

Primary Care Commissioning Committee Agenda

Date of Meeting:	27 September 2017	Time	From	To
			1.00pm	1.30pm
Venue:	Boardroom, Regent House, Heaton Lane, Stockport			
Attendees:	Anita Rolfe (Executive Nurse) Christine Morgan (Lay Member for Primary Care Commissioning) CHAIR Gaynor Mullins (Chief Operating Officer) Jane Crombleholme (Lay Member with responsibility for Patient and Public Participation) Mark Chidgey (Chief Finance Officer) Dr Ranjit Gill (Chief Clinical Officer) Dr Vicci Owen-Smith (Clinical Director Public Health)			

*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	CM	1.00
2.	Declarations of Interest	Verbal	N/A	To receive and note		
3.	Approval of the Minutes of the Meeting held 6 September 2017	Minutes	Attached	To approve	CM	
4.	Actions Arising	Action Log	Attached	To receive and note	CM	
5.	Notifications of items for any other business	Verbal	N/A	To receive and note	CM	
Items of Business						
6.	Pneumococcal Vaccine	Report	Attached	To consider the proposal within the report	VOS	1.05
Any Other Business						
7.	Any other business as raised in item 5.	Verbal	N/A	To receive and discuss	CM	1.30

Meeting Governance						
8.	Date, time and venue of next meeting					
	The next meeting of the Primary Care Commissioning Committee will be held on: 1 November 2017					

**Primary Care Commissioning
MINUTES of the meeting held on Wednesday 6 September 2017 – part 1
Boardroom, 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
Jane Crombleholme	Lay Member, Patient and Public Participation
Dr Vicci Owen-Smith	Clinical Director for Public Health, NHS Stockport CCG
Mark Chidgey	Chief Finance Officer, NHS Stockport CCG
Dr Ranjit Gill	Chief Clinical Officer, NHS Stockport CCG

In attendance:

Ann Gough	Contract Manager, NHS England
Cath Comley	Area Business Manager, NHS Stockport CCG
David Kirk	Healthwatch
Roger Roberts	Director of GP Development, NHS Stockport CCG
Cllr Tom McGee	Executive Member for Health, Stockport MBC
Laura Latham	Associate Director Corporate Governance and Organisational Effectiveness, NHS Stockport CCG

1. Governance
1. Apologies: There were none received.
2. Declarations of interest: Doctor R Gill declared an interest in Items 6 (Quality Update including Dispersal Policy) and 7 Influenza Vaccinations Proposal the nature of the interest being that there was a financial impact on all General Practices arising from the proposals. As a non-voting member of the Committee he remained in the meeting.
3. Approval of previous minutes 5 July 2017 The minutes were agreed as a correct record subject to the Child Health Information Service being termed correctly within the minutes.
4. Actions The following updates on actions were provided: <ul style="list-style-type: none"> • The Safeguarding report would be considered at the November 2017 meeting of the Committee

- Evidence base for the Influenza Scheme had been incorporated into the report at Item 7 on the agenda
- M Chidgey agreed to respond to questions from D Kirk following the meeting regarding the individual appointment cost comparator as part of the 7 Day Working Arrangements.

5. Notification of items for any other business

There were none on this occasion.

Items of Business

6. Primary Care Quality Report

R Roberts highlighted the key issues contained within the report which included:

- Dispersal of patients following the closure of the Practice of Doctors Sen and Iqbal
- Overview of progress made at Bredbury Medical Centre
- Overview of Care Quality Commission (CQC) Inspection outcomes for Practices in Stockport

A Gough agreed to share Greater Manchester benchmarking information on CQC Inspection outcomes once the data had been compiled in order to allow for comparator discussions. She also confirmed that a meeting would take place with CQC to consider the new inspection regime and the future impact. Clinical Commissioning Groups would receive information on the output of the meeting but it was anticipated that a 20% inspection sample per year may be the approach.

The Committee considered the proposed Dispersal Policy and R Roberts explained that following a number of recent referrals it had been developed to provide a framework in which issues could be managed.

