

Title	Minutes of the Primary Care Commissioning Committee 24/06/2020-Meeting in Public		
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25/06/2020	0.1	J Hall	Initial draft submitted to A Lepiorz for review
25/06/2020	0.2	J Hall	Amendments made by A Lepiorz
Approved:			
Signature:		 Peter Bury, Lay Member (Chair of the PCCC)

Primary Care Commissioning Committee

Meeting in Public

MINUTES OF MEETING

24th June 2020

Chair – Peter Bury

ATTENDANCE

Members

Voting members

Mr Peter Bury, Lay Member, Chair

Mr David McCann, Lay Member

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

Mr Geoff Little, Accountable Officer

Non-voting members

Dr Jeff Schryer, CCG Chair

Dr Cathy Fines, Clinical Director

Ms Ann Gough, 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

Zander Zambas, Primary Care Analyst, Greater Manchester Health & Social Care Partnership

Julie Hall, PA to the Director of Commissioning & Business Delivery and Interim PA to Director of Community Hubs (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:

- Mr Mike Woodhead, Joint Chief Finance Officer
- Mr Mohamed Patel, LPC Representative

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 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	Mrs Gonda declared an interest with regard to item 6 as she is a patient at Garden City Medical Practice.		
	Declarations of interest from the previous meeting		
2.4	It was noted that there were no further declarations of interest in relation to the previous meeting.		
ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/06/01	Decision	Noted the published register of interests.	

3	Minutes Of The Last Meeting and Action Log		
	Minutes		
3.1	The minutes of the Primary Care Commissioning Committee meeting held on 27 th May 2020 were considered and agreed as a correct record.		
	Action Log		
3.2	The action log was reviewed and an update provided for the single open item.		
ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/06/02	Decision	Approved the minutes of the meeting held on the 27 th May 2020 as a true and correct record.	
PCCC/06/03	Decision	Noted the updates provided in relation to the action log.	

4	Public Questions		
4.1	There were no public questions asked.		

5	Bury CCG 2019/2020 Quality Outcomes Framework (QoF) Outcome Review		
5.1	Mrs Lepiorz presented the report which had been written following discussion at the last PCCC meeting in May with regard to the Quality Outcomes Framework (QoF). The report provided recommendations for payments to practices that were unable to fulfil their QoF requirements in 2019/20.		
5.2	NHS England (NHSE) has determined the offer of QoF allocations for this year; because of COVID, NHSE's approach to QoF this year is based on categories. Category 1; any practice that has over achieved based on previous years will receive 19/20 payments, category 2; practices who fall within 30 points of what they achieved in the last financial year will receive payment based on last year's payment, category 3		

practices who have a material fall of more than 30 points. There is a cohort of practices within category 3 which have achieved less than they achieved in 18/19. NHS England published a statement which states that no GP practice should be financially disadvantaged due to COVID. NHSE has asked the CCG whether it wants to award these practices the equivalent of what they had achieved in 18/19.

