discussions

PLG general comment relating to both papers – have identified risks and issues – can confirm being recorded in risk register and mitigations being actioned to address.
GM risks identified – action plan been together with CCG to manage and mitigate and taken forward via contractual process. Regular reviews.

PLG asked about the two instances highlighted on p38, there was not enough information to cover complexity of care and transfer – been picked up in register. 1st one dealt with in the action plan. PLG asked how commissioners will know these have been addressed and risks don't materialise. Committee will be updated. GM to action.

Committee approve recommendations – and noted details attached in specification.

14. Review the Committee - Terms of Reference

Chair gave verbal update re adopting new constitution so still operating on old const.
PLG revisions to new constitution – have agreed by NHSE. Needs to be governance handbook to compliment work still needed to bring into place to be adopted. PL working on to get signed off.

15. Audit Report

GE updated that the CCG had achieved 'Substantive Assurance' after the audit and noted that it is unusual to achieve 'Total Assurance'. Some issues were raised in the report and recommendations are to follow

ToR for Primary Care Commissioning Committee is under review – current ToR covers where the subcommittee reports into.

Some discussions with Quality Team whether current Quality Committee forms part of that committee and set time for Primary Care is allocated discussions still in progress. AR is aware of the report and recommendations.

EIA screening forms – mergers and practice closures - wanted to have EIA screening forms and will take into account and include in future procedures.

Formal structure of P visits – never done formally – so need system in place.

Overall outcome of sub assurance was good.

The Chair complimented the CCG on the outcome of the Audit and the hard work undertaken.

Any plans to address issues raised going forward. GE will have to pause some things such as practice visits – not appropriate at this time. Some such as EIAs will become automatic and policies followed. Quality meetings – ensure meetings are in place.

DP conservation re learning out of COVID-19 could be reasons for performance management in GPs – opportunities around collaborative theme which will allow to be established.

VM reflected there have been daily calls over all PCNs/Viaduct /Mastercall/ CCGs which has resulted in some fantastic collaboration and it is now about making sure old ways of working ae not reinstated. The Chair highlighted he is encouraged to hear the CCG and partners are working to embed all lessons learnt during this time.

Chair asked if any DoI - VM confirmed not.

PLG commented that the review from the Auditor includes recommendations and queried what will happen with the paper now.

Management response is needed with indications when needed. Need to establish

GE met with Auditor post paper – because of Quality issues Anita off – will submit paper to their formal process and will get final paper with recommendations.

DD - report will be issued as final and through Audit Committee. And final through the Primary Care Commissioning Committee.

PLG clarified

Committee are assured in place

16. AOB

17. Any other business

There were none

Governance

Date of next meeting:

Next meeting of the Primary Care Commissioning Committee will be held on:
Wednesday, 17th June, 3.00pm – 500pm. TBC

Dates of following meetings:

Weds, 17th June 2020	3:00pm – 5:00pm	Conference Room 1b, 4th Floor Stopford House
Weds, 19th August 2020	3:00pm – 5:00pm	Conference Room 1b, 4th Floor Stopford House
Weds, 21st October 2020	3:00pm – 5:00pm	Conference Room 1b, 4th Floor Stopford House
Weds, 16th December 2020	3:00pm – 5:00pm	Conference Room 1b, 4th Floor Stopford House

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Primary Care Commissioning Committee
MINUTES of the meeting held on 28th May 2020
Virtual Meeting via Microsoft Teams

Present:

Peter Riley*	Lay Member for Primary Care Commissioning, CHAIR
Dr Simon Woodworth	Chief Medical Officer, NHS Stockport CVM
Gale Edwards,	CCG Business Manager, NHS Stockport CCG
Gillian Miller	Interim Director of Commissioning, NHS Stockport CCG
Mark Chidgey	Director of Finance, NHS Stockport CCG
Don Phillips	Lay Member for PPI**,** NHS Stockport CCG

In attendance:

