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| Title | Minutes of the Primary Care Commissioning Committee 23/09/2020-Meeting in Public | | |
| Author | Helen Marshall, PA to the Director of Nursing and Quality Improvement | | |
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| 12/10/2020 | 0.1 | H Marshall | Initial draft submitted to A Lepiorz for review. |
| 13/10/2020 | 0.2 | H Marshall | Minor amendments received from A Lepiorz. |
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| Approved: | | | |
| Signature: | | | Peter Bury, Lay Member (Chair of the PCCC) |

Primary Care Commissioning Committee

Meeting in Public

MINUTES OF MEETING

23rd September 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)

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

Mr Richard Rawlinson, LOC Representative

Mr Paul McCrory, LDC Representative

Ms Barbara Barlow, Healthwatch Representative

Others in attendance

Zoe Alderson, Head of Primary Care

Rachele Schofield, Primary Care Manager

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

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 received from: <ul style="list-style-type: none">Mr Mike Woodhead, Joint Chief Finance OfficerMr Geoff Little, Joint CCG Accountable Officer / Council Chief ExecutiveMrs Lesley Jones, Director of Public Health |
| 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. |

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| 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 one of which was in relation to agenda item 6 (Garden City Medical Centre Procurement Process). | | |
| 2.4 | 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 unable to participate in the discussion of that item. | | |
| 2.5 | Mrs Boyd advised that she had taken up a new role with NHS England and NHS Improvement, she made clear that there was no conflict with the agenda for this meeting but that she would be submitting the declaration of interest for the register. | | |
| | 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/09/01 | Decision | Noted the published register of interests and noted the two further declarations of interest from Mrs Mrs Gonda and Mrs Boyd. | |

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| 3 | Minutes Of The Last Meeting and Action Log | | |
| | Minutes | | |
| 3.1 | The minutes of the Primary Care Commissioning Committee meeting held on 26 th August 2020 were considered and agreed as a correct record. | | |
| | Action Log | | |
| 3.2 | The action log was reviewed with updates provided as recorded on the action log. It was noted that there was no progress to report in relation to the general practice strategy due to other current demands. Mrs Lepiorz advised that a future update will be scheduled accordingly and therefore the item would remain open. | | |
| ID | Type | The Primary Care Commissioning Committee: | Owner |
| PCCC/09/02 | Decision | Approved the minutes of the meeting held on the 26 th August 2020 as a true and correct record. | |
| PCCC/09/03 | Decision | Noted the updates provided in relation to the action log. | |

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| 4 | Public Questions in relation to the agenda |
| 4.1 | There were no members of the public present and no public questions were asked. |
| 5 | General Practice Enhanced Services |
| 5.1 | Mrs Lepiorz presented the report which followed on from the paper presented at the last PCCC meeting in August, the PCCC were reminded of the background in relation to this item. |
| 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) and Bury Council contracts with general practices in order to deliver the national health checks programme. |
| 5.3 | Due to the Covid-19 pandemic, and in-line with national guidance, payment for these services has been made on a block basis since 1 April 2020, however as outlined to the PCCC in August this arrangement will cease at the end of September 2020. As such there is need to look at provision from 1 October 2020 with general practice being offered one single LCS. |
| 5.4 | Mrs Lepiorz advised that although at the time of writing the primary care budget had not been set, a financial agreement had since been made with a contract value worth £2.1m per annum, effectively £1.05m for the remainder of this year. Mrs Lepiorz also advised the PCCC that the combined LES and QinPC service specifications have been combined to reduce the paperwork required. |
| 5.5 | The report presented today provided the PCCC with a copy of the intended contract and action plan (appendices one and two). Mrs Lepiorz advised that the contract had also been presented to practices the day before to allow time for comments with a deadline of 29 September 2020. It was therefore recommended that the PCCC: <ul style="list-style-type: none"> • Ratify the LCS service proposal and action plan attached as appendices 1 and 2. • Give delegated authority to the Deputy Director and Clinical Lead for Primary Care to make any small amendments deemed necessary once funding and practice feedback is known. |
| 5.6 | Mr Bury thanked Mrs Lepiorz for her presentation of the report and invited any comments from Mrs Shannon-Jarvis from a financial point of view. Mrs Shannon-Jarvis advised that in the context of the wider financial situation the agreement had been a compromise between all parties. |
| 5.7 | Mr McCann asked if Mrs Lepiorz could be more specific with regards to the delegated authority needed. Mrs Lepiorz advised that the delegated authority had been requested to allow minor amendments to wording for clarification purposes rather than anything significant, she explained that nothing significant is expected as the combined LES has been running for approx. 5 years with the QinPC developed last year, however if anything substantial was to arise then that would be brought to the PCCC for discussion. |
| | Mr McCann also asked if there was any movement towards the management of such |