The following elements were noted as requiring further clarification:

- The threshold which would be applied for exceptional circumstances in order to evoke the Policy.
- The acknowledgement that for receiving practices there were some considerable complexities depending on patient registration.
- Requirement for a decision making framework to support the Policy in terms of the financial decision making elements for applying funding where amounts were 'up to a maximum of'.
- The need for the funding for individual dispersals to be tracked.
- Re-wording to ensure the risk based approach to managing dispersals by exception
- Removal of specific financial amounts in order to provide for sufficient flexibility and Executive judgement within the decision making framework.

Resolved: That the Committee receive and note the Primary Care Quality Report and would receive a revised version of the Dispersal Policy at a future meeting.

7. Influenza Vaccinations Proposal

The Committee considered the proposal to incentivise flu vaccination schemes for children in Stockport in line with the approach which had proven successful for adults. The positive impact on vaccination rates was noted and V Owen Smith outlined the benefits which achieving the targets outlined in the paper would provide.

Resolved: That the proposal for the incentives scheme be approved by the Committee.

Any other business

8.

There were no items of other business

Governance

9. Date of next meeting:

**Wednesday 1 November 2017
13:00 – 15:00
Merseyway, floor 7, Regent House**

Pneumococcal Vaccine

Immunisation Proposal



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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Pneumococcal Vaccine

Introduction

Pneumococcal disease is the term used to describe infections caused by the bacterium *Streptococcus pneumoniae* (also called pneumococcus).

Transmission is by aerosol, droplets or direct contact with respiratory secretions of someone carrying the organism. Transmission usually requires either frequent or prolonged close contact. There is a seasonal variation in pneumococcal disease, with peak levels in the winter months.

Invasive pneumococcal disease is a major cause of morbidity and mortality. It particularly affects the very young, the elderly, those with an absent or non-functioning spleen and those with other causes of impaired immunity.

Most healthy adults develop a good antibody response to a single dose of the vaccine (PPV) by the third week following immunisation. Overall efficacy in preventing pneumococcal bacteraemia is probably 50 to 70%.

It is important that our at risk population are immunised to reduce their risk of serious disease and even death and to reduce the pressure on hospital beds during the winter months.

It is a one off vaccination given to adults over 65 years and children and adults in the clinical risk groups shown below. It is recommended that patients with splenic dysfunction are vaccinated every 5 years. Practices are signed up to the national seasonal influenza and pneumococcal vaccination programme and are paid £9.80 as per specification.

<https://www.england.nhs.uk/wp-content/uploads/2017/03/sfl-pneumococcal-2017-18-service-specification.pdf>

Clinical risk groups

Clinical risk group	Examples (decision based on clinical judgement)
Asplenia or dysfunction of the spleen	This also includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction.

Chronic respiratory disease	This includes chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema; and such conditions as bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD). Children with respiratory conditions caused by aspiration, or a neurological disease (e.g. cerebral palsy) with a risk of aspiration. Asthma is not an indication, unless so severe as to require continuous or frequently repeated use of systemic steroids (as defined in Immunosuppression below).
Chronic heart disease	This includes those requiring regular medication and/or follow-up for ischaemic heart disease, congenital heart disease, hypertension with cardiac complications, and chronic heart failure.
Chronic kidney disease	Nephrotic syndrome, chronic kidney disease at stages 4 and 5 and those on kidney dialysis or with kidney transplantation.
Chronic liver disease	This includes cirrhosis, biliary atresia and chronic hepatitis.
Diabetes	Diabetes mellitus requiring insulin or oral hypoglycaemic drugs. This does not include diabetes that is diet controlled.
Immunosuppression	Due to disease or treatment, including patients undergoing chemotherapy leading to immunosuppression, bone marrow transplant, asplenia or splenic dysfunction, HIV infection at all stages, multiple myeloma or genetic disorders affecting the immune system (e.g. IRAK-4, NEMO, complement deficiency) Individuals on or likely to be on systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day (any age), or for children under 20kg, a dose of 1mg or more per kg per day.
Individuals with cochlear implants	<i>It is important that immunisation does not delay the cochlear implantation.</i>
Individuals with cerebrospinal fluid leaks	This includes leakage of cerebrospinal fluid such as following trauma or major skull surgery.