Ben Squires	NHSE
Paul Lewis-Grundy	Deputy Director of Corporate Affairs
Dianne Oldfield	Senior Management Accountant, NHS Stockport CCG
Michael Cullen	Chief Finance Officer
Lindsay Smith	Corporate Administrator (Minute Taker)

Apologies:

Viren Mehta	CCG Clinical Director for Primary Care, NHS Stockport CCG
Anita Rolfe	Executive Nurse, NHS Stockport CCG
Judith Strobl	Public Health Consultant, SMBC
Gail Henshaw	NHSE
Emma Ince	Director of Integrated Commissioning

Minute	Action
1. Welcome & Apologies	
The Chair welcomed all to the meeting and the apologies were noted as detailed above. The Chair confirmed the meeting was quorate and the meeting commenced.	
2. Declarations of Interest	
The Chair asked the committee members to declare any interest they may have at the meeting which might conflict with the business of NHS Stockport Clinical Commissioning Group. It was noted that Dr Simon Woodworth was a GP member of the Primary Care Network. The chair acknowledged this and stated that he felt it was always of	

great value and importance to have GP input. He advised that if there was a vote required at this meeting then Dr Simon Woodworth would be excluded from the vote as in accordance with the procedure.	
3. Notification of Items of Any Other Business	
There was no other business to note.	
4. Network Participations	
The paper was introduced by GE and summarise as follows; This is the second year of the network DES and that NHS England requires PCN practices to **reconfirm their participation** for 2020/21. It was advised that NHS England recognises that the priority for practices over the next 6 months and beyond is the response to COVID and as such some changes had been made along with postponement to the implementation of some elements of the network Contract DES for 2020/21. The Committee were informed that all 7 PCN's in Stockport submitted a no change participation form that represents all of the 37 Stockport practices and GE confirmed she was pleased to state that 100% of the registered population national requirement was met as nationally sign up had not been popular so this was a great achievement. GE gave apologies for the short notice of the meeting and acknowledged that the report contained quite a lot of detail. The Committee were advised that the main aim of the meeting was to approve participation of the 7 PNC, the changes outlined for 2021 and the implementation date changes. The approval was required to be confirmed to the Regional Team by 31st May 2020. In terms of next steps and milestones that were being worked on towards March 2021, the Chair asked a question around how clear and confident GE was on the view ahead in particular on how and when the changes would be implemented. GE advised that this was COVID dependent as the timescales were nationally driven, however there were local elements of work that could be carried out. The Chair opened up the discussion to the rest of the Committee and welcomed their comments. DP enquired about benefits to the public following implementation of PCN. It was advised that this was about investing in primary and community care workforce and moving away from secondary care workload. It would also allow for consistency in service of care working as a network rather than as individual practices. It was also noted that NHS Stockport CCG already had a locally commissioned care home scheme that supports the COVID-19 care home requirements and this would require alignment to the DES over the coming months, however Stockport was in a strong positive position as a result of the work achieved. It was explained that work had already commenced in regard to the pharmacy team and that although the paper submitted outlined the key contractual changes, significant inroads had been made which would continue to be built on in terms of outcomes in order to measure and quantify the DES. DP concluded that he thought the paper was a positive report and his question expressed was more to do with clarification around how this would be measured.	

An example of good leadership was shared with the Committee stating that the PCN DES were meeting 3 times a week to work together in supporting COVID response in primary care and that it had been hugely valuable over the last 8 weeks in setting up new COVID services, PPE, testing and problem solving

The Chair stated that PCN's were an important part of the NHS moving forward and that they had a pivotal role in all that we do now and in the future.
BS advised that as part of the national contract, collaborative working would be brought in to look at how dental care and eye care services could be aligned to the platform.