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| 5.8 | contracts transferring to the LCO. Mrs Lepiorz advised that this is an ongoing ambition and that it has been included in the work plan for the primary care team to work up for this contract so that upon the 1 April 2021 it can be commissioned on the basis previously committed to. Mr Blandamer added that work is continuing generally with LCO partners around the function of the LCO in order to receive the authority to progress such work which has slightly stalled, however he said there is an opportunity to progress the work in the short term with scope to recognise the inclusion in the wider piece of work. |
| 5.9 | Mr McCann raised a further point with regards to moving towards locality based neighbourhoods from 1 April 2021 as mentioned in the paperwork, he suggested he would encourage progress towards cascading more within Neighbourhoods to help better engage with communities. Dr Schryer agreed and highlighted that the CCG are encouraging practices to work together particularly around some of the public health elements such as smoking and obesity. Dr Schryer added that the new PCN DES which the PCCC is yet to be sighted on signals the transfer of resources to communities and neighbourhoods, asking them to work together. Mr Blandamer pointed out that there is a desire to ensure neighbourhood working is a devolved setting for the way in which integrated health and care is organised and delivered. |
| 5.10 | Mr McCrory asked when updates are received from the LCO if it would be possible to request the situation regarding any proposals in relation to dentistry, to allow him to report back to the LDC. Mr Blandamer suggested that this would be reflected upon, as the model of neighbourhood working reflects the whole of primary care. |

| | Type | The Primary Care Commissioning Committee: | Owner |
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| PCCC/09/04 | Decision | Approved the LCS service proposal and action plan as appended. | |
| PCCC/09/05 | Decision | Approved delegated authority to the Deputy Director and Clinical Lead for Primary Care to make any small amendments deemed necessary once funding and practice feedback is known. | |

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| 6 | Garden City Medical Centre Procurement Process |
| 6.1 | Mrs Lepiorz presented the report which followed on from the paper presented to the PCCC at the last meeting in August where a detailed account of the options available for Garden City Medical Centre was provided, at that meeting the PCCC selected the option to procure a new Alternative Provider Medical Services (APMS) contract. The purpose of the report today was to provide the PCCC with a project plan and timescales to inform the procurement process for the practice. |
| 6.2 | It was noted that Ms Schofield was present today to advise from an operational perspective with regards to any specific details that the PCCC may wish to clarify. The report outlined the pre-procurement progress to date including the initiation stage, market engagement and consultation, it also outlined the purpose of the project group which the PCCC were asked to approve the membership for. |
| 6.3 | The report advised that the results of the market engagement are expected on 8 October 2020 and that these will be assessed to ensure there is a market for the AMPS procurement of the practice prior to proceeding further with the project. It is however heavily anticipated that market engagement will indicate the need to proceed with |

