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07/09/2020	0.1	H Marshall	Initial draft submitted to A Lepiorz for review.
08/09/2020	0.2	H Marshall	Amendments received from A Lepiorz.
Approved:			
Signature:		 Peter Bury, Lay Member (Chair of the PCCC)

Primary Care Commissioning Committee

Extraordinary Meeting in Public

MINUTES OF MEETING

26th August 2020

Chair – Peter Bury

ATTENDANCE

Members

Voting members

Mr Peter Bury, Lay Member, Chair
Mr Mike Woodhead, Joint Chief Finance Officer
Mr Will Blandamer, Joint Executive Director of Strategic Commissioning
Mrs Julie Gonda, Director of Community Commissioning
Mrs Fiona Boyd, Registered Nurse of the Governing Body
Mrs Amy Lepiorz, Deputy Director of Primary Care

Non-voting members

Dr Jeff Schryer, CCG Chair
Dr Cathy Fines, Clinical Director- Primary Care
Ms Gail Henshaw, NHS England Representative
Dr Mohammed Jiva, LMC Representative
Mr Richard Rawlinson, LOC Representative
Ms Barbara Barlow, Healthwatch Representative

Others in attendance

Zoe Alderson, Head of Primary Care
Rachele Schofield, Primary Care Manager
Lisa Featherstone, Deputy Director
Shakoofeh Shah, Communications and Engagement Officer
Helen Marshall, PA to the Director of Nursing and Quality Improvement (minutes)

Members of the public:

Asif Butt, Garden City Medical Centre
Lucy Durber, Garden City Medical Centre
Nichola Hargreaves, Garden City Medical Centre
Dr Afzal Hussain, Garden City Medical Centre
James Daly, MP (Bury North)/Councillor (North Manor Ward)
Russell Cornwell
Charlotte Kelly
Vivienne Taylor

MEETING NARRATIVE & OUTCOMES

1	Welcome, Apologies And Quoracy
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1.1	Mr Bury welcomed everyone present to the meeting and noted apologies had been
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	<p>received from:</p> <ul style="list-style-type: none"> • Mr Geoff Little, Joint CCG Accountable Officer / Council Chief Executive • Mrs Lesley Jones, Director of Public Health • 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	The meeting was confirmed to be quorate and the members of the public in attendance introduced themselves.

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 three further declarations made to those already recorded in the register, two of which were in relation to agenda item 6 (Garden City Medical Centre Options Appraisal).
2.4	Dr Fines declared an interest in relation to agenda item 6 due to her position as a GP at one of the practices in the vicinity of Garden City Medical Centre (Tower Family Healthcare- Greenmount). Dr Fines advised that she would therefore leave the meeting prior to the discussion of agenda item 6.
2.5	Mrs Gonda declared a personal interest in relation to agenda item 6 as a patient of Garden City Medical Centre and advised that she would therefore be conflicted and unable to participate in the vote on the outcome of agenda item 6.
2.6	Mrs Boyd declared an interest, which was unrelated to the CCG or NHS, with regard to her temporary employment with DWF Law as a Medical Assessor. Mrs Boyd advised that she was therefore not conflicted for any of the items on the agenda for this particular meeting.
	Declarations of interest from the previous meeting
2.7	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/08/01	Decision	Noted the published register of interests and noted the three further declarations of interest 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 July 2020 were considered and agreed as a correct record.		
Action Log			
3.2	The action log was reviewed and updated. The Garden City Medical practice options appraisal was to be presented and discussed at this meeting with the two subsequent actions not yet due until September.		
ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/08/02	Decision	Approved the minutes of the meeting held on the 22 nd July 2020 as a true and correct record.	
PCCC/08/03	Decision	Noted the update provided in relation to the action log.	