- 5.3 A letter went out to those practices in category 3 (7 in total) asking for the rationale for the underperformance specifically non COVID related; the main reason reported was COVID which had started to impact on practices at the end of February. The practice business model means a lot of QoF activity takes place at the end of the quarter and so a lot of that catch up work had not taken place due to COVID. Other reasons included family illness and staffing issues.
- 5.4 There are 36 practices across GM which fell into category 3; Bury had the most at 7. There is a piece of work that needs to be considered as a team around why performance in Bury was so different compared to other areas. The Primary Care team has looked at the rationale as a team and from a financial perspective and feel the practices have given a rationale for underperformance. A number of practices have quoted the NHSE statement that no practice should be financially disadvantaged due to COVID.
- 5.5 The Committee is asked today whether it wishes to award payment to the practices in Category 3 based on what they would have achieved if they were given the same level of payment as 18/19.
- 5.6 Mrs Shannon-Jarvis commented that from a finance point of view forecasting has been undertaken for the year on achievements on list sizes and previous performance, so there is no financial issue. The main issue is the wider principle of the reasons behind under achievement and paying for it, rather than it being a financial issue.
- 5.7 Miss O'Dwyer remarked that she is happy to approve the payment on the trust that a panel has looked at the rationale from practices and will have received a granularity of detail. As Mrs Lepiorz has reported, it would be expected that COVID has potentially impacted on everyone to the same degree and assume there is some exceptionality given how much Bury is an outlier. Assurance is needed that the exceptionality from some of those practices in terms of COVID warrants the Committee to support the recommendation.
- 5.8 Mr McCann raised concern around the statistics for the 3 categories, particularly the 27% in category 3. The practices in category 3 appear to be practices that were struggling to meet the required targets. The practice business model of catching up on activity at the end of the quarter seems to be a practice that COVID has exacerbated. Mr McCann enquired who was on the panel that had checked the granularity of the analysis of the statistics and is the Committee satisfied that it has been received as intended and is a genuine COVID related outcome on the back of practices being unable to achieve rather than through the nature of the business model.
- 5.9 Mrs Lepiorz commented that with the exception of one, there was nothing unique in the letters coming back from practices in terms of circumstances, beyond the fact that COVID had started which had adversely impacted their business model more than anyone else which left less time to complete the QoF work. The CCG has been asked to make a decision on whether to pay the practices in category 3, however NHSE is

	very clear in its statement that no practice should be adversely impacted by COVID.
5.10	The panel looking at the rationale was made up of members of the Primary Care team and Finance team. The panel felt that given the strong statement from NHSE it could not dismiss the fact that it was COVID related and that due to the business model a lot of the work had not taken place.
5.11	The panel had discussed whether the Business Intelligence Team undertake further analysis to show whether practices were on track, and whether there was a drop seen 6 weeks before the end of March, however given the financial value, the level of work that would be needed to achieve this on top of other priorities on the team and the statement from NHSE it was felt this may possibly be too much.
5.12	Dr Schryer commented that he felt the decision to pay practices was the right decision. However raised concern around the other mitigating factors around family sickness and staffing issues and if this was to come up in the future would the CCG have to accept that as a reason for not achieving QoF. The paper seems to suggest that these factors could be considered in the future. Mrs Lepiorz reported that all 7 practices cited COVID as the rationale for under achievement. If the paper is supported the rationale will be very clear in the future. Miss O'Dwyer suggested the CCG advises that this is seen as an exceptional year and is not setting a precedent.
5.13	Mrs Jones agreed the decision to pay practices was the right decision and referred to feedback from contact tracing on the differential impact of COVID from 3 practices across GM each starting with an individual case; 1 practice had no staff or patients needing to self-isolate; another practice had 5 staff that needed to self-isolate and a third practice had 13 staff that had to self-isolate and 22 patients that has to self-isolate, this was due to appropriate use of PPE and social distancing. Potentially the impact of COVID could be different based on how well organised practices are.
5.14	Miss O'Dwyer expressed sympathy particularly for those practices where there was a combination of factors leading to under achievement of QoF and the pressure to deliver. Miss O'Dwyer recognised that there are some elements of QoF that are only appropriate or better to do in the last quarter.
5.15	Mr Bury referred to the historic QoF performance of some of the practices which had been positive and whether this is something that had been taken into consideration when looking at performance next year. If the same 7 practices or majority of those practices are failing the QoF target, this can be looked at in more depth.
5.16	Mr McCrory suggested putting together a formula to be applied in circumstances when the new contact tracing system which comes into place whereby there would be a snapshot available of the period practices were affected on QoF for the coming year, or had these been set aside due to the current emergency. Mrs Lepiorz reported that QoF has not been suspended as such and practices have been advised to achieve as much as they can. Locally and nationally it is not known how long the pandemic will last and what impact that will have on QoF, it is possible there will be some form of settlement for this year as it is looking less likely full QoF will be achieved.
5.17	Mr McCrory reported that dentists are being monitored for non-standard activity until the end of September which would suggest the Government has a view that at the half year position there would be restoration of normal service beyond that. However there could

