

<b>Title</b>	<b>Minutes of the Primary Care Commissioning Committee 22/07/2020-Meeting in Public</b>		
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11/08/2020	0.1	H Marshall	Initial draft submitted to A Lepiorz for review
12/08/2020	0.2	H Marshall	Amendments received from A Lepiorz
<b>Approved:</b>			
<b>Signature:</b>			..... <b>Peter Bury, Lay Member (Chair of the PCCC)</b>

# Primary Care Commissioning Committee

## Meeting in Public

### MINUTES OF MEETING

22<sup>nd</sup> July 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)

Mr Will Blandamer, Joint Executive Director of Strategic Commissioning

Mrs Julie Gonda, Director of Community Commissioning

Mrs Lesley Jones, Director of Public Health

Mrs Fiona Boyd, Nurse Lay Member

Mrs Amy Lepiorz, Deputy Director of Primary Care

##### Non-voting members

Dr Jeff Schryer, CCG Chair

Ms Gail Henshaw, NHS England Representative

Mr Paul McCrory, LDC Representative

Ms Barbara Barlow, Healthwatch Representative

#### Others in attendance

Helen Marshall, PA to the Director of Nursing and Quality Improvement (minutes)

### MEETING NARRATIVE & OUTCOMES

#### 1 Welcome, Apologies And Quoracy

1.1 Mr Bury welcomed everyone present to the meeting and noted apologies had been received from:

- Mr Mike Woodhead, Joint Chief Finance Officer
- Dr Cathy Fines, Clinical Director
- Dr Mohammed Jiva, LMC Representative
- Mr Richard Rawlinson, LOC Representative
- 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.
1.4	The meeting was confirmed to be quorate.

<b>2</b>	<b>Declarations of Interest</b>
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.
	<b>Declarations of interest from today's meeting</b>
2.3	It was noted that there were no further declarations of interest to those already recorded in the register.
	<b>Declarations of interest from the previous meeting</b>
2.4	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/07/01	Decision	Noted the published register of interests.	

<b>3</b>	<b>Minutes Of The Last Meeting and Action Log</b>
	<b>Minutes</b>
3.1	The minutes of the Primary Care Commissioning Committee meeting held on 24 <sup>th</sup> June 2020 were considered and agreed as a correct record.
	<b>Action Log</b>
3.2	The action log was reviewed and the single open item updated as shown on the action log.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/07/02	Decision	Approved the minutes of the meeting held on the 24 <sup>th</sup> June 2020 as a true and correct record.	
PCCC/07/03	Decision	Noted the update provided in relation to the action log.	

<b>4</b>	<b>Public Questions</b>
4.1	There were no public questions asked.

<b>5</b>	<b>General Practice Recovery</b>
5.1	Mrs Lepiorz presented the report which provided the Primary Care Commissioning Committee (PCCC) with an update of the work taking place to support the re-introduction of core primary medical services, many of which were stood down due to the Covid-19 Pandemic. The report gave an overview of current service provision, the national requirements and how this is being managed locally across Bury to ensure consistency of provision.