4 Public Questions in relation to the agenda	
4.1	Mr Bury proposed that any questions from members of the public be heard following the presentation of the report at agenda item 6 (Garden City Medical Centre Options Appraisal). This approach was agreed by the PCCC members present. <i>Dr Jiva joined the meeting at 12.10.</i>

5 General Practice Enhanced Services	
5.1	Mrs Lepiorz presented the report providing the PCCC with a background overview.
5.2	NHS Bury CCG directly commissions two local enhanced services from general practice- the 'Combined Locally Commissioned Service' (Combined LCS) and the 'Quality in Primary Care Contract' (QinPC). It is also responsible for the payment of services associated with a number of national contracts including the minor surgery directed enhanced service (DES); Bury Council contracts with general practices in order to deliver the national health checks programme.
5.3	In light of the Covid-19 pandemic, agreement was made to suspend activity for a number of the aforementioned GP services and in-line with national guidance, payment for those services has been made on a block basis since 1 April 2020. Therefore with the agreement due to cease at the end of September there is a need to look at provision from 1st October 2020.
5.4	The associated risks were outlined in the report including the importance that clarity of income post September is provided as soon as possible in order to support practices with their business planning. Also due to the number of yet to be defined asks for general practice over the coming months the need for contract affordability to be carefully balanced against achieving strong engagement.
5.5	The report sought approval from the PCCC in principle on the approach to general practice enhanced services from the 1st October 2020 to the 31 March 2021. It was proposed that the PCCC approve the following recommendations: <ul style="list-style-type: none"> the contract value for the LCS as circa £500k per year; delegation for the final budget value for QinPC to the Executive Director of Strategic Commissioning, Joint Chief Finance Officer and the Clinical Chair;

- the principles for the content of the contracts as articulated in paragraph 3.3 and 3.4;
- delegation to the Deputy Director of Primary Care for agreement of the draft contract for negotiation;
- the proposal to move back to activity based payments for the minor surgery DES, capped at 2019/20 out turn; and
- the proposal to move back to activity based payments for health checks

5.5 Mrs Lepiorz pointed out that due to the date of the 1st October 2020 being imminent it was not deemed appropriate to wait until the next PCCC meeting in September to simply present the final documentation. Instead there was a desire for the PCCC to agree the principles first of all in order to allow assurance that when the final documents are presented that the approach taken will be in line with the thought process of the PCCC.

5.6 Mr Bury invited any comments or questions. In line with Covid-19 and the infection control measures that practices need to take, Dr Jiva asked if the tariff for activity in primary care will, from October, be higher than the previous year to enable practices to recoup the money without having to achieve high targets. Mrs Lepiorz suggested it is unlikely that the financial envelope would increase however a reduction in the activity requested would instead be more likely in order to acknowledge the additional costs.

5.7 Dr Schryer reflected upon the tremendous amount of work undertaken by practices over the last 6 months and suggested it is also important to recognise the requirements that will be placed on general practice in particular as part of the whole health and social care system. Dr Schryer highlighted the need for some understanding of the importance of these funds for practices and suggested that although it is correct to agree the approach in principle, there is need for a rapid decision over the next few weeks in terms of the expectations of general practice.

5.8 Dr Schryer asked in terms of the minor surgery DES funding, if there is potential to cap a DES which is a national contract. Mrs Lepiorz advised that the funding of the DES, despite being a national contract, is locally negotiated and that the proposal to return to activity based payments capped at 2019/20 out turn is in line with the approaches taken by other CCGs. Mrs Lepiorz indicated that once the content becomes clearer conversations will take place with the LMC and with practices prior to the approach being presented back to the PCCC at the next meeting in September.

5.9 Mr Woodhead highlighted the broad work ongoing across the GM system in terms of funding which is held at a system level; with some unpalatable decisions likely to be made across GM to the address financial gaps.

5.10 Mr Bury asked if the PCCC accepted the recommendations set out under section 6 at paragraph 6.1 of the report. The PCCC approved the recommendations as listed at paragraph 6.1.

Dr Fines left the meeting.

	Type	The Primary Care Commissioning Committee:	Owner
PCCC/08/04	Decision	Approved the contract value for the LCS as circa £500k per year.	