For further information about the disease and vaccination, please see the green book chapter, embedded here:



green_book_chapter_25.pdf

Rates of vaccination in Stockport have dropped slightly over the past 5 years as indicated.

Rates of vaccination for patients over 65 years in Stockport 2012-17 (from immform)

Year	Number of practices	Number of practices completing return	65+ patients who have been vaccinated by 31st March	65+ patients who have been vaccinated by 31st March
2012	51	28	73.9%	22336
2013	50	38	73.4%	32164
2014	50	39	73.3%	31461
2015	47	43	71.4%	37612
2016	46	42	69.8%	35218
2017	42	40	71.0%	37555

There is considerable variation between practices. Data are available for patients over 65 years from immform (see appendix). **This indicates that there are over 15,000 patients over 65 years unimmunised.** We don't currently have Stockport-wide data for at risk patients under 65 years but for the 5 practices currently sharing their information with the public health team via EMIS search and report, uptake in the at risk groups under 65 years varies between 27-82% (mean 52%) and there are 1771 unimmunised patients in this patient group in these 5 practices alone. **This scales up to approximately 15,000 patients in at risk groups under 65 years unimmunised.**

Concerns have been expressed that the introduction of a pharmacy led influenza vaccination programme has reduced uptake of PPV but there is no practice-level correlation between the percentage of influenza vaccinations given in practice and PPV uptake in patients over 65 for last year.

Proposal

1. That the CCG fund practices, at a total cost of £15-20,000 across all Practices to increase uptake. That the primary care commissioning committee delegate the

decision for the details of the payment model to the CCG's Director of Finance following consultation with the CCG's Leadership Team.

2. Practices will be required to run the search from the EMIS Library (under Cytology and Immunisation – Pneumococcal) which generates a list of eligible patients in the following populations and creates an alert on the clinical system which enhances opportunistic vaccination:
 - Pneumococcal Age 5-64 at risk – No record of Vaccination Pneumococcal
 - Age 65 or over – No record of Vaccination
 - Asplenic/Renal patients vaccinated over 5 years ago
3. Practices are advised to use the influenza vaccination sessions to increase their uptake of PPV noting that the pneumococcal vaccine requires drawing up and is not as quick to give as the influenza vaccine.

Risks

1. There is a known national shortage of pneumococcal vaccine. There is a risk that whilst proceeding to fund and support General Practice in Stockport to administer the vaccine, limited supply could limit the impact and benefits increased immunization rates could provide. The Screening and Immunisation Team have been asked to confirm when supply issues may be resolved and the scheme launch dates will need to take this into consideration.

Supporting actions

1. CCG locality chairs will contact all practices to support their efforts to increase coverage.
2. All Stockport pharmacists will be contacted via the local network to ensure that they remind all patients receiving an influenza vaccination in pharmacy to attend their GP for their PPV vaccination if they have not received it
3. Hospital clinical teams, community heart failure and COPD teams and neighbourhood teams will all be asked to highlight the importance of vaccination to eligible patients
4. Public communication messages incorporating videos and social media approaches will be developed
5. The CCGs continuing care team will be available to support practices with immunisation especially in nursing homes. However, there may be some

governance issues around the CCG nurses in continuing care going into care homes and vaccinating the residents. If they are working on behalf of the GP then they would need some form of contract with each individual GP to ensure that they can vaccinate. Another option would be to use the ANPs that are linked to care homes as they are employed by the Foundation Trust (which means that they would have governance procedures already in place)

Additional support required

1. Real time monitoring of uptake (a) investigate if possible through the Stockport Health Record or b) release monies from the Find and Prevent business case to install EMIS search and report across all practices)
2. Vaccination status on the Stockport health record