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| | procurement and, at that point, a Project Group would convene to complete the pre-procurement process and initiate the next steps. |
| 6.4 | Mrs Lepiorz advised the PCCC that should this be the case submissions would be expected during late December 2020 with decisions on the award of the contract expected during February 2021, thus ensuring sufficient time for the mobilisation of the contract before the current caretaker contract ceases in June 2021. |
| 6.5 | Mrs Lepiorz highlighted that though the project plan shows depth, there is not a lot of margin for error within the timescales. In terms of risks, Mrs Lepiorz pointed out a key risk as the capacity within CCG teams such as the primary care team and the finance team to undertake this work, due to the current situation with Covid-19. |
| 6.6 | In terms of the project group, Mrs Lepiorz advised that this would be based upon the selected group that undertook the last APMS reprocurement. The PCCC were asked to approve the membership of the project group as outlined in Table 1 at paragraph 4.3.2 of the report. The PCCC were also asked to provide approval for the Deputy Director, Primary Care and the Primary Care Manager to assign individual members of staff to each designation within the project group. |
| 6.7 | Mrs Lepiorz invited Ms Schofield to add any further details. Ms Schofield noted the tight timescales but highlighted the work which has progressed so far following on from the approval from the PCCC to procure, she advised that she is working with the North of England procurement team to ensure all legalities are met. |
| 6.8 | Mrs Boyd queried the implications if the risk around capacity should manifest itself, whether caretaking arrangements would continue or if there would be legal issues. Mrs Lepiorz advised of potential legal risks with regards to a possible extension of the caretaking agreement, in that the longer such an agreement is extended and allowed to develop, the more complex the situation becomes from a procurement point of view. |
| 6.9 | Dr Schryer queried in terms of decision making where the final decision will be made and how patients can have a role in making that final decision. Mrs Lepiorz explained that the ultimate decision making is down to the PCCC with patient engagement factored in to the project plan along with the wealth of information from the options appraisal, she advised that the project plan is around building on that information, ensuring it is filtered in. Dr Schryer asked who will make the final recommendation to the PCCC, Mrs Lepiorz explained that the recommendation would come from the project group. |
| 6.10 | Dr Schryer queried if there would be patient representation on the project group. Ms Schofield advised that one of the engagement roles is a Lay Member, however as there is not currently a patient representative this would be one of the discussions that she would propose to have as Primary Care Manager with the Deputy Director of Primary Care as per the recommendation for the assignment of individual project group members. |
| 6.11 | There were no further points made, therefore Mr Bury summarised the number of recommendations for approval, all of which were accepted. |

| ID | Type | The Primary Care Commissioning Committee: | Owner |
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| PCCC/09/06 | Decision | Received the report. | |
| PCCC/09/07 | Decision | Noted the timelines informing the procurement process. | |
| PCCC/09/08 | Decision | Approved the membership of the Project Group. | |
| PCCC/09/09 | Decision | Approved the assignment of individual project group members to each designation by the Deputy Director, Primary Care and Primary Care Manager. | |
| PCCC/09/10 | Decision | Supported delegated authority for procurement decisions to the project group. | |

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| 7 | Alternative Provider Medical Services Locally Commissioned Service – The Elton Unit |
| 7.1 | Mrs Lepiorz advised she would introduce the report and then ask Mrs Alderson to go through the detail. In 2017 the Clinical Commissioning Group (CCG) re-procured three additional locally commissioned services as part of the Alternative Provider Medical Services (APMS) Tender, including the Elton Unit (Priory). |
| 7.2 | The Elton Unit (Priory) is a 28-bedded adult continuing care unit for patients aged 18 years and over with an acquired brain injury, which under the terms of the LCS receives additional general practice support in the form of: <ul style="list-style-type: none"> • Weekly ward rounds. • Proactive care management including medication reviews. |
| 7.3 | From 1 October 2020 these elements of care and more are extended to all Care Homes including the Elton Unit as part of the EHCH and structured medication review requirements, meaning the local service is no longer required. |
| 7.4 | Mrs Lepiorz advised that the primary care team have undertaken a desktop review of the locally commissioned specification and the PCN specification, the findings of which highlighted sufficient overlap to believe there is a duplication of service. |
| 7.5 | Mrs Alderson advised that the duplication brought by the introduction of the EHCH service has been raised with the current provider with the feedback received along with mitigations outlined at section 3.1 of the report. Mrs Alderson advised that she and Dr Schryer had met with the provider separately where the provider had indicated that the complexity of the care within the facility is significant. |
| 7.6 | Mrs Alderson advised that all things considered the recommendation of the paper would still stand as it does replicate the PCN DES, she advised that the primary care team recognise there may be some additional services that may be required to be commissioned and in that case a recommendation around bringing forward the intermediate care review for the facility would be submitted. |
| 7.7 | In addition Dr Schryer highlighted that following the meeting with the provider what transpired was the care provided to the patients within the facility appears to be specialist and extremely complex. Dr Schryer agreed that the PCN DES does seem to be providing some resource towards this service, however he emphasised the importance of ensuring continuity to avoid destabilisation of the service which could result in an increase in hospital admissions. |
| 7.8 | Mrs Alderson highlighted that a 3 month notice period would allow time for a service |