The Chair asked a question about how well placed the GP's were in dealing with what would be the aftermath of the last 6 months or so. SW advised that this was a difficult question to answer, however active planning was in place to support the recovery following COVID. He said that he could give assurance that Stockport was well placed to service and deliver although at this stage he was not sure what the full impact would be. GM informed the Committee that there had been significant investment in mental health at GM level and locally also to recognise the impact of COVID on the population. She confirmed that Liz Mclean was coordinating and leading on a recovery plan that would describe the infrastructure and capacity needed for the new world we were moving into and of the unknown.

PL-G asked about the Finance Report on the PCN network payments being presented at the June PCCC meeting and whether those timescales would be met?

MC informed the Committee that discussions would take place with David Dolman in terms of the work plan for the finance report as indicated on page 9 of the paper. It was indicated by DO, that a paper would be able to be produced covering the finance aspects for the meeting on 17th June.

Taking on board the discussions and comments as outlined above the Primary Care Committee;

(i) **Noted** the changes to the PCN DES including revised timescales for delivery in 2020/2021.

(ii) **Approved** the Network Contract DES Participation submission (no change) for each of the 7 PCN's.

(iii) **Supported** the proposed next steps and receive a further update on progress in due course

The Chair concluded the meeting by giving thanks on behalf of the PCCC for all the hard work that the team have done and even more so with the impact of COVID. He asked that the thanks be passed onto the team and stated the Committee were grateful to them for coping so well under these circumstances.

The meeting was closed at 12.30 pm.

Date and time of next meeting:	
Wednesday 17th June, 3.00 pm – 5.00 pm, Virtual Meeting via Microsoft Teams	

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Primary Care Commissioning Committee 17 June 2020						
Action No	**Action**	**Lead**	**Agreed Date**	**Due Date**	**Revised Due Date**	**Comments**
029/4.12.19	Review the CCG policy re practice closures in line with national and local specifications and to report back to the Committee	EAL	4/12/19	19/02/20	15/04/20	This is in draft and is awaiting approval to come to PCCC **Cfwd**
030/4.12.19	GP Patient Survey to be discussed at Quality Board	GE	4/12/19	19/02/20	15/04/20	Last meeting postponed **Cfwd**
036/19.02.20	DD to feedback from SEG meetings at future add to future agendas	SH	15/04/20	17.06.20		
037/19.02.20	GM raised that the GP OOHs funding stream is unclear and asked for this to be feedback to NHSE	GH	15/04/20	17.06.20		
043/19.2.20	Clarify why Adswood is still appearing on the workforce return as it is now part of the Heaton Moor Group	GH	15/04/2020	17.06.20		

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Finance Report

Report To (Meeting):	Primary Care Commissioning Committee		
Report From (Executive Lead)	Michael Cullen		
Report From (Author):	Dianne Oldfield		
Date:	17 June 2020	**Agenda Item No:**	
Previously Considered by:	This is the first time the report has been presented		

Decision		**Assurance**		**Information**	✓

Conflicts of Interests	
Potential Conflicts of Interest:	Any attendees of the meeting that are associated with general practice or a member practice within the CCG

Purpose of the report:

The purpose of the report is to provide an overview of:

1. Financial regime for the period 1 April 2020 to 31 July 2020
2. The forecast outturn against budget for the period 1 April 2020 to 31 July 2020
3. Network Contract Direct Enhanced Service (DES) Payments for 2020/21
4. Direct award of Local Commissioned Services contracts

Key points (Executive Summary):

In response to Covid19 emergency, NHSE/I have put in place a temporary financial regime covering the period 1 April 2020 to 31 July 2020. The principle approach is that for the period 1 April 2020 to 31 July 2020 CCG's are expected to breakeven on an in-year basis.

NHSE/I continue to publish guidance in response to the Covid19 emergency and the implementation of which has resulted in the direct award to each practice in Stockport for GP locally commissioned services. The implementation of the Network Contract DES has also been impacted due to the Covid19 emergency.

Recommendation:

(i) **Note** that the CCG is reporting a forecast over spend of £1.285m for 20/21 for month 1 to month 4 which will be funded by a retrospective non recurrent allocation adjustment to enable an in-year breakeven position to be reported

(ii) **Note** the Direct Award contracts to each practice in Stockport for GP locally commissioned

services for 2020/21.

