

Primary Care Commissioning Committee Agenda

Date of Meeting:	7 September 2016	Time	From	To
			1.00pm	2.00pm
Venue:	Boardroom, Regent House, Heaton Lane, Stockport			
Attendees:	Jane Crombleholme (Lay Member with responsibility for Patient and Public Participation) - Chair Vacant (Lay Member Specifically Recruited) Anita Rolfe (Executive Nurse) Gaynor Mullins (Chief Operating Officer) Mark Chidgey (Interim Chief Finance Officer) Adam Firth (Locality Committee Representative) Vicci Owen-Smith (Clinical Director Public Health) Ranjit Gill (Chief Clinical Officer) Viren Mehta (Clinical Director General Practice Development)			

*This meeting will be held in public. To register to attend please contact 0161 426 9900 or email ccg.reception@nhs.net

Item No.	Agenda Item	Format	Papers	Action required	Lead	Time
Meeting Governance						
1.	Apologies	Verbal	N/A	To receive and note	JC	1.00
2.	Declarations of Interest	Verbal	N/A	To receive and note		
3.	Approval of the Minutes of the Meeting held 12 July 2016	Minutes	Attached	To approve	JC	
4.	Actions Arising	Action Log	Attached	To receive and note	JC	
5.	Notifications of items for any other business	Verbal	N/A	To receive and note	JC	
Items of Business						
6.	Quality Update (Including Care Quality Commission Update)	Report	Attached	To consider and discuss	RR	1.10
Any Other Business						

7.	Any other business as raised in item 5.	Verbal	N/A	To receive and discuss	JC	2.00
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Meeting Governance

8.	<p>Date, time and venue of next meeting</p> <p>The next meeting of the Primary Care Commissioning Committee will be held on: 2 November 2016</p>
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Primary Care Co-commissioning Committee
MINUTES of the meeting held on Tuesday 12 July 2016
09.30am – 11.00am
Boardroom, Regent House, Stockport

Present:

Jane Crombleholme, Lay Member, Chair of NHS Stockport CCG Governing Body (Chair)	(JC)
Gaynor Mullins, Chief Operating Officer, NHS Stockport CCG	(GM)
Anita Rolfe, Executive Nurse	(AR)
Dr Viren Mehta, Clinical Director General Practice Development	(VM)
Dr Ranjit Gill, Chief Clinical Officer	(RG)
Dr Adam Firth	(AF)
V Owen Smith, Clinical Director Public Health	(VOS)

In attendance:

Cllr Tom McGee, SMBC	(JP)
Roger Roberts, Director of General Practice Development, NHS Stockport CCG	(RR)
Laura Latham, Board Secretary and Head of Governance, NHS Stockport CCG	(LL)
Ben Squires, NHS England	(LB)

MEETING GOVERNANCE

1. Apologies	Action
Apologies were received from Mark Chidgey, Laura Browse and Ranjit Gill.	N/A
2. Declarations of Interest	Action
Councillor McGee requested that it be noted that he was a patient at Heaton Moor Medical Practice. The Chair agreed that he could remain in attendance at the Committee for the consideration of the item.	N/A
3. Approval of the Minutes of the Meeting held on 4 May 2016	
The minutes of the Meeting held on 4 May 2016 were approved as an accurate record.	
4. Actions Arising	
PCC5 – This action had been completed and could be removed.	
5. Notifications of items for any other business	
There were none on this occasion.	

<p>6. Quality Update (including Care Quality Commission)</p> <p>R Roberts provided an overview of the content of the report and the high level information which had been presented to the Committee. He noted that a Primary Care Quality Sub-Group was in place which triangulated data and intelligence from a range of sources to focus on identified Practices where there may be issues. A Rolfe sought confirmation about the information available to Practices to assist them to manage quality issues on a local level. It was noted that Practices were provided with high level performance and quality information but process regarding quality monitoring could be clarified. Work was underway within Localities and at Practice Level to consider how data could be used to influence neighbourhood developments and support Practices to manage quality issues proactively. The Sub-Group was also noted to include representation from the Local Medical Committee (LMC.)</p> <p>V Mehta noted that a flow chart was under development to map how quality issues, informal and formal would be managed under the delegated commissioning approach. This would be shared with the Committee for information.</p> <p>It was noted that the Quality Sub-Group needed to link with the CCG's Quality Committee and the reporting arrangements needed to be clear to ensure matters were escalated and managed as appropriate.</p> <p>The role of NHS England in previously monitoring quality in general practice was discussed and in particular, the role the CCG would play in future. R Roberts noted that existing resource would be prioritised to ensure quality issues were managed proportionately. It was noted that reports from the CQC not yet published should be referred to in documentation as 'pending' rather than outstanding.</p> <p>G Mullins explained the importance of ensuring resource was split proportionately between managing existing quality and improvement matters and future transformation.</p> <p>A discussion took place regarding the recent changes at Woodley Health Centre. J Crombleholme sought assurance about the Care Quality Commission (CQC) reports where improvement was required. It was noted that correspondence had been sent to Dr Patel regarding the availability of DBS checks. A Firth noted that local interpretation of requirements regarding DBS check documentation availability within General Practice meant that local processes often differed. G Mullins noted that whilst it would be possible for the CCG to provide advice, it was the responsibility of individual practices to ensure compliance with the requirement.</p> <p>Resolved: That the update be noted.</p>	<p>VM</p>
<p>7. Stockport Medical Group and Lowfield Surgery Practice Merger</p>	
<p>R Roberts provided an overview of the application and the process which had been followed, including the partner and patient consultation elements. He noted that the IT systems were compatible but there would be some cost to the CCG to enable existing databases to be merged.</p>	