PCCC/08/05	Decision	Approved delegation for the final budget value for QinPC to the Executive Director of Strategic Commissioning, Joint Chief Finance Officer and the Clinical Chair.	
PCCC/08/06	Decision	Approved the principles for the content of the contracts as articulated in paragraph 3.3 and 3.4.	
PCCC/08/07	Decision	Approved delegation to the Deputy Director of Primary Care for agreement of the draft contract for negotiation.	
PCCC/08/08	Decision	Approved the proposal to move back to activity based payments for the minor surgery DES, capped at 2019/20 out turn.	
PCCC/08/09	Decision	Approved the proposal to move back to activity based payments for health checks.	

6	Garden City Medical Centre Options Appraisal
6.1	Mr Bury reiterated the approach to be taken with regard to this item in that the report would be presented first followed by questions invited from the members of the public in attendance.
6.2	Mrs Lepiorz presented the report which provided the PCCC with an options appraisal for the future of Garden City Medical Centre following the sad passing of Dr Al-Dubbaisi in May 2020 and the subsequent termination of the General Medical Services Contract. Huntley Mount Medical Centre, in conjunction with Walmersley Road, commenced caretaking of the practice in June 2020 which has allowed time for the CCG to undertake a thorough options appraisal. Mrs Lepiorz acknowledged the primary care team and in particular the author of the report- Rachele Schofield for the significant work put in to the comprehensive options appraisal.
6.3	The report outlined 3 available options with generic advantages and disadvantages for each as detailed in full in Appendix 1. It also explored all influencing factors which have been considered when assessing the options available for the patients of Garden City Medical Centre, with appendix 2 providing further detail on the outcome of each influencing factor. The report illustrated that the CCG had secured and reviewed a wealth of data with which to determine the best future option for the patients at Garden City Medical Centre with a total of 11 appendices provided.
6.4	Mrs Lepiorz presented the 3 available options to the committee, these were: <ul style="list-style-type: none"> • Option 1- Managed List Dispersal- named local GP practices will be allocated patients of Garden City Medical Centre ready for them to register. • Option 2- List Dispersal- the patients of Garden City Medical Centre would be asked to register at another local GP practice but may choose to register at a practice nearer to their residence. • Option 3- Procurement- to carry out a formal tender to find a new healthcare provider to deliver care to the patients of Garden City Medical Centre via an Alternative Provider Medical Services (APMS) contract.
6.5	Mrs Lepiorz highlighted that the report in addition to the associated advantages and disadvantages also covered local considerations including the local strategy,

stakeholder feedback, value for money, feasibility of the options and also an Equality Impact Assessment (EIA) to ensure any decision taken will not have unintended consequences.

- 6.6 Upon consideration of the information provided, the report in its conclusion reached considered recommendations to enable the PCCC to decide the future of the practice, with 2 viable options proposed, these being:
- Option 1 (Managed List Dispersal)
 - Option 3 (Procurement)
- 6.7 Mrs Lepiorz highlighted that both options carry risks as outlined in the report and upon consideration of those risks the primary care team felt that the slightly favoured option would be to procure. This was based mainly on the risk of instability that is potentially associated with dispersal during what is likely to be a difficult winter period and also noting the overwhelming patient support and feedback received with regard to maintaining a practice at Garden City. It was therefore left to the committee to review the various aspects of the paper in order to form their consideration of which option to select.
- 6.8 Mr Bury thanked Mrs Lepiorz for her presentation he also thanked the report author for the comprehensive and balanced report. Mr Bury invited any questions from the members of the public in attendance.
- 6.9 Mr James Daly MP (Bury North)/ Councillor (North Manor Ward) gave his support to the recommendation to procure reflecting upon the feedback he had received from patients of Garden City to say what an outstanding practice it is and to back up those comments regarding the overwhelming patient support for this, he suggested he would hope that the committee would take this in to consideration and also commended the report as excellent.
- 6.10 Dr Schryer noted the report as an extremely well written and balanced paper. He said that he was struck by the amount of patient support with 25% of the practice list responding, thus giving an indication of how well received the practice is both due to the role fulfilled by Dr Al-Dubbaisi and how well the practice team and caretaker practices have worked together to provide support at such a difficult time.
- 6.11 Mr Woodhead noted the paper as helpful and highlighted from a financial point of view of the financial issues the system is facing and suggested that while there may be very good reasons for procurement there is also need to be financially realistic in that there would be need to find mitigating savings elsewhere in the primary care budget to cover that.
- 6.12 Mr Butt spoke on behalf of Councillor Dorothy Gunther to voice her opinion as both a Councillor (North Manor) and patient to support the practice staying open, a view also echoed by all staff at Garden City Medical Centre.
- 6.13 Mrs Boyd echoed the previous statements that the report was very well written, she then raised two further points. Considering the risk outlined within options 1 and 2 of potentially losing some skilled professionals and staff, Mrs Boyd indicated that she would like to be assured that whatever option is selected the risk of losing skilled staff will be minimised. Secondly with regard to inequalities and BME, Mrs Boyd noted the