Aims and Objectives:	
Which Corporate aim(s) is / are supported by this report:	Lead Well - We will reform the health and care system in Stockport to build a sustainable system for future generations
Which corporate objective(s) is / are supported by this report:	Ensure financial balance across the system

Risk and Assurance:	
List all strategic and high level risks relevant to this paper	Failure to manage costs within the delegated allocation may result in the CCG failing to deliver financial targets and consequently impact the CCG annual assessment.

Consultation and Engagement:	
Patient and Public Involvement:	Not Applicable
Clinical Engagement:	Not Applicable

1.0 Introduction

This report provides an overview on:

1. Financial regime for the period 1 April 2020 to 31 July 2020
2. The forecast outturn against budget for the period 1 April 2020 to 31 July 2020
3. Network Contract Direct Enhanced Service (DES) Payments for 2020/21
4. Direct award of Local Commissioned Services contracts

2.0 Financial Regime in response to COVID-19

In response to COVID-19, a temporary financial regime has been set nationally to cover the period 1 April 2020 to 31 July 2020. Budgets for M1 to M4 have been set nationally by NHSE/I based on 2019/20 M11 YTD expenditure run rates uplifted using an assumed activity growth of 2.0% and cost inflation of 2.4%. During this period it is expected that the CCG will break even on an in-year basis. To achieve this, the CCG will receive a retrospective non recurrent allocation from NHSE/I each month.

3.0 Overview of the forecast outturn against budget

Please refer to appendix 1 which the following significant variances to budget are detailed:

GMS Contracts – £0.034m overspend on Global Sum expenditure due to patient list size increases.

PMS Contracts – £0.119m overspend due to patient list size increases.

Quality and Outcomes Framework (QOF) –£0.333m overspend due to the budget calculated by NHSE/I which did not take into account that QOF achievement, which is 40% of the total QOF payment, is accrued in month 12.

Primary Care Network Payments – £0.442m overspend due to an increase in PCN payments and additional services in line with the new GP contract.

PCO Seniority – Seniority payments have ceased resulting in an underspend of £0.059m.

COVID Related Expenditure - £0.345m overspend as a result of General Practice opening on Good Friday, Easter Monday and early May bank holiday.

4.0 Network Contract DES

The Network Contract DES payments are detailed in Table 1

Primary Care Network Name	Additional roles Paid to PCN via Reimbursement Method	Network support (Non Delegated) Paid to PCN	Clinical Leadership- Paid to PCN	Extended Access Paid to PCN	Investment & Impact Fund Paid to PCN	Care Homes Premium	Participation DES Paid to Individual Practices	Total 20/21
	£7.21 per weighted patient population	£1.50 per patient on registered list	£0.72 per patient on registered list	£1.45 per patient on registered list	£0.27 per weighted patient population	£120 per care home bed	£1.761 per weighted patient population	
BRAMHALL CHEADLE AND HULME PCN	£387,281	£86,615	£41,690	£83,727	£38,688	TBC	£95,598	£733,599
CHEADLE NETWORK PCN	£230,458	£51,819	£24,942	£50,092	£23,146	TBC	£56,887	£437,345
HAZEL GROVE HIGH LANE & MARPLE PCN	£287,575	£61,386	£29,547	£59,340	£27,419	TBC	£70,986	£536,253
HEATONS GROUP NETWORK PCN	£420,042	£92,192	£44,375	£89,118	£41,179	TBC	£103,685	£790,590
TAME VALLEY PCN	£339,064	£66,530	£32,023	£64,312	£29,717	TBC	£83,696	£615,340
VICTORIA PCN	£319,677	£68,913	£33,170	£66,616	£30,781	TBC	£78,910	£598,068
WERNETH PCN	£234,007	£46,862	£22,556	£45,299	£20,931	TBC	£57,763	£427,419
Grand Total	**£2,218,104**	**£474,315**	**£228,304**	**£458,505**	**£211,861**	**£70,500**	**£547,526**	**£4,209,114**

Table 1: Network Contract DES payments

Additional Roles – 60% of the funding is within the existing CCG allocation. The additional 40% will be available to draw down nationally once the CCG has paid the PCNs for this additional element.