Appendix one: Practice uptake for patients over 65 years

		No. of Patients registered on day of extraction	Received the Pneumococcal (PPV) vaccine between 1st April 2015 and 31st March 2016 inclusive		Received the Pneumococcal (PPV) vaccine At Any Time		No. of Patients refused/declined Vaccine
			No. of patients	% of patients	No. of patients	% of patients	
P88607	Romiley Health Centre - Guywood	543	49	9.0%	498	91.7%	10
P88624	Woodley Health Centre (Bents Lane)	322	26	8.1%	289	89.8%	0
P88008	Heaton Mersey Medical Practice	1306	73	5.6%	1105	84.6%	10
P88043	Brinnington Health Centre	993	97	9.8%	824	83.0%	29
P88028	Eastholme Surgery	771	58	7.5%	637	82.6%	22
P88041	The Village Surgery	1085	68	6.3%	879	81.0%	15

P88002	Marple Bridge Surgery	1600	32	2.0%	1291	80.7%	6
P88025	Cheadle Hulme Health Centre/Hulme Hall Medical Group	2130	165	7.7%	1705	80.0%	60
P88006	Marple Cottage Surgery	1649	87	5.3%	1314	79.7%	0
P88009	Woodley Health Centre (Choudry)	737	27	3.7%	587	79.6%	20
P88023	Heald Green Health Centre (2 practices)	1263	39	3.1%	989	78.3%	1
P88014	Adshall Road Medical Practice	806	67	8.3%	628	77.9%	17
P88020	Cheadle Medical Practice	2208	125	5.7%	1712	77.5%	32
P88606	Springfield Surgery	1010	91	9.0%	778	77.0%	7
P88015	Bramhall Health Centre	3270	68	2.1%	2508	76.7%	1
P88031	Bracondale Medical Centre	796	34	4.3%	609	76.5%	15
P88013	Caritas General Practice	2060	32	1.6%	1571	76.3%	13
P88007	Cheadle Hulme Health Centre / The Health Centre Smithy Green	2702	68	2.5%	2058	76.2%	10
P88012	Beech House Medical Practice	1914	32	1.7%	1444	75.4%	0
P88021	Marple Medical Practice	1820	54	3.0%	1373	75.4%	8
P88018	Park View Group Practice	1191	36	3.0%	892	74.9%	9
P88623	High Lane Medical Centre	1448	30	2.1%	1078	74.4%	6
P88632	Stockport Medical Group	1692	44	2.6%	1252	74.0%	13

P88042	Heald Green Health Centre (Oewn)	1335	40	3.0%	971	72.7%	3
P88625	Woodley Health Centre (Archwood)	1223	36	2.9%	883	72.2%	2
P88610	South Reddish Medical Centre	510	39	7.6%	368	72.2%	5
P88617	Adswood Road Surgery	402	8	2.0%	282	70.1%	2
P88615	Vernon Park Surgery	218	3	1.4%	147	67.4%	0
P88024	Gatley Health Centre	1663	49	2.9%	1108	66.6%	22
P88017	Chadsfield Medical Practice	1745	27	1.5%	1154	66.1%	3
P88003	Manor Medical Practice (Offerton Health Centre)	1605	18	1.1%	998	62.2%	3
P88618	The Surgery Fulmar Drive - now a branch	243	5	2.1%	150	61.7%	0
P88011	Heaton Norris Health Centre (Marshall)	1045	19	1.8%	640	61.2%	37
P88600	The Surgery Brinnington Road	348	31	8.9%	198	56.9%	0
Y00912	Cedar House	354	11	3.1%	195	55.1%	2
P88019	Woodley Health Centre (Alvanley)	837	12	1.4%	459	54.8%	2
P88026	Heaton Moor Medical Group	4224	90	2.1%	2188	51.8%	6
P88016	Bramhall Park Medical Centre	2346	44	1.9%	1162	49.5%	30
P88034	Cale Green Surgery	575	10	1.7%	279	48.5%	0
P88044	Bredbury Medical Centre	889	22	2.5%	352	39.6%	1

P88005	The Family Surgery	No submission	No submission	No submission	No submission	52%	No submission
		52878	1866	3.5%	3755	71.0%	422