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| | review to be completed and recommendations to be put forward, she also indicated that the PCN has the ability to maintain continuity. |
| 7.9 | Mr McCann referred to the contract end date of March 2021 and the 3-month termination period as outlined in the report. He said that it wasn't clear from the report if notice would be required to be given 3 months in advance or if there would be a fixed period up to March 2020 to automatically continue. |
| 7.10 | Additionally with regard to continuity Mr McCann emphasised that he would want to assure engagement with the provider and ensure that after the date of termination there would not be a material drop in the level of care provided to patients. Mr McCann indicated that based on the report today he was not sure if that level of assurance is there and suggested that he would welcome a further report to be presented to the PCCC in order to give that assurance. |
| 7.11 | Mrs Gonda asked if patient and family engagement is required in terms of input in to the design of a new specification and equally communications around any potential decommissioning of the existing service. |
| 7.12 | In answer to McCann's point regarding the termination period Mrs Lepiorz advised that etiquette dictates that 3 months' notice is always given before a contract is due to end and with regards to the review itself, the primary care team had identified the need to review the medical service prior to the PCN DES being released. It was agreed that a review would take place as part of the overarching review around medical input in to intermediate tier services, which falls under the LCO transformation led project. Mrs Lepiorz urged the PCCC to not take this decision in isolation but to consider how these assurances are obtained and how to promote the overarching review to provide those assurances. |
| 7.13 | Mrs Lepiorz sought clarity from the PCCC if, at this point the PCCC do not support the decommissioning of the service but do support a full-service review looking to the LCO as part of the wider medical tier recovery and taking that forward. Mrs Gonda advised she would agree that should be the recommendation and suggested that given the wider context that an outline of how that is going to be taken forward be provided to the PCCC at the next meeting in November. |
| 7.14 | Mr Bury summarised that there is sufficient time available to bring further detail to the next meeting and asked Mrs Lepiorz for her thoughts on that. Mrs Lepiorz advised that the primary care team will certainly request the LCO to provide update around that piece of work. |
| 7.15 | The PCCC agreed that at this point they do not support the decommissioning of the service but would support a comprehensive service review. |

| ID | Type | The Primary Care Commissioning Committee: | Owner |
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| PCCC/09/11 | Decision | Received the report for information. | |
| PCCC/09/12 | Decision | Agreed that at this point not to support the decommissioning of the service but to support a full-service review. | |
| PCCC/09/01 | Action | To request the LCO to provide update around the wider medical tier recovery. | AL |
| 8 | General Practice Recovery update | | |