Investment & Impact Fund – The introduction of the Investment and Impact Fund has been postponed for at least six months. Funding previously allocated will be recycled into a PCN support funding stream, which will be paid on the basis of a PCN's weighted population at £0.27 per weighted patient for the six month period to 31 September 2020.

Care Home Premium - The care home premium element of the DES will not commence until 1st of October 2020. PCNs will be paid £120 per annum per care home bed to provide proactive support to care home residents.

5.0 Local Commissioning Services Contract

As a result of the NHS declaration of a Level 4 National Incident on 30 January 2020 the 2019/20 Local Commissioned Services Contracts have been rolled forward as a Direct Award in compliance with national guidance and Cabinet Office Regulations issued since the beginning of March 2020.

The total value of these locally commissioned services for the year is £5,734,437.72.

6.0 Next Steps

The CCG will continue to implement national guidance as and when it is published.

Potential Implications:								
Financial Impact:	Non-Recurrent Expenditure							
	Recurrent Expenditure	The finance implications are identified in the paper						
	Expenditure included within CCG Financial Plan	Yes	✓	No		N/A		
Performance Impact:	Report forecast a break even position for the period 1 April 2020 to 31 July 2020 in accordance with national guidance.							
Quality and Safety Impact:	*N/A*							
Compliance and/or Legal Impact:	Reporting in compliance with national guidance in response to Covid19 pandemic							
Equality and Diversity:	General Statement:							
	Has an equality impact assessment been completed?	Yes		No		N/A	✓	
	If Not Applicable please explain why							

Appendix 1 – Financial Summary

Service Line		Annual Budget £m	Forecast £m	Forecast Outturn Variance £m
General Practice - GMS		**£3.834**	**£3.868**	**£0.034**
	Global Sum	£3.834	£3.868	**£0.034**
General Practice - PMS		**£5.311**	**£5.431**	**£0.119**
	Contract Value	£5.311	£5.431	**£0.120**
	Baseline Adjustment	£0.000	£0.000	**(£0.000)**
QOF		**£1.152**	**£1.486**	**£0.333**
	QOF Aspiration	£1.088	£1.056	(£0.032)
	QOF Achievement	£0.064	£0.430	£0.366
Enhanced services		**£0.705**	**£1.163**	**£0.458**
	DES- Individual Practice Payments			
	Learn Dsblty Hlth Chk	£0.034	£0.040	**£0.006**
	Minor Surgery	£0.122	£0.132	**£0.010**
	Violent Patients	£0.017	£0.018	**£0.001**
	PCN-Participation	£0.187	£0.183	**(£0.004)**
	Primary Care Network DES Payments			
	PCN-Extended Hours Access	£0.171	£0.153	**(£0.018)**
	PCN-Clinical Director	£0.054	£0.076	**£0.022**
	PCN Support Payment	£0.000	£0.071	**£0.071**
	PCN DES Care Home Premium	£0.000	£0.047	**£0.047**
	PCN-Clinical Pharmacist	£0.120	£0.444	**£0.324**
Premises Cost Reimbursement		**£1.154**	**£1.161**	**£0.007**
	Prem Clinical Waste	£0.014	£0.015	**£0.001**
	Prem Notional Rent	£0.362	£0.356	**(£0.006)**
	Prem Rates	£0.130	£0.137	**£0.007**
	Prem Water Rates	£0.010	£0.017	**£0.007**
	Prem Healthcentre Rent	£0.531	£0.529	**(£0.002)**
	Prem Actual Rent	£0.107	£0.107	**(£0.000)**
Other Premises Cost		**£0.002**	**£0.002**	**(£0.000)**
	Prem Other	£0.002	£0.002	**(£0.000)**
Dispensing/Prescribing Drs		**£0.105**	**£0.088**	**(£0.017)**
	Prof Fees Prescribing	£0.105	£0.088	**(£0.017)**
Other GP Services		**£0.295**	**£0.282**	**(£0.013)**
	PCO Seniority	£0.059	£0.000	**(£0.059)**
	Legal / Prof Fees	£0.003	£0.003	**(£0.001)**
	CQC	£0.065	£0.066	**£0.001**
	PCO Locum Adop/Pat/Mat	£0.077	£0.153	**£0.076**
	PCO Locum Sickness	£0.057	£0.026	**(£0.030)**
	Sterile Products	£0.001	£0.001	**(£0.000)**
	PCO Doctors Ret Scheme	£0.009	£0.007	**(£0.003)**
	Translation Fees	£0.022	£0.021	**(£0.001)**
	Healthcare Foundation Trust	£0.000	£0.003	**£0.003**
Void & Subsidy		**£0.297**	**£0.337**	**£0.039**
	NHS Property Services	£0.297	£0.337	**£0.039**
Reserves				
Business Rules / General Reserves		**£0.000**	**£0.000**	**£0.000**
Primary Care Investments		**£0.000**	**£0.000**	**£0.000**
Total PCR Excl Non Del PRC Scheme & Pass through costs		**£12.855**	**£13.816**	**£0.961**
Non-Delegated PRC Schemes		**£0.698**	**£1.022**	**£0.324**
Total PRC Cost Centre		**£13.553**	**£14.838**	**£1.285**