	EIA provided at appendix 10 and asked if there was assurance that the views of all patient groups had been captured as far as possible and also that any decision made would not adversely impact on any BME or other groups.
6.14	In response to the points raised by Mrs Boyd above Mrs Lepiorz advised that the EIA did not highlight any particular concerns but dependent upon the decision made there will be need to review the EIA to ensure particular cohorts are fully informed and aware.
6.15	Mr Blandamer concurred with others that the paper was well written and thanked the primary care team for capturing a range of stakeholder views. Mr Blandamer made reference to the long term strategic intent which has been to support practices to work at scale and suggested some of that intent around the transformation of primary care be taken in to account. He asked if Mrs Lepiorz could perhaps remind the PCCC of those priorities. Mr Blandamer advised that on balance his recommendation would be to support procurement as described whilst recognising the financial challenge as per Mr Woodhead's observation, ensuring any procurement undertaken is in the context of the strategic intent set for primary care moving forward.
6.16	With reference to the request from Mr Blandamer, Mrs Lepiorz referred to the primary care strategy published in 2016, within that strategy there is a set of commissioning principles which clearly state the desire to support practices working at scale, the strategy also makes a clear statement of the desire to move away from supporting single handed practices and to see less dual partnership practices. Mrs Lepiorz suggested that if those principles are built in to a procurement process then staying in line with the strategic intent can be ensured.
6.17	Dr Jiva advised that he has been GP for over 20 years in the neighbouring borough, covering both Rochdale and Bury through his role as the Chief Executive of the Local Medical Committee (LMC). Dr Jiva advised from his experience of working in a larger practice that there is a variation in care provided between small and larger practices with smaller practices delivering more personalised care due to clinicians being more familiar with their practice list on an individual basis. If the practice list was to be dispersed (option 1) Dr Jiva expressed that his concern would be the impact upon the quality of care for not only the Garden City patients but also the patients registered with the other practices in the vicinity, also taking in to account the impact locally on the economy. Dr Jiva suggested he would support going out to tender with Garden City practice remaining in its current form and working together with neighbourhood practices.
6.18	Dr Hussain gave an overview of his experience in his position as one of the caretaker GPs at Garden City Medical Centre, highlighting the appreciation for the practice from patients and staff who wish to remain at the practice and commending the practice staff for the work they have done as a team. Dr Hussain also advised he would support the point made by Dr Jiva in terms of patient satisfaction within smaller practices.
6.19	Mrs Lepiorz reminded the PCCC of the need to make a decision based on the various factors highlighted in the report in line with the CCG strategy rather than delving too deep in to the CCG strategy itself.
6.20	Mr Woodhead said that he appreciated the level of feeling amongst patients and the desire to maintain the practice, but felt there was need to reiterate that if the PCCC chose to incur a pressure to take a decision to maintain the practice then equally