5.2	Mrs Lepiorz highlighted the four main ambitions identified through the General Practice Recovery Task and Finish Group; these were outlined in the report. In terms of the Bury Ambition one significant area of development during Covid has been the introduction of the Digital First offer including askmyGP; the impact of which is being assessed along with maintaining the ongoing provision of the offer. Mrs Lepiorz reported that positive feedback has been received from practices in terms of Digital First and a piece of work is in progress with regards to engaging patients on their experience of that model of care.
5.3	Close working is ongoing with the infection control team with regard to the safe working environment. Obviously the run up to winter and the reintroduction of patients back in to general practice is likely to present issues that are not currently encountered. Conversations are ongoing with regard to the impact of test track & trace and how (through the effective use of infection control measures) to avoid situations where practice staff need to self- isolate. Also with regard to the management of patients with Covid symptoms how to ensure they have access to routine care where clinically needed, the main focus of the conversations being to ensure the consistency of care across Bury for all patients.
5.4	Mr Bury invited any questions or comments. Ms Henshaw highlighted that Bury has contributed to the GM best practice guide which is a recently released 'live' document that will continue to be updated. The guide includes live examples from across GM which may help support the ongoing work in Bury.
5.5	Mr McCrory made reference to section 2.4 of the report; he asked with regard to the relationship between NHS England and the Royal College of General Practitioners, if there is a memorandum of understanding or a formal agreement where NHS England will adopt guidance from the Royal College of General Practitioners. Mrs Lepiorz explained that the Royal College of General Practitioners is the professional body for general practice whereas NHS England holds the contract. The Royal College of General Practice have prioritised the custom and practice services which complement the contractual requirements that NHS England set out in their contract. In terms of the relationship the two organisations are separate, one being much more about professional guidance as opposed to a contractual obligation.
5.6	Mr McCann referred to consistency of service provided to patients as referenced in the report and asked if any serious inconsistencies have been noted within the PCNs in relation to the speed of recovery and if it is felt that all practices are working to the same pace or if some may need to be better supported to get to the desired level. Mrs Lepiorz advised that the approach being taken to assess on the basis of clinical area by clinical area, holding conversations to establish the ability of practices to step up certain care. As a general principle it is intended that any high priority area is delivered from practices with other priorities being assessed to identify if the model of care is a Primary Care Network (PCN) model or hub model, collecting data and then holding conversations to address any issues.
5.7	In relation to PCNs, Mr McCann indicated that he would like to understand that the model chosen in Bury has not in any way been detrimental to patients, considering that it is not a traditional geographical PCN model. Mr McCann suggested it would be useful if Mrs Lepiorz could feed back on this once it is understood whether it is a PCN model or should be dealt with by the hubs.

	<i>Mrs Jones and Ms Barlow joined the meeting at 12:15.</i>		
5.8	Mrs Boyd made reference to section 2.4 of the report, specifically the survey sent to practices in June which demonstrated inconsistency of service provision across Bury, with some practices reporting that high priority activity had been suspended. Mrs Boyd asked if it is known which high priority activities have been suspended by practices and if there is any indication of the long term impact on waiting times, planned care and perhaps delayed diagnosis. Mrs Lepiorz advised that the main area of inconsistency was immunisation and vaccines due to the effect of Covid.		
5.9	Mrs Gonda drew the attention of the committee to paragraph 4.6 of the report which outlined how patients are being engaged within this work through sub group working.		
5.10	Summarising the discussion, Mr Bury suggested that it would be useful to have an update report in the near future with regard to general practice recovery to show progress, particularly around the PCN and Neighbourhood working as highlighted by Mr McCann. Mrs Lepiorz advised that a brief update can be provided in August but it may be September before a more substantial report can be provided.		

	Type	The Primary Care Commissioning Committee:	Owner
PCCC/07/04	Decision	Received the report and noted the work that is taking place with regards to general practice recovery.	
PCCC/07/01	Action	Update report to be provided with regard to general practice recovery including PCNs and Neighbourhood hubs. This is likely to be in September.	AL

<b>6</b>	<b>General Practice Strategy</b>		
6.1	Mrs Lepiorz presented the report which outlined the beginning of a refreshed strategy for general practice, collating thoughts, comments and themes. The report was originally intended to be presented at the PCCC meeting in March which was cancelled due to Covid-19; and therefore has been brought to this meeting to prompt discussion and to gain the views of committee members in relation to the vision for general practice.		
6.2	<p>The report indicated that Bury is lacking a clearly articulated vision that captures its ambition for the ethos in which general practice should operate. When discussing the role that is being asked of general practice there are there are multiple dynamics with three key relational domains to be considered:</p> <ul style="list-style-type: none"> <li>• The relationship dynamic between member practices and the CCG/OCO.</li> <li>• The role general practice is being asked to undertake as leaders within our neighbourhoods (factoring in the network dynamic).</li> <li>• As service providers in the Bury system (as part of the wider system).</li> </ul> <p>Mrs Lepiorz suggested that although the different dynamics are recognised, the three components have not particularly been articulated well enough in Bury.</p>		
6.3	<p>The report outlined the work to date and the initial conversations that had taken place prior to the outbreak of Covid-19, additionally some of the comments and views to date are captured in Appendix one.</p> <p>The PCCC were asked to consider the following:</p>		