Local Commissioned services contract 2020/21

Report To (Meeting):	Primary Care Commissioning Committee		
Report From (Executive Lead)	Emma Ince / Gillian Miller		
Report From (Author):	Gale Edwards		
Date:	17th June 2020	**Agenda Item No:**	9
Previously Considered by:	Details within this report was presented by Liz McLean to the Performance and Delivery Committee on the 3rd June 2020		

Decision		**Assurance**		**Information**	**X**

Conflicts of Interests	
Potential Conflicts of Interest:	Any attendees of the meeting that are associated with general practice or a member practice within the CCG

Purpose of the report:
The purpose of the attached report is to provide the primary care commissioning committee with an update on the contractual status of the Local Commissioned Services (LCS) contract with general practice for 2020/21
Key points (Executive Summary):
The report highlights the key services within the LCS contract and includes the contractual finance summary for 2020/21. There are some elements within the local commissioned service and the national primary care network DES that are similar and the CCG will work to develop a program for aligning these services in year.

Recommendation:
It is recommended that the Primary Care Commissioning Committee: 1) Note the content of this report outlining the contractual position of the GP Local commissioned services for 2020/21. 2) Note and approve the next steps

Aims and Objectives:	
Which Corporate aim(s) is / are supported by this report:	Start well , Live well , Age well , Die well and lead Well
Which corporate objective(s) is / are supported by this report:	Improve quality & safety of care Support people to remain healthy and independent as long as possible Improve early identification of health conditions Ensure people can access safe, high quality care when necessary Financial balance across the system

Risk and Assurance:	
List all strategic and high level risks relevant to this paper	

Consultation and Engagement:	
Patient and Public Involvement:	*[N/A]*
Clinical Engagement:	*[N/A]*

1. INTRODUCTION

1.1 Stockport CCG holds a locally commissioned standard NHS Contract with all 37 GP practices for services above the core GMS and PMS national contracts.

1.2 The key services included within this contract are:

- The GP development scheme
- Greater Manchester Standards
- Management of Signposting and navigation
- Prescribing shared care
- Safeguarding
- Enhanced Flu scheme for children and adults above the national DES

1.3 Within the GP development scheme the following services are commissioned:

- Enhanced Care Home Services
- Additional Extended hours to the national requirement
- Proactive management of long term conditions
- Prescribing
- Improved urgent care access
-

- The GM standards are focused on improving health outcomes and reducing health inequalities.