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| 8.1 | Mrs Lepiorz presented the report which built on the update provided to the PCCC in July 2020, the purpose of this report was to provide the Primary Care Commissioning Committee with an update on the work taking place to support the re-introduction of core primary medical services (those provided by general practice). |
| 8.2 | Mrs Lepiorz advised that the Primary Care Workstream Group was re-established in June under the name of the General Practice Recovery Task and Finish Group, having been stood down during the initial response to the pandemic. One of the main tasks for the group was to develop a framework on how primary medical services could be stepped up (and stepped down if needed) to create as much consistency as possible for the population of Bury. Since the last update provided, the Group have developed a framework based on national and local guidance to support practices on the prioritisation of care and interventions on a general level and within certain clinical areas. |
| 8.3 | Mrs Lepiorz provided a brief update on the Bury ambition which includes four main ambitions including the digital first model which is being achieved by the roll out of askmyGP and other video/online software. Mrs Lepiorz highlighted an ongoing piece of patient engagement work around how patients are finding the use of askmyGP, she suggested it may be useful to schedule an update on this for the next meeting of the PCCC. |
| 8.4 | In terms of the safe working environment the report highlighted that support has been provided to practices on infection prevention and control training and advice to minimise the impact upon staffing, this includes support in the form of information management and technology (IM&T) with equipment prioritised to staff based on their risk assessment. |
| 8.5 | In relation to the aspect of consistency of access, Mrs Lepiorz indicated the intention to today provide a paper requesting the PCCC to make a recommendation around the future of the Covid management service. However, in light of the recent increase in Covid numbers it was felt that it would be inappropriate at this point in time to present such a paper or to ask the PCCC to make a decision on the future of that service. |
| 8.6 | Mrs Lepiorz highlighted that the report provides assurances that the business as usual aspects of activity and work continuing will be taken forward by the primary care team who are looking at how data is collated by way of update. |
| 8.7 | Mr McCrory referred to the number of GPs in various risk tiers in terms of their ability to appease risk in relation to patient contact and the request from Government for GPs to engage in face to face appointments as much as possible. Mr McCrory queried the impact of this and asked how many practitioners are at each risk level across Bury. |
| 8.8 | As a point of clarity Mrs Lepiorz emphasised that the request from Government is not to have as many face to face appointments as possible but is to ensure face to face services are available where clinically appropriate. Mrs Lepiorz said it is important to note that face to face appointments within Bury were not suspended and that provision of face to face appointments where clinically appropriate continued to take place, she highlighted the ongoing operation of the digital first model where patients are triaged and if clinically appropriate receive advice via a remote model i.e. online |

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| | <p>or telephone.</p> <p>In relation to the number of GPs at each risk level across Bury, Mrs Lepiorz advised that the exact numbers are not clear but that every practice has undertaken risk assessments on their staff, providing numbers overall and an understanding of the impact that may have. Mrs Lepiorz added that provision has been made for practices to work remotely including the availability of the GP system, completion of a regular sitrep is in place with an understanding of any pressures that practices may be under with regards to staff being required to shield or self-isolate.</p> |
| 8.9 | <p>Dr Fines added that the issue is not necessarily around risk assessments, although those have been completed, but more around the requirement for Clinicians and practice staff to self-isolate going forward over the next few weeks and months, in line with public health advice. Dr Fines added that all GPs have the opportunity and availability to work from home, however she suggested that over reliance on this could increase pressure on other colleagues and possibly preclude the offer of face to face appointments. Dr Fines reiterated that face to face appointments in Bury have absolutely been offered throughout the pandemic, she advised that NHS England have always suggested the need to offer appointments safely, hence digital first being introduced.</p> |
| 8.10 | <p>Mr Rawlinson added from an optometry point of view that face to face appointments within optical practices have been available throughout the entire Covid period, with remote services deployed to access patients during the period of 'urgent only'. Mr Rawlinson advised that for the moment services are running as routine face to face, with all staff risk assessed, he said he would concur that there is a possible concern that there may be some localised struggles with self-isolation but for the moment there was no indication of that being an issue.</p> |

| ID | Type | The Primary Care Commissioning Committee: | Owner |
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| PCCC/09/13 | Decision | Received the report and noted the work that has taken place with regards to general practice recovery. | |
| PCCC/09/02 | Action | Update to be scheduled for PCCC in November in relation to patient feedback for askmyGP. | AL |

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| 9 | Primary Care Network DES- Additional Roles Reimbursement Scheme update |
| 9.1 | <p>Mrs Lepiorz presented the report which provided the PCCC with a background of the Additional Roles Reimbursement Scheme (ARRS), the requirements of PCNs and an overview of the PCN ARRS submissions along with recommended next steps.</p> |
| 9.2 | <p>The Primary Care Network (PCN) Contract DES went live on 1 July 2019. Under the Network Contract DES, funding was made available to PCNs through an Additional Roles Reimbursement Scheme (ARRS) to recruit up to an additional 20,000 full time equivalent (FTE) posts across five specific roles, with the intention of growing additional capacity through new roles, to help solve the workforce shortage in general practice. In February 2020 a further 6 possible roles were added to the ARRS scheme as part of a range of significant enhancements to the GP Contract Agreement 2020/21 – 2023/24 taking the recruitment target from 20,000 to 26,000 FTE posts.</p> |
| 9.3 | <p>Mrs Lepiorz advised that the scheme provides practices with a range of potential roles that they can hire as a network, the total ARRS Allocation for Bury for 2020/21 is</p> |

£1,474,124 and the PCNs have put forward an indicative total spend of £1,102,219 in 2020/21, leaving an underspend of £371,905. ARRS returns were required to be submitted to the GGC for approval prior to submission to NHS England.