<p>V Mehta highlighted the IT costs issue and noted that it was important that where additional costs would be incurred by the CCG there was a Policy about how these were considered, in particularly in line with the Stockport Together neighbourhood ambition. G Mullins supported this view and noted that IT acted as a key enabler to developing primary care and the MCP model and therefore needed to be considered as part of a wider view.</p> <p>It was noted that Healthwatch had responded to the consultation, despite not being listed within the report and assurance was sought regarding the process and capture of all relevant information. A discussion also took place regarding the follow up of the achievement of benefits outlined as part of practice merger applications and whether this took place. G Mullins agreed to follow up on assurance processes with NHS England at a future Co-Commissioning Management Board meeting.</p> <p>A Rolfe noted the importance of applications submitted being clear around cost implications from the outset.</p> <p>J Crombleholme sought confirmation about whether the application fitted within the Stockport Together Neighbourhood Model. A Firth noted that Care Homes had also been aligned to Localities and he could foresee no significant impact at the current time.</p> <p>G Mullins noted the opportunity to achieve efficiencies and relieve pressure within general practice which had been cited within the application. She also commented that it was important that the future direction of travel for neighbourhood working was facilitated as far as was possible.</p> <p>Resolved: That the Committee: Approves the merger (subject to agreement of IT costs and agreed merger date)</p>	
8. South Reddish Medical Centre Proposed Boundary Change	
<p>The Committee considered a proposal from South Reddish Medical Centre to reduce the practice boundary. R Roberts explained that the list size was growing and that the areas which would fall outside the reduced boundary would be well covered by other Practices. He noted that the proposal was consistent with the neighbourhood model.</p> <p>In response to a question from Councillor McGee, R Roberts explained that in the cases where a family placed outside the revised boundary had a child, the Practice would register the child to ensure the family could remain with the Practice.</p> <p>A discussion took place regarding the additional complexities of practice boundaries crossing different local authority and CCG areas and the historic development of inner and outer boundaries. General Practice boundary maps would be circulated to the Committee and shared with Stockport Together to aid future service design and planning.</p> <p>It was noted that there needed to be a clear distinction between no response received and no objection raised from a respondents.</p> <p>Resolved: That the proposed boundary reduction be approved.</p>	RR

9. Date and Time of Next Meeting	
The next meeting of the Primary Care Commissioning Committee will be held in September 2016 with meetings taking place on a bi-monthly cycle thereafter. The Quality Sub-Group would meet on a bi-monthly cycle in the intervening months.	

(The meeting ended at 10.47am)

NHS Stockport Clinical Commissioning Group
12 September 2016

Actions arising from the Primary Care Commissioning Committee

NUMBER	ACTION	DUE DATE	OWNER AND UPDATE
PCC11	Flow chart detailing formal and informal management of quality issues under delegated commissioning to be finalised and shared with the Committee and Practices	September 2016	R Roberts
PCC12	The Committee to receive confirmation at a future meeting of the IT costs of the Stockport Medical Group and Lowfield Surgery Practice Merger	September 2016	V Mehta
PCC13	General Practice boundary maps to be shared with the Committee and also with the Stockport Together Programme for information and where required to assist service design and implementation	September 2016	R Roberts

Quality Report



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

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Executive Summary

What *decisions* do you require of the Committee?

The Primary Care Commissioning Committee is asked to consider the content of the report, including the outcome of recent inspections.

Please detail the key points of this report

Contractual Issues

Dr Sharma

This contract is under close review and is the subject of a part 2 meeting. There are issues that if public could affect commercial negotiations affecting this practice.

Boundaries

Seabrook – this practice is the first to apply to increase its boundary and it has indicated a desire to include the new Woodford estate within its area. Discussions are ongoing over this as there is an indication that the proposal crosses into the East Cheshire area. We are in discussion with East Cheshire but are minded to develop a policy to limit boundary extensions to be within the Local authority boundary particularly with the new MCP arrangements in mind.