2. DETAIL

2.1 The GP LCS contract was due for renewal on the 31st March 2020

2.2 The arrangements for the provision of locally commissioned services with all practices in Stockport have now been agreed for 2020/21 in line with national instructions and endorsed by the Performance & Delivery Committee on the 3rd June 2020

2.3 The total value of these locally commissioned schemes for the year is £5,734,437.72. Of this, there are 3 practices will receive values above £250k

3. CONCLUSION

3.1 It is recommended that the Primary Care Commissioning Committee:

3) Note the content of this report outlining the contractual position of the GP Local commissioned services for 2020/21.

4) Note and approve the next steps

4. NEXT STEPS

4.1 An in year review of the LCS contract in line with the PCN service specifications

5. POTENTIAL IMPLICATIONS

<table>
<tr><td colspan="8">Potential Implications:</td></tr>
<tr><td rowspan="3">Financial Impact:</td><td colspan="2">Non-Recurrent Expenditure</td><td colspan="5">Nil</td></tr>
<tr><td colspan="2">Recurrent Expenditure</td><td colspan="5">Detailed in the paper</td></tr>
<tr><td colspan="2">Expenditure included within CCG Financial Plan</td><td>Yes</td><td>X</td><td>No</td><td></td><td>N/A</td><td></td></tr>
<tr><td>Performance Impact:</td><td colspan="7">[N/A]</td></tr>
<tr><td>Quality and Safety Impact:</td><td colspan="7">[N/A]</td></tr>
<tr><td>Compliance and/or Legal Impact:</td><td colspan="7"></td></tr>
<tr><td rowspan="3">Equality and Diversity:</td><td colspan="7">General Statement:</td></tr>
<tr><td>Has an equality impact assessment been completed?</td><td>Yes</td><td></td><td>No</td><td></td><td>N/A</td><td>X</td></tr>
<tr><td>If Not Applicable please explain why</td><td colspan="5">Not required</td></tr>
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NHS
Stockport
Clinical Commissioning Group

Registration of Patients in Intermediate Care and Transfer to Assess

Primary Care Commissioning Committee
17th June 2020

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NHS Stockport Clinical Commissioning Group will allow people to access health services that empower them to live healthier, longer and more independent lives.

NHS Stockport Clinical Commissioning Group
4th Floor
Stopford House
Piccadilly
Stockport
SK1 3UR

Tel: 0161 426 9900

Website: www.stockportccg.org

Executive Summary

It is recommended that the Primary Care Commissioning Committee:

PCC is asked to approve a 6 month pilot for *full registration* of Transfer to Assess patients placed in Bramhall Manor.

An evaluation will be brought back to PCCC and a decision can be made on the mode of registration for Bramhall Manor and all other all Intermediate Care units.

Please detail the key points of this report

.

Stockport CCG has commissioned GP care for 71 Transfer to Assess (T2A) beds in a new care home - Bramhall Manor. Patients are transferred to Bramhall Manor for up to 21 days to be assessed for determination of need and then appropriate placement to be found. Stockport CCG commissions a GP Practice to provide GMS/PMS care to patients whilst in Bramhall Manor.

A recommendation has been made and considered, to change the registration of patients in Bramhall Manor to full registration. The current model is based on Temporary Registration. Full registration will enable the GP Practice providing the care to these patients, to have full access and full responsibility for the clinical record of the patient whilst under their care. This has the potential to further improve the quality of care provided to patients.

This will be a change in commissioning arrangements and the risks and benefits are not fully known at this point. A recommendation is made to undertake a 6 month pilot of full registration to assess this change.

If full registration proves to be the most effective registration model, this will be recommended for all of Stockport's commissioned Intermediate Care and Transfer to Assess care.

How does this link to the Annual Business Plan?

What are the potential conflicts of interest?

N/A

Where has this report been previously discussed?