6.4	<ul style="list-style-type: none"> <li>• Do the key themes resonate?</li> <li>• What is our desired state?</li> <li>• What are our ambitions for the other primary care providers?</li> </ul>
6.5	<p>Mr Bury invited any comments. Mr McCrory asked what the thoughts are with regard to how the other primary care providers can integrate in to this and the extent to which that has been considered during the consultation period. In response to the question Mrs Lepiorz indicated that identifying the desired link between primary care providers is part of the conversation today and moving forward.</p>
6.6	<p>Mr Blandamer suggested the report provided today set a foundation for the required work moving forward, he also welcomed the focus on ensuring that general practice is at the heart of the model of integrated health and care through the Local Care Organisation and linked to neighbourhoods.</p>
6.7	<p>Dr Schryer suggested the report was positive in the way that it is about engendering debate and discussion and indicated that he would agree that general practice or clinicians should be seen as leaders within neighbourhoods. Dr Schryer queried the meaning of leadership, whether it be leading by example, providing direction or demonstrating good practice and taking responsibility and suggested this would be a good place to start.</p>
6.8	<p>Mrs Gonda noted that Dr Scryer's point with regard to leadership was important and suggested that as part of the development work from this report there is need for leaders to provide guidance with regard to expectations and to work through the envisaged outcomes as a system.</p>
6.9	<p>Picking up on the point of leadership, Mr Blandamer highlighted that the strategy can be a unique opportunity for primary care and GPs to target on the basis of inequality, prevention and early intervention which could be referenced as a specific objective within the strategy.</p>
6.10	<p>Mrs Jones supported the point made by Mr Blandamer with regard to a targeted disease prevention and management approach, which is also articulated in the population health recovery plan. Mrs Jones noted that there has been an ambition around such an approach for some time and therefore welcomed the emphasis.</p>
6.11	<p>Dr Schryer agreed with the comments made by Mr Blandamer, acknowledging them as important, and highlighted that the registered list is critical and clinical database helpful to such an approach. Dr Schryer made reference to the nature of general practice in terms of responding to demand and suggested a targeted approach works well, an example being QoF targets which are a well-defined group of tasks that general practice has responded to. Dr Schryer suggested that there would be an interesting piece of work to do to identify people who need more targeted work outside of those conditions such as diabetes and COPD and in helping GPs to respond to those needs.</p>
6.12	<p>Mrs Lepiorz advised the PCCC that she had captured the comments from today's discussion to add to the other comments received so far. Mrs Lepiorz highlighted that the point that has really resonated is 'leadership' as a clear area for discussion.</p>
6.13	<p>Mr Bury queried the timescales for taking this forward. Mrs Lepiorz advised that she will schedule regular updates at future PCCC meetings.</p>



ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/07/05	Decision	Shared and discussed their views on a General Practice Strategy for Bury. In particular with regard to: <ul style="list-style-type: none"> <li>Do the key themes resonate</li> <li>What is our desired state</li> <li>What are our ambitions for the other primary care providers?</li> </ul>	
PCCC/07/02	Action	Regular updates with regard to the General Practice strategy to be provided at future PCCC meetings.	AL

<b>7 GP Patient Survey Results</b>			
7.1	Mrs Lepiorz presented the report which had been written to provide the PCCC with an overview of the recently published results of the GP Patient Survey (GPPS) for Bury CCG and detail the next steps to improve these results for 2021.		
7.2	In Bury CCG, 9,219 questionnaires were sent out, and 2,836 were returned completed which constituted a response rate of 31%. In response to the 'Overall experience of GP practices', Bury CCG performed well with 84% of patients responding either 'Fairly Good' or 'Very Good' compared to a national picture of 82%. The report advised that in comparison to 2019 Bury CCG has performed the same or better in all areas apart from one and gave a highlight of some of the key indicators.		
7.3	Mrs Lepiorz said she was conscious that the link to the full survey itself was missing from the report and advised that the link will be circulated following this meeting. Comments in relation to the survey were included in the GP bulletin to celebrate the success and a press release provided to the Bury Times again to try to celebrate the success.		
7.4	Mr Bury asked the PCCC for any comments. Dr Schryer commented on the variation between different practices where 4 or 5 scored well but a couple scored poorly, he suggested there is need to target the practices that scored poorly in a more programmed way. Mrs Lepiorz advised that one of the practices that scored particularly poorly had been picked up by the primary care team through their regular day to day work.		
7.5	Ms Barlow commented that while the GP survey gives perhaps a general overview the numbers are quite low which can cause a lot of variation overall and does not always correspond to what Healthwatch see at grass roots.		
7.6	Mrs Boyd added that it is important to have the assurance that the whole range of information and data is triangulated to give that richer picture that Ms Barlow had identified as lacking. In terms of assurance Mrs Lepiorz advised that the primary care team routinely undertake work to triangulate the GP survey with all other data available in order to help focus the GP quality visits.		
ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/07/06	Decision	Received the report for information and noted the next steps.	