9.4 Mrs Lepiorz explained that given the timings the primary care team are retrospectively requesting the PCCC to support those roles, she added since the time of writing a further two additional roles that practices can include within their submission have become available, these are Nurse Associates and Trainee Nurse Associates. The PCCC were asked to note the roles that have been indicated for recruitment by PCNs and to note the underspend and retrospectively approve the PCN decision.

9.5 Dr Schryer highlighted that the ARRS is a significant investment in general practice and as it is completed on a neighbourhood basis assists practices to bring services together across that neighbourhood. Dr Schryer noted this year as the second year of the scheme, with pharmacists recruited last year and he asked if there is any indication of the impact of this or any learning going in to year two. Mrs Lepiorz advised that the scheme has vastly grown compared to the previous year but that it is difficult to have a degree of feedback considering most pharmacists and social prescribers did not come in to post until February 2020.

9.6 Mrs Lepiorz advised that with regards to PCNs in general a PCN dashboard was expected which has been delayed, the purpose of the dashboard being to mark on various expected indicators and outcomes from the PCN. Mrs Lepiorz highlighted that PCNs have been working closely with the GP Federation and have been collaborative in their models. In terms of underspend some is due to nervousness around the ability to recruit and also PCNs would rather use their allocation on roles that add value such as Mental Health Practitioners, however at present the ARRS fund does not compensate for recruitment of these individuals and these will not be included within the scheme until April 2021.

9.7 Ms Schofield pointed out that the first submission date was 9th September and there is currently an opportunity (until Monday 28th September) for the clinical directors to revise their submission for existing roles or to add any of the nursing associate roles if they wish to do so, she noted that this may reduce some of the underspend further over the next two weeks.

9.8 Ms Henshaw advised of a national update that came to light in the last week which recognised areas of concern at the prospect of the underspend, given that recruitment activity in the first part of the year has been challenging. Ms Henshaw explained that the national team wanted to emphasise that there is not currently an underspend, the reason for that being even if a PCN hasn't been able to recruit to the extent that it wanted to for the first half of this year, the funding is still there to recruit at perhaps a faster rate. PCNs could therefore potentially over recruit towards the latter half of this year, bearing in mind that the ARRS will increase considerably in to 2021/22.

9.9 Ms Henshaw suggested it was also worth noting that PCN development funding is available which could support recruitment and retention, she also advised that in relation to the PCN dashboard as outlined earlier the latest network DES update indicates that the dashboard is likely to be available imminently.

Mr Bury summarised that there may be some further developments. Mrs Lepiorz advised that practices are fully informed as soon as any information becomes available

| 9.10 | and highlighted that Ms Schofield regularly meets with the GP Federation to ensure information is shared. | | |
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| ID | Type | The Primary Care Commissioning Committee: | Owner |
| PCCC/09/14 | Decision | Accepted the contents of the report. | |
| PCCC/09/15 | Decision | Noted the Additional Roles Reimbursement Scheme underspend. | |
| PCCC/09/16 | Decision | Noted the CCG is awaiting GM instruction that the CCG may commence the bidding process for the underspend. | |

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| 10 | Closing Matters | | |
| 10.1 | There were no closing matters for discussion. The meeting closed at 13:10. | | |

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Primary Care Commissioning Committee Action Log – 23/09/2020

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 | | <p>24/06/2020- AG to chase up action and feedback to Peter Bury.</p> <p>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.</p> <p>23/09/2020- Update shared prior to the meeting with no further discussion required. Action completed.</p> |
| 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 | | 23/09/2020- Update scheduled on the agenda for this meeting. Action completed. |
| 