Adshall Road – this practice is struggling for GP capacity with two partners having retired and a failure to recruit replacement doctors. They are suggesting that they deregister all patients outside their boundary. This would be about 1,300 patients. This information has been passed to the practice and they are considering their options. We anticipate that there will be a boundary alteration in the future.

Mergers

Stockport Medial Group and Lowfield Road - This is the subject of a separate report.

Dr Lloyd – There is a proposed merger from Dr Lloyd merging the Haider and Cedar House practices into a single contract. Populations do not overlap so there is a clear view that both practices would have to stay open and he could not merge to one site. Dr Lloyd is the single partner for both contracts and is currently delivering all care for both practices with a nurse two days a week. His self-reported waiting time is that day or the next for himself and that week for the nurse. A visit has taken place to push the need for additional support but to date he has struggled to find anybody. An Advanced Nurse Practitioner has been secured for we understand 5 sessions per week. We have asked for a capacity plan outlining his arrangements.

Quality review

The report last month described a review of some high level indicators and the identification of two practices for a more detailed review. This was completed using the Quality Toolkit as a basis for data collection. The easily acquired data

we collected as a preliminary review.

The review of one of the two practices indicated that although showing as an outlier in five areas, of these five, two were positive and indicators of good practice. The wider data collected did not flag up any further concerns. It was therefore agreed not to follow up this practice further

The other practice was reviewed using similar data. The result of this was that there were some concerns about performance over the time period of the data collected. There were issues at the practice that would explain this drop in performance but it was resolved that the business manager visit to explore the issues to ensure they are recognised and are being addressed.

In doing this review the QOF data for 2015/16 was obtained and this identified a further two practices for review at the next meeting. The same data collection tool will be used again.

GP recruitment

The quality committee has a follow up session with the LMC and in this was raised the issue of GP recruitment. The team will do a snap short review of where practices are struggling to recruit.

It was known that two practices submitted for support to NHS E for recruitment and were successful in gaining this to try and attract retired doctors from out of area. There is a link with the Adshall Rd practice boundary issue above and the Dr Lloyd merger. There were a further four practices struggling for GPs identified in discussion with a belief that there are others. The move to the MCP was seen to potentially exacerbate this.

CQC update

The table below shows the current level of reporting of CQC visits across Stockport. Dr Patel has managed to show that she did not merit the 'requires improvement' that was reported last time and the report on the website currently indicates 'Good' in all areas. Dr Lloyd has 'requires improvement' in one area and an action plan has been developed and the business manager is in touch to ensure progress.

All other issues are as previously reported. All visits were supposed to be completed by the end of September but CQC have formally stated that this will not be the case in Stockport. The revised timeframe is not known.

What are the likely impacts and/or implications?

Maintaining high quality primary care in Stockport is integral to the work of the CCG.

How does this link to the Annual Business Plan?

The improvement and development of general practice in Stockport is

fundamental to achieving the aims of the CCG.

What are the potential conflicts of interest?

There may be conflicts of interest arising where the Committee considers reports relating to practices where a member of the Committee is a practising GP.

Where has this report been previously discussed?

N/A

Clinical Executive Sponsor:

Presented by: Roger Roberts

Meeting Date: 7 September 2016

Agenda item:

Reason for being in Part 2 (if applicable)

N/A

CQC Published Reports

Practice	Date published	Safety	Efficiency	Caring	Responsive	Well led	Overall
Dr Azmy	29/10/2015	Good	Good	Outstanding	Good	Good	Good
Marple Medical Practice	12/11/2015	Good	Good	Good	Good	Good	Good
Bredbury Medical Practice	12/11/2015	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
Marple Bridge	12/11/2015	Good	Good	Good	Good	Good	Good
Dr Gupta	19/11/2015	Good	Good	Good	Good	Good	Good
Gatley Medical Centre	26/11/2015	Good	Good	Good	Good	Good	Good
Marple Cottage	16/03/2016	Good	Outstanding	Good	Outstanding	Outstanding	Outstanding
Stockport Medical group	18/03/2016	Good	Good	Good	Good	Good	Good
Branhall Park Medical Centre	05/04/2016	Good	Good	Good	Good	Good	Good
Dr Sharma	13/04/2016	Inadequate	Inadequate	Good	Requires Improvement	Inadequate	Inadequate & Special measures
Cale Green	16/04/2016	Requires Improvement	Good	Good	Good	Good	Good
Dr Raina Patel	02/06/2016	Requires Improvement	Outstanding	Good	Good	Good	Good
Dr Raina Patel	04/08/2016	Good	Outstanding	Good	Good	Good	Good
Archwood	03/06/2016	Good	Good	Good	Good	Good	Good
Cedar House	07/07/2016	Requires Improvement	Good	Good	Good	Good	Good