	unpalatable mitigations would need to be made elsewhere in the budget.
6.21	Mr Cornwell a patient at Garden City Medical Centre echoed the sentiments of both Dr Jiva and Dr Hussain. Mr Cornwell said that he was not opposed to being moved to another practice but would prefer to remain at Garden City, he also asked with regard to the capacity at the other local surgeries to take patients on and when a decision would be made.
6.22	Mrs Lepiorz advised that the primary care team had contacted local practices in the vicinity of Garden City and those practices had indicated that, should a managed list dispersal take place, they could take on the number of patients involved. In terms of managed list dispersal Mr Cornwell highlighted that the other practices in the vicinity are larger practices than Garden City and therefore indicated some concern with regard to continuity, which he suggested as important for patients.
6.23	Before making a further point Dr Jiva clarified that he had no conflict of interest in this item as he is not a GP in Bury and neither the LMC nor the Rochdale GP Federation (of which he Chairs) are interested in bidding for the Garden City Medical Centre contract. Dr Jiva indicated that his concern in relation to managed list dispersal would be the potential risk of support, financial or otherwise, being given to certain practices to manage the dispersal and then within 6 months a patient could move to another practice.
6.24	Mrs Lepiorz noted the point made by Dr Jiva and acknowledged the additional support that would be made available to a practice to receive new patients. She advised that if managed list dispersal was to be the chosen option, then the CCG would not leave practices without support. Mrs Lepiorz highlighted that both options have many associated variables with similar risks associated with procurement due to the likelihood that service provision may be different.
6.25	Mr Bury summarised that the debate had been positive and the voting members of the PCCC were asked to make a decision regarding their preferred option, either option 1 (managed list dispersal) or option 3 (procurement). Mr Bury asked for indication from the voting members present of their preferred option, it was noted that 5 of the 6 voting members present were able to vote with the exception of Mrs Gonda due to her declared personal interest.
6.26	Mr Bury asked if there were any voting members in favour of option 1 (managed list dispersal). There were no indications from the voting members either by sign of hand or verbal that option 1 (managed list dispersal) was the preferred option, this conclusion was supported by Mrs Featherstone from a governance perspective.
6.27	Mr Bury advised that it was therefore clear that option 3 (procurement) would be the preferred option for the PCCC. There was no indication of any objection to this from the voting members present either by sign of hand or verbal, therefore the PCCC decided to support option 3 (procurement).
6.28	Following the decision to support option 3 (procurement) Mr Bury asked Mrs Lepiorz to indicate the next steps in the process. Mrs Lepiorz advised of the immediate steps that the primary care team would take to arrange for a statement to be placed on the practice website later that day to ensure patients are informed and that patients would also be written to in the coming weeks. Mrs Lepiorz continued to outline the high level

6.29	<p>next steps:</p> <ul style="list-style-type: none"> • For the PCCC, along with stakeholder engagement, to decide the future vision for Garden City Medical Centre with regard to areas such as services and facilities etc. • Notice to go out for procurement and a tendering process to begin which will be open to any suitable bidder, applications to be reviewed based on the criteria that has previously been set. • Eventually to put forward a preferred bidder to the PCCC for a final decision. <p>A question was asked in the meeting chat (Microsoft Teams) with regard to timescales. Mrs Lepiorz advised that the CCG do not wish to commit to timescales just yet until a project plan can be analysed. It is anticipated that a detailed project plan with timescales should be available to present at the next meeting of the PCCC in September.</p> <p><i>Mr Rawlinson left the meeting at 12.55.</i></p>
6.30	<p>Mr Bury thanked both the PCCC and the members of public for their attendance and contribution to the meeting.</p>

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/08/10	Decision	Received the report.	
PCCC/08/11	Decision	Considered the information provided.	
PCCC/08/12	Decision	Decided that the preferred option was to select Option 3 (Procurement) for Garden City Medical Centre.	

7	Closing Matters
7.1	There were no closing matters for discussion. The meeting closed at 13:00.

Primary Care Commissioning Committee Action Log – 26/08/2020

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 regular meeting of the PCCC.
24/06/2020	PCCC/06/01	Garden City Medical Practice Options Appraisal to be presented at the August PCCC meeting.	AL		26/08/2020- Item presented and discussed at the meeting of the PCCC on 26/08/2020. Action completed.
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, likely to be an update in September.	AL		