This report is being presented for the first time.

Executive Sponsor: Gillian Miller

Presented by: Gillian Miller

Meeting Date: 17th June 2020

Agenda item: 10

1.1 Introduction

The CCG commissions 2 components of bed based after hospital care – Intermediate Care (IC) and Transfer to Assess (T2A). The delivery of T2A is via Bluebell Unit at The Meadows Community Hospital, Offerton (25 beds) and a new Care Home, Bramhall Manor in Bramhall (71 beds). Intermediate Care is delivered mainly at Marbury House Care Home in Heaton Chapel (40 beds). T2A is a short term placement for up to 21 days to allow assessment of a patient and determination of needs and then appropriate placement to be found. Intermediate care beds are for patients with rehabilitation needs who are expected to improve and then return to their usual place of care.

The recent commissioning of Bramhall Manor T2A (71 beds) has driven reflection on the service delivered to these patients. The current issue is regarding registration. Patients are currently registered as 'Temporary Residents' which means a new GP surgery creates a temporary record, inputs to it, and then forwards it when that patient leaves their care. The temporary registration does not allow access to the patients full record and can allow for confusion as to where information is sent and any changes to medication etc can be unclear.

There has been a request from the GP Practice providing care to Bramhall Manor, supported by PCNs and the LMC, that the practices providing T2A and IC are commissioned to register patients as "Full registration" rather than "temporary registration". This would allow clear clinical responsibility and (in the days of electronic transfer of record) contemporaneous record access and a single complete patient record and supports quality of care provision.

The NHS contract states:
13.6. Temporary residents
13.6.1. The Contractor may if its list of patients is open accept a person as a temporary resident provided it is satisfied that the person is-
(a) temporarily resident away from his normal place of residence and is not being provided with essential services under any other arrangement in the locality where he is temporarily residing; or
(b) moving from place to place and not for the time being resident in any place.
13.6.2. For the purposes of clause 13.6.1, a person shall be regarded as temporarily resident in a place if, when he arrives in that place, he intends to stay there for more than 24 hours but not more than three months.

1.2 Considerations

The financial cost of full registration compared to temporary registration is negligible. Practices are paid £22.25 per quarter per weighted patient following the quarter of registration (April, July, Oct, Jan). Therefore, if full registration is adopted the GP Practice providing care to Bramhall Manor patients would receive an increase in there GMS/PMS contract by a maximum of £1,579.75 (71 patients x £22.25) per quarter this will be offset by a reduction in the GMS/PMS contract payment of the GP Practice with which the patient was registered with a Stockport practice prior to being admitted to Bramhall Manor. It is assumed that the majority of patients admitted to Bramhall Manor will be already registered with a Stockport Practice.

The increase in the level of full registrations will impact the Practice's Carr Hill factor and specifically will increase the list turnover index resulting in additional income to the practice of around £500 per annum. However the clinical view from Stockport GPs, it is felt that full registration will significantly improve patient safety.

When patients are discharged from Transfer to Assess to a Care Home, they often need to change their registered GP where the Care Home is in a new location.

Patients must be made aware of the choices available to them, particularly where this relates to their registration with a GP practice and where circumstances warrant that this has to change. Patient's discharged to and from Bramhall Manor, if full registration is agreed, must be offered choice.

The CCG has explored these issue with the LMC who are in full support of changing the registration from temporary to full registration, subject to there being an appropriate information sheet for patients describing their choices around registration and explaining the process. The LMC would like to be involved in drafting this communication to ensure if reflects the correct information.

1.3 Recommendation

The recommendation to PCC is to approve a 6 month pilot for full registration of patients in Bramhall Manor. This will be with appropriate communications developed for patients to understand the reasons for choosing to be fully registered and their choices after their discharge.

An evaluation of the benefits and any risks identified and the financial impact of this new proposed model, will take place at 6 months. A recommendation will then be presented to PCCC which will cover registration of all IC and T2A commissioned care.

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End of Documentation Pack