8	Primary Care Finance Report
8.1	Mrs Shannon- Jarvis presented the report which provided an overview of the financial regime put in place for months 1 to 4 for the CCG, an analysis of the financial position at month 3 for Primary Care and an analysis of GP Covid claims.
8.2	In March 2020 the CCG submitted a draft budget plan to NHS England based on a month 9 forecast recurrent outturn position adjusted for pressures including inflation and growth, investments and savings plans. Subsequent to this the planning round was suspended and a national top down command and control framework put in place by NHS England in response to the Covid-19 pandemic. Mrs Shannon- Jarvis advised as part of this there is a financial regime for the first four months of 2020/21 covering the period from 1st April to 31st of July in which the CCG has received a baseline allocation based on a month 11, 2019/20 forecast outturn uplifted for inflation.
8.3	In addition to this the CCG will receive retrospective allocations to cover COVID related and business as usual (BAU) expenditure to allow the CCG to achieve a balanced position for the four month period. Additional allocations for month 2 have been received to ensure break even to that point. In May CCG allocations were issued for the first four months of the year from the 1st April to the 31st July and new financial framework described, the framework for the period from August to March is not yet known.
8.4	The report also provided an analysis of the financial position at month 3 for Primary Care. Mrs Shannon- Jarvis directed the attention of the committee to the table at paragraph 4.1 which displayed the reported financial position against allocation at month 3 and forecast for month 4. Mrs Shannon-Jarvis gave an overview of the information within the table in relation to primary care services (including prescribing) and primary care co-commissioning. Primary Care is £0.7m overspent as a result of prescribing. The final 19/20 prescribing outturn was £0.34m in excess of forecast (which due to 2 months' time lag impacts on the 2020/21 position), and in 2020/21 £0.35m of pressures have been incurred relating to non-cheaper stock options (NCSO) and the number of items prescribed.
8.5	At month 3 the CCG has reported to NHS England a month 3 year to date overspend of Primary Care Services of £1.7m and Primary Care Co-Commissioning of £0.5m. In addition to business as usual spend; the CCG has incurred YTD £1.2m of Primary Care expenditure relating to the COVID-19 pandemic, with £0.2m specifically relating to claims from General Practice. Section 5 of the report gave a breakdown of GP Covid claims and CCG Covid related primary care costs at month 3. As laid out in the national guidance, it is expected that a retrospective month 3 allocation will be received by the CCG to ensure a breakeven position.
8.6	Mr Bury invited any comments or questions from the committee. Dr Schryer highlighted the national prescribing issues as reported which are presenting real challenge for GPs and pharmacists. Dr Schryer commended the efforts and work of the CCG Medicines Optimisation team during the Covid-19 pandemic.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/07/07	Decision	Noted the budget arrangement in place for the period 1st April to 31st July.	
PCCC/07/08	Decision	Noted the Financial Position at month 3 for Primary Care Services and Primary Care Co-Commissioning.	



PCCC/07/09	Decision	Noted the COVID related expenditure of £0.2m relating to GP claims at month 3, out of a total of £1.2m made in respect of primary care services.	
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<b>9</b>	<b>Closing Matters</b>		
9.1	Mrs Lepiorz reminded the committee of the additional extraordinary PCCC meeting scheduled to take place on 26 <sup>th</sup> August 2020 where the Garden City Medical Practice options appraisal will be discussed.		

## Primary Care Commissioning Committee Action Log – 22/07/2020

### 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. 22/07/2020 - GH to share update with the group following this meeting. Agreed to keep item open to allow for any discussion at the next meeting.
24/06/2020	PCCC/06/01	Garden City Medical Practice Options appraisal to be presented at the August PCCC meeting.	AL		
22/07/2020	PCCC/07/01	Update report to be provided with regard to general practice recovery including PCNs and Neighbourhood hubs. A written report is likely to be provided in September.	AL		
22/07/2020	PCCC/07/02	Regular updates with regard to the General Practice strategy to be provided at future PCCC meetings.	AL		