	still be cases impacting on practices at low level, so performance could be down by a few weeks in some practices.		
5.18	Mr Bury commented that this is something that will more than likely be revisited part way through the year or towards the end of the year as this progresses and when performance is reviewed.		
5.19	The Committee approved the recommendation to pay the Category 3 practices as outlined in table 2 on the basis of the statement from NHSE around maintaining payments at 18/19 level and COVID; and not for the other mitigating reasons as described in the paper.		
	Type	The Primary Care Commissioning Committee:	Owner
PCCC/06/04	Decision	Noted the report.	
PCCC/06/05	Decision	Considered the information provided.	
PCCC/06/06	Decision	Approved the recommendation to pay the Category 3 practices as outlined in table 2 on the basis of the statement from NHSE around maintaining payments at 18/19 level and COVID; and not for the other mitigating reasons described in the paper.	

6	Garden City Medical Practice Options Appraisal Process
6.1	Mrs Lepiorz presented the report, the purpose of which was to provide the Primary Care Commissioning Committee (PCCC) with a project plan to inform the options appraisal process for Garden City Medical Centre.
6.2	The options appraisal will offer 2 - 3 options; Option 1 - List Dispersal; Option 1a - Managed List Dispersal and Option 2 - Re-procurement. The CCG Primary Care, Finance, Business intelligence and Communications Teams will work through the project plan to gather information from key data sources and opinions from key stakeholders. It is envisage that by August the work will be completed and a strong options appraisal should be available to present to this Committee.
6.3	The Primary Care team has a meeting directly after this meeting with Garden City and the caretaker to make sure they are fully sighted on these options.
6.4	Mr McCann felt that the list dispersal options were less likely to be favourable than the reprocurement option. It is important that the panel looking at the options have a good feel of what the patients want. Given the short timeframe it is vital to engage as many sources as possible to help collate information around what patients want to inform the Committee and the panel and potentially the re procurement of what exactly is required. Mrs Lepiorz reported that there is a communications pack that is currently being finalised; within that there is a questionnaire that will capture what patients want. All Garden City patients will receive a letter with a link to the questionnaire, patients can request a paper copy should they not be able to access the website.
6.5	Miss O'Dwyer asked if weighting for each option would be undertaken as part of the process. Mrs Lepiorz confirmed that weighting the list dispersal options would be part of the process to see if any of the neighbouring practices could manage that number of patients. Early thinking is that this is unlikely but the process will be undertaken and could potentially remove certain options.

6.6	Ms Barlow reported that Healthwatch would be happy to be included in this process with advance notice given. Dr Schryer referred to the valuable work Healthwatch undertook around the urgent care review and suggested that it would be really helpful if Healthwatch could undertake some of the data analysis work on the Garden City options appraisal process.
6.7	Dr Schryer referred to the timeline on the workplan and a typo on line 72; Dr Schryer also suggested that the line should read that the PCCC make the decision, not support the decision to disperse or reprocore as this is a PCCC decision.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/06/07	Decision	Noted the report.	
PCCC/06/08	Decision	Considered the information provided.	
PCCC/06/09	Decision	Noted the timelines informing the options appraisal.	
PCCC/06/01	Action	Garden City Medical Practice options appraisal to be presented at the August PCCC meeting.	AL

7	Closing Matters
7.1	There were no closing matters.

Primary Care Commissioning Committee Action Log – 24/06/2020

Status Rating



- In Progress



- Completed



- Not Yet Due



- Overdue

Date	Reference	Action	Lead	Status	Update
27/05/2020	PCCC/05/01	Update to be provided to the PCCC with regard to dental care in care homes.	GH		24/06/2020 - AG to chase up action and feedback to Peter Bury.
24/06/2020	PCCC/06/01	Garden City Medical Practice Options appraisal to be presented at the August PCCC meeting.	AL		