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16/06/2020	0.1	H Marshall	Initial draft submitted to A Lepiorz for review
16/06/2020	0.2	H Marshall	Amendments made by Mrs Lepiorz
Approved:			
Signature:		 Peter Bury, Lay Member (Chair of the PCCC)

Primary Care Commissioning Committee

Meeting in Public

MINUTES OF MEETING

27th May 2020

Chair – Peter Bury

ATTENDANCE

Members

Voting members

Mr Peter Bury, Lay Member, Chair

Mr David McCann, Lay Member

Mr Geoff Little, Accountable Officer

Mrs Carol Shannon-Jarvis, Associate Chief Finance Officer (representing Mr Mike Woodhead)

Miss Margaret O'Dwyer, Director of Commissioning and Business Delivery

Mrs Lesley Jones, Director of Public Health

Mrs Fiona Boyd, Nurse Lay Member

Mrs Amy Lepiorz, Deputy Director of Primary Care /Head of Delivery, Bury Local Care Organisation

Non-voting members

Dr Jeff Schryer, CCG Chair

Dr Cathy Fines, Clinical Director

Ms Gail Henshaw, NHS England Representative

Ms Barbara Barlow, Healthwatch Representative

Mrs Julie Gonda, Health and Wellbeing Board Representative

Dr Mohammed Jiva, LMC Representative

Mr Richard Rawlinson, LOC Representative

Mr Paul McCrory, LDC Representative

Others in attendance

Zoe Alderson, Head of Primary Care

Dr Sanjay Kotegaonkar, Clinical Lead

Lisa Featherstone, Deputy Director

Emma Kennett, Head of Corporate Affairs and Governance

Carrie Dearden, Communications & Engagement Manager

Charlotte Kelly, Garden City Medical Centre

Lucy Durber, Garden City Medical Centre

Nicola Hargreaves, Garden City Medical Centre

Joseph Timan, Bury Times

Helen Marshall, PA to the Executive Nurse (minutes)

MEETING NARRATIVE & OUTCOMES

1	Welcome, Apologies And Quoracy
1.1	Mr Bury welcomed those present to the meeting and noted apologies had been received from: <ul style="list-style-type: none"> • Mr Mohamed Patel, LPC Representative • Mr Mike Woodhead, Joint Chief Finance Officer
1.2	Mr Bury reminded the Primary Care Commissioning Committee (PCCC) that today's virtual meeting was to be recorded on this platform (Microsoft Teams) for audit and training purposes only, this was accepted by the PCCC.
1.3	It was noted that both Mr Little and Mrs Jones would be present for the first 30 minutes of the meeting only, therefore Mr Bury proposed that agenda item 6 (Garden City Medical Centre- Caretaking Arrangements) would be discussed prior to agenda item 5 (Covid-19 update), the PCCC agreed to change the order of the agenda.
1.4	It was also noted that Mrs Shannon- Jarvis was attending on behalf of Mr Woodhead with full delegated authority to act on his behalf. The meeting was confirmed to be quorate.

2	Declarations of Interest
2.1	Mr Bury reminded the Primary Care Commissioning Committee members of their obligation to declare any interest they may have on any issues arising from agenda items which might conflict with the business of NHS Bury Clinical Commissioning Group.
2.2	Declarations made by members of the Primary Care Commissioning Committee are listed in the CCG's Register of Interests which is presented under this agenda and also available from the CCG's Corporate Office or via the CCG website.
	Declarations of interest from today's meeting
2.3	There were two further declarations made to those already recorded in the register.
2.4	Miss O'Dwyer declared an interest in relation to agenda item 8 (PCCC Terms of Reference) as it relates to the role Miss O'Dwyer currently holds.
2.5	Mrs Gonda declared an interest in relation to agenda item 6 (Garden City Medical Centre- Caretaking Arrangements) as a patient of the practice involved.
	Declarations of interest from the previous meeting
2.6	It was noted that there were no declarations of interest in relation to the previous meeting.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/05/01	Decision	Noted the published register of interests and the two further declarations from today's meeting.	

3	Minutes Of The Last Meeting and Action Log
	Minutes
3.1	The minutes of the Primary Care Commissioning Committee meeting held on 22 nd January 2020 were considered and agreed as a correct record.

3.2	Action Log The action log was reviewed and updates provided for the two open items, both items were subsequently closed.		
ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/05/02	Decision	Approved the minutes of the meeting held on the 22 nd January 2020 as a true and correct record.	
PCCC/05/03	Decision	Noted the updates provided in relation to the action log.	

4	Public Questions
4.1	There were no public questions asked.

5	Garden City Medical Centre- Caretaking arrangements
5.1	Mrs Lepiorz presented the report which gave the Primary Care Commissioning Committee (PCCC) an overview of the current situation with regard to Garden City Medical Practice following the passing of Dr Al Dubbaisi on the 3 May 2020. Dr Al Dubbaisi was the sole name on the GMS contract held at Garden City Medical Practice.
5.2	The report outlined the contractual steps that have been triggered and those that need to be taken in the medium to long term. It was noted that the report had been written in a factual context to ensure the PCCC are clear about the regulations and the processes that need to be followed.
5.3	Regulations state that a GMS contract is terminated 7 days after the death of a sole contract holder. This timeframe can be extended for a maximum of a further 28 days, after which the CCG must ensure the on-going access to primary medical care for any patient registered at the practice.
5.4	The report advised that on 7 May 2020 Dr Al Dubbaisi's family indicated that they wished to continue management of the contract for a further 28 days and on 13 May 2020 the CCG received assurances on how the contract responsibilities would be discharged.
5.5	The PCCC were asked to retrospectively support the 28-day extension.
5.6	Mrs Lepiorz advised the PCCC that the 28-day extension period ends at midnight on 7 June 2020, at which point the GMS contract terminates and the CCG has two options. It may either undertake a rapid dispersal of the list or appoint a caretaker.
5.7	The report outlined the two options in further detail and highlighted that the preferred option from the two would be to appoint a caretaker which would be in place for a minimum of 6 months, to a maximum of 12 months, during which time the CCG would be able to undertake a full options appraisal.
5.8	With regard to caretaking arrangements the clinical director of the Bury Primary Care Network (PCN), of which Garden City is a member, was approached to gauge interest from other practices within the network. Four practices expressed interest, as follows: <ul style="list-style-type: none"> • BARDOC, as the contract holder for the Rock • Peel GPs • Townside • A joint interest between Huntley Mount and Walmersley Road.

5.9	The four practices were asked to complete a short application form. Mrs Lepiorz highlighted that at the time of writing the report 3 out of 4 applications had been received of which were appended to the report, along with the latest performance data for the four practices that expressed an interest. Townside withdrew their interest prior to the meeting.
5.10	In order to aid the PCCC's decision, comments on the applications had been invited from the Bury PCN, the LMC, representatives of the practice and the primary care team.
5.11	Additionally a small panel comprising of CCG clinical directors, an external GP and a lay member sat on 26 May 2020 to consider the applications received and put forward a recommendation to the PCCC. The outcomes from the panel were circulated to the PCCC in advance of today's meeting.
5.12	Mrs Lepiorz advised that dependent on the decision that is made, a caretaker would be issued with a statement of intent (draft version appended to the report) until a time limited APMS contract can be awarded. Mrs Lepiorz highlighted that the payment for caretaking contracts are normally at a premium rate due the added complexities. Therefore it is proposed that the CCG would pay 6% above the standard Global Sum rate.
5.13	The report also outlined the associated risks including the TUPE transfer of staff, lease of the premises and the risk of procurement challenge. Mrs Lepiorz highlighted that the risk is low given the regulatory timeframes, the fact the caretaking contract is for a short time period, and that the need to award such a contract was unforeseeable. However as with the awarding of any contract the PCCC should be aware that there is always a risk of a procurement challenge with regard to the process taking place.
5.14	It was noted that the payment of a premium for the caretaking contract is likely to result in a pressure on the delegated commissioning budget. Mrs Lepiorz indicated that aside from the decision made by the PCCC today the intention is to bring a full options appraisal for Garden City Medical practice to the PCCC meeting in July, though with the Covid-19 situation an extra-ordinary meeting may need to be held in August if more time is required to ensure a robust appraisal.
5.15	Mrs Lepiorz brought the attention of the PCCC to the four recommendations as set out in section 7 of the report. Prior to inviting any discussion with regard to a caretaker practice, Mr Bury asked the PCCC to consider the first two recommendations. The PCCC were asked to note the situation and the work undertaken to date, this was duly noted. Mr Bury also asked the PCCC to retrospectively support the 28 day extension to the management of the contract by the family, this was supported.
5.16	Mr Bury made reference to the third recommendation and asked the PCCC to consider if they wished to discuss and perhaps appoint a caretaker for Garden City Medical Centre or follow the other option as outlined in the report, to rapidly disperse the list. The PCCC confirmed that they were mindful to approve a caretaker for Garden City Medical Centre. This led Mr Bury to ask if the PCCC agreed to the final recommendation to approve the premium rate for the contract value, this was agreed.
5.17	Mrs Lepiorz gave an overview of the outcomes from the caretaking panel that sat on 26 May 2020; the panel had scored each practice on the information provided. The overall

	<p>recommendation from the panel based on their assessment of all applications and information received was to award Huntley Mount Medical Centre, working with Walmersley Road, as Caretaker of Garden City Medical Practice.</p>
5.18	<p>Mrs Lepiorz informed the PCCC that the primary care team had sought clarity around, askmyGP, minor surgery and contingency planning given the fact that some of the applicants are single handed practices.</p>
5.19	<p>Mrs Lepiorz noted that no comments had been received from the LMC, however it was noted that Dr Jiva was present at the meeting and therefore had the opportunity to provide any comments.</p>
5.20	<p>Mr Bury firstly invited any comments from Mr Little considering he needed to leave the meeting soon. Mr Little gave his thoughts that the decision to move towards a caretaker must be the right one and given the current situation with Covid-19 he felt that now is not the time produce any further uncertainty for the patients of that practice. Secondly Mr Little highlighted that the recommendation from the caretaking panel and the rationale for that recommendation is clear and gave his view that the PCCC should accept that recommendation.</p>
5.21	<p>Mr Bury invited any further comments from the PCCC. Dr Schryer suggested the PCCC should pay tribute to Charlotte Kelly (Practice Manager) and the team at Garden City Medical Centre for continuing to run the practice during this challenging period. Mr Bury asked that thanks for the care and efforts of the practice staff is noted in the minutes on behalf of PCCC.</p>
5.22	<p>Dr Schryer highlighted the importance of relationships and stability during this difficult time; he also recognised the concern of the primary care team in terms of single handed practices. In terms of support Dr Schryer highlighted the need to identify resource to provide some wrap around support through this process in terms of fostering that relationship between practices.</p>
5.23	<p>Miss O'Dwyer noted that the comments made by Dr Schryer are helpful and made reference to the strategic way forward and the strategy in place to minimise the number of single handed practices in Bury.</p>
5.24	<p>Mr Bury invited any other comments contrary to those heard about following the recommendations of the caretaking panel. Mr Bury noted that no further comments were received and therefore asked the PCCC if they accepted the recommendations of the panel.</p>
5.25	<p>The PCCC agreed to approve a caretaker and to appoint Huntley Mount Medical Centre, working with Walmersley Road, as caretaker for Garden City Medical Centre.</p> <p><i>Mr Little and Mrs Jones left the meeting at 12.30pm.</i></p>

	Type	The Primary Care Commissioning Committee:	Owner
PCCC/05/04	Decision	Noted thanks to all the members of the GCMC staff.	
PCCC/05/05	Decision	Noted the situation and work undertaken to date.	
PCCC/05/06	Decision	Retrospectively supported the 28 day extension to the management of the contract by the family.	
PCCC/05/07	Decision	Approved Huntley Mount Medical Centre as caretaker	

		for Garden City Medical Centre.	
PCCC/05/08	Decision	Approved the premium rate for the contract value.	

6	COVID-19 update
6.1	<p>Mrs Alderson presented the report, the purpose of which was to provide the PCCC with an overview of programme that Primary Care has been working on during the COVID-19 outbreak. The main elements of the update included:</p> <ul style="list-style-type: none"> • Care Home Update • Ask My GP • System of Choice (Vision)
6.2	<p>In terms of the care home update Mrs Alderson advised that prior to the release of the second phase response letter a level of care home work was already being undertaken in Bury. The letter prompted a stock take of the work done compared to the national requirement with a mapping exercise undertaken to understand potential gaps and identify the key response requirements. Mrs Alderson advised there is a plan in place to address some of those gaps.</p>
6.3	<p>Mrs Alderson made reference to the guidance that suggests that any additional costs for general practices which cannot be met from their existing resources may be eligible for reimbursement. However, given that locally a level of funding has been maintained for practices around enhanced services which are not currently being delivered this should be sufficient to offset against any additional costs to meet the care home requirements in all of the CQC registered premises. The PCCC were asked to support the approach outlined.</p>
6.4	<p>The report provided the PCCC with an overview of and update regarding the roll out of the online video consultation programme- Ask My GP (askmyGP). Due to the situation with COVID-19 and the subsequent cancellation the PCCC in March, on 30th March 2020 the Governing Body was presented with and approved a business case which would see askmyGP being the single solution purchased and rolled out by Bury CCG during this national emergency.</p>
6.5	<p>Mrs Alderson advised the PCCC that the CCG has a small number of practices who have not yet set a go live date for askmyGP and work is ongoing to resolve this. However there are now actually three practices that do not wish to take up the offer of the askmyGP software. A request has been made for the CCG to reconsider its decision not to support the implementation of alternative systems both financially and from a project support prospective. The PCCC were asked to consider this request, reminded that this goes against the decision made by the Governing Body and would have both a financial and capacity risk should it recommend a change in decision.</p>
6.6	<p>Lastly in relation to System of Choice (SOC), Mrs Alderson reminded the committee that prior to the COVID-19 outbreak the Urgent Care proposals suggested there was need to review the current SOC (Vision) due to the interoperability concerns with regard the current SOC and the responsiveness to dealing with the concerns raised.</p>
6.7	<p>Mrs Alderson highlighted that during COVID-19 those concerns/issues have continued to play out and therefore the PCCC were asked to consider the options available whilst taking in to consideration that supporting this recommendation would likely require additional project management support both in terms of exploring and implementing any alternative options.</p>

6.8	<p>Mr Bury invited any comments or questions in relation to the report. In relation to section 5 of the report (Ask My GP), Miss O'Dwyer asked if Huntley Mount Medical Centre have set a go live date for askmyGP. Mrs Alderson advised that askmyGP is not currently implemented at Huntley Mount Medical Centre and there is not a fixed 'go live' date, however it was noted that the Practice Manager will review this next week.</p> <p><i>Mr Rawlinson left the meeting at 13:00</i></p>
6.9	<p>Mr McCrory asked a series of questions, firstly querying the cost implications of askmyGP and if there is an app associated with it. Dr Schryer highlighted that askmyGP is underwritten by NHS Digital and therefore the initial cost is unknown, however ongoing costs are likely in the future. In terms of the app Dr Schryer advised that askmyGP is simply a platform to allow patients to book appointments, have text/ email conversations and video consultations with a GP.</p>
6.10	<p>Mr McCrory asked if there is a planned risk assessment on an individual level for health care workers who are in patient facing roles. Dr Schryer suggested that Dr Jiva may be best placed to provide a response to this query, however it appeared Dr Jiva was no longer present. Therefore Dr Schryer provided a response from an OCO perspective, advising that discussion has taken place at a GM and CCG level in terms of risk assessments that follow a variety of factors for all staff.</p>
6.11	<p>In relation to the actions required as outlined at section 7 of the report, Miss O'Dwyer asked the rationale behind the three practices that are not comfortable with progressing with askmyGP and what the implications may be if those practices do not pursue or progress on this matter. In terms of the rationale Mrs Alderson highlighted that all three practices have indicated a different system that they would like to explore for different reasons. With regard to the implications Mrs Alderson pointed out that there is a contractual requirement already in place for practices to provide online video consultations.</p>
6.12	<p>Mr Bury summarised that this requires swift resolution given the decision of the Governing Body, hence the PCCC being asked to formally note the decision. Further discussion followed with regard to askmyGP and it was noted that feedback received so far from patients with regard to askmyGP has on the whole been positive.</p>
6.13	<p>Finally with regard to the actions required, Mr Bury asked if the PCCC supported the decision that sufficient funding has already been made available to practices, enabling a COVID-19 response for care homes, this was supported. Secondly the PCCC were asked to formally note the decision of the Governing Body to approve the purchase and roll out of askmyGP as the total triage solution for Bury. The PCCC agreed to formally note the decision of the Governing Body.</p>
6.14	<p>Having considered the request for funding and implementation support for alternative online/video consultation software, it was noted that the PCCC were in agreement with the decision of Governing Body that the software purchased and rolled out as the total triage solution for Bury is askmyGP. For clarity if the CCG is to fund and support the implementation of online/video consultation software, then the software implemented will be askmyGP. However if a practice wishes to implement alternative online/video consultation software to askmyGP then the practice itself will be required to support the implementation of that alternative software both financially and from a project support perspective.</p>

6.15	Mr Bury brought the attention of the PCCC to the final action required and asked the committee if they approved the recommendation to produce an options appraisal around the Bury GP SOC (Vison).
6.16	Dr Schryer advised the PCCC that in addition to the Urgent Care proposals three Primary Care Networks (PCNs) have requested that the CCG undertakes a review in order to look at the feasibility of continuing with Vision as the SOC, the review would be in the form of an options appraisal.
6.17	Dr Schryer highlighted that the PCCC should not underestimate the enormity of the project and indicated that an appropriate scoping process would need to be undertaken to establish the resource required to complete the task. Dr Schryer therefore suggested that the PCCC should approve the recommendation to produce an options appraisal around the Bury GP SOC, however this would be contingent upon the appropriate resource being made available to do so, the provision of which sits outside the remit of the PCCC. For clarity Dr Schryer highlighted that this recommendation is about undertaking an options appraisal and not a decision to do anything else beyond that.
6.18	Miss O'Dwyer advised that she would support the recommendation to undertake an options appraisal and suggested that the GP IT Futures programme would need to be factored in to that piece of work.
6.19	Mrs Gonda echoed the view of Dr Schryer, highlighting that the PCCC should not underestimate how significant a task completing an options appraisal would be in its own right. Mrs Gonda emphasised that this recommendation is about agreeing in principle to undertake an options appraisal, which would require careful scoping of the resource available to complete the task.
6.20	With the above discussion taken in to account and having considered the scale of the task, the PCCC approved the recommendation to produce an options appraisal around the Bury GP SOC, this being contingent on the appropriate resource being made available to do so.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/05/09	Decision	Received the update provided.	
PCCC/05/10	Decision	Supported the decision that sufficient funding has already been made available to practices, enabling a COVID-19 response for care homes.	
PCCC/05/11	Decision	Formally noted the decision of Governing Body to approve the purchase and roll out of askmyGP as the total triage solution for Bury.	
PCCC/05/12	Decision	Considered the request for funding and implementation support for alternative online/video consultation software, and agreed with the decision of Governing Body that the software purchased and rolled out as the total triage solution for Bury is askmyGP.	
PCCC/05/13	Decision	Approved the recommendation to produce an options appraisal around the Bury GP SOC, contingent on the appropriate resource being made available to do so.	

7 Primary Care Networks – Direct Enhanced Service (DES) Update	
7.1	Mrs Lepiorz presented the report which had been written to provide the PCCC with an update on the Primary Care Network Direct Enhanced Service (PCN DES) launched in General Practice on 1 April 2020 including the revised timescales for delivery of the PCN DES across 2020/21 in light of COVID-19.
7.2	It was the intention that the PCN DES would commence in General Practice from 1 April 2020 and that the contract, including the key changes made to the contract as set out in the document published by NHS England and the BMA on 6 February 2020, would take effect from that date. Whilst the contract and associated payments commenced as planned on 1 April 2020, due to the emergence of COVID-19 it was necessary to produce a revised timetable for implementation of the DES as outlined in Appendix 1.
7.3	Mrs Lepiorz advised that since the time of writing the report the original request has progressed slightly to not only update PCCC around the PCN DES for the coming year but to also ask for delegated authority to approve the applications. Mrs Lepiorz confirmed that all 4 applications had been received today (27 May 2020), with all 4 PCNs to remain on exactly the same membership and footprint.
7.4	Mr Bury invited any comments or questions. Dr Schryer queried the delay in terms of the national guidance in relation to care home DES and the postponement of the medication review requirements until 1 October 2020. Ms Henshaw advised that at the moment in light of the challenges around COVID-19 there have been some delays in terms of national guidance with a number of services postponed in order to support General Practice and wider primary care with delivery of the key core essential priority areas.
7.5	Ms Henshaw continued that the guidance is due to be released to support PCNs to deliver the contractual requirement of the DES and a time line is being drawn up which can hopefully be shared with CCG colleagues to provide some clarity around the specific timelines. Ms Henshaw highlighted that attempts have been made to maintain those timelines where possible, such as the care homes from 1 August 2020. Ms Henshaw advised of the ongoing preparation to support the clinical lead and the 3 key areas in terms of the care home requirements.
7.6	As there had been some developments since the time of writing Mrs Lepiorz provided an update as to the revised recommendation. The revised recommendation being to support the submission for the 4 PCNs which are exactly the same as 2019/20.
7.7	Mr Bury asked if the PCCC supported the recommendations including the above addition. The PCCC agreed all recommendations.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/05/14	Decision	Noted the changes to the PCN DES including revised timescales for delivery in 2020/2021.	
PCCC/05/15	Decision	Granted delegated authority to the Deputy Director of Primary Care to approve the Network Contract DES Participation Forms falling within Option 1 (no change).	
PCCC/05/16	Decision	Supported the submission for the 4 PCNs which are exactly the same as 2019/20	

8 PCCC Terms of Reference (ToR)	
8.1	Mrs Featherstone presented the report which had been written to reflect further changes that are required to be made to the PCCC Terms of Reference (ToR) since the last review in July 2019.
8.2	The most recent changes to the ToR are reflective of the changes to the Council and CCG Executive and Director management structure. The amendments required to be made to the ToR are as follows: <ul style="list-style-type: none"> • Inclusion of the Director of Community Commissioning as a voting member of the PCCC • Inclusion of the Joint Executive Director of Strategic Commissioning as a voting member of the PCCC • The removal of the Director of Commissioning and Business Delivery, due to the deletion of the post from the Executive and Director management structure
8.3	Mrs Featherstone advised that subject to support from the PCCC the changes will be reported to the Governing Body and subject to the Governing Body approval the changes referred to the CCG membership for their consideration to support the changes. It was proposed that subject to approval by the CCG membership that the changes proposed to the PCCC will become effective immediately.
8.4	Mr Bury asked if the PCCC had any comments with regard to the changes to the ToR as outlined, no comments were made. The PCCC therefore accepted the recommendations.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/05/17	Decision	Reviewed the updated Terms of Reference presented.	
PCCC/05/18	Decision	Recommended to the Governing Body, the Terms of Reference for onward approval by the CCG membership and inclusion within the CCG Constitution.	

9 Decision from the Operational Urgent Decisions Group	
9.1	Following the cancellation of the PCCC meeting in March 2020 due to COVID-19, the decision required in relation to the Quality in Primary Care (QinPC) Contract for 2020-2023 (Phase 5) was referred to the Operational Urgent Decision Group. The decision, as recorded on the Operational Urgent Decision Group meeting log was included today as an extract for information and outlined as follows: <ul style="list-style-type: none"> • Approved the business case for the Quality in Primary Care Contract for 2020-2023; • Confirmed the financial envelope for the Quality in Primary Care Contract; • Confirmed support for Option 2 within the report (from March) which was to extend the time period for the development of the action plans until the end of September 2020. This provides additional time for the development of the plans so they can be produced when hopefully the impact of the pandemic has lessened. There was a risk that this time period may need to be extended.
9.2	The PCCC were asked to note the decision made by the Operational Urgent Decisions Group and Mr Bury invited any comments from the PCCC. There were no comments made and the PCCC accepted the recommendation.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/05/19	Decision	Noted the decision taken by the Operational Urgent Decisions Group.	

10	Closing Matters
10.1	Mrs Lepiorz advised the PCCC of a late item for discussion with regard to the Quality and Outcomes Framework (QOF) programme for GP Surgeries. As QOF was not completed at the end of the last financial year due to COVID-19, NHS England has agreed that a settlement will be made. Mrs Lepiorz explained the rationale in that NHS England has taken the 2019/20 QOF performance and extrapolated it to give a forecast of how a practice would have performed.
10.2	Mrs Lepiorz advised that in Bury a number of practices have performed on par with or exceeded the outcome of the previous year and are therefore to be paid based on their actual outturn (category 1), secondly there are a group of practices that performed slightly below the previous year and it is proposed that they are to be paid based on the previous year's outturn (category 2). However there is a group of 7 practices in Bury where actual performance is significantly lower than compared to 2018/19 (category 3).
10.3	Mrs Lepiorz advised that in terms of the 7 aforementioned practices that GM have asked CCGs if they wish to give an uplift to those practices, with a response required by Friday 29 May. In terms of those practices in Bury where actual performance is significantly lower Mrs Lepiorz highlighted that the provision of an uplift to secure all 7 practices to the 2018/19 income level would result in a cost pressure to the financial value of approximately £38k.
10.4	Mr Bury requested any comments or questions from the PCCC. Miss O'Dwyer asked if the £38k cost pressure is split across all 7 of those practices; Mrs Lepiorz confirmed it is across all 7 with the highest figure being £15k and the lowest just over £2k. Dr Schryer commented that there is a need to understand better the reasons behind this issue.
10.5	Ms Henshaw advised in terms of practices in category 1 and category 2 that GM will be paying those practices accordingly, however in relation to practices in category 3 the decision on payment of the uplift is a local decision. Mrs Henshaw summarised that it is ultimately the decision Bury wishes to take in terms of those 7 practices that come under category 3.
10.6	Mrs Shannon- Jarvis suggested a way to move forward could be to firstly understand the issues for the actual performance being significantly lower prior to making a decision to uplift the 7 practices to 2018/19 level. Mr McCann agreed that full consideration needs to be given to the circumstances and indicated that it would be premature to make a decision (for those 7 practices) based on the current information available.
10.7	Mrs Lepiorz suggested a more rounded paper on this matter could be brought back to the next PCCC meeting if more time is required. Dr Schryer agreed but expressed an element of concern that the next scheduled PCCC meeting is not until July. Following further discussion and input in relation to governance from Mrs Featherstone the PCCC agreed to hold an additional PCCC meeting in June to discuss this matter in further detail in order to make a decision.

10.8	Mr Bury asked if there were any further questions before the meeting closed. Mr McCrory asked Ms Henshaw if there has been any feedback with regard to dental care in care homes. Ms Henshaw advised work is ongoing and that she can provide update to around those matters at a later date.		
ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/05/20	Decision	Agreed to hold an additional PCCC meeting in June to discuss the uplift for the 7 practices in further detail.	
PCCC/05/01	Action	Update to be provided to the PCCC with regard to dental care in care homes.	GH

Primary Care Commissioning Committee Action Log – 27/05/2020

Status Rating



- In Progress



- Completed



- Not Yet Due



- Overdue

Date	Reference	Action	Lead	Status	Update
22/01/2020	PCCC/01/01	Mr Little agreed to raise the query of public accessibility at the next LCO Board meeting and provide an update to the PCCC.	GL		GL advised that the LCO Board have considered the query and have decided to continue to meet in private for the time being and review this further in due course. In the meantime the LCO Board has agreed to involve BB (Healthwatch) about keeping them informed of discussions at their meetings. Action completed.
22/01/2020	PCCC/01/02	MW to liaise with the CCG IT lead with regard to DQ issues in relation to Quality in Primary Care (Phase 4).	MW		GL advised on behalf of MW that this issue is on the agenda. Action completed.
27/05/2020	PCCC/05/01	Update to be provided to the PCCC with regard to dental care in care homes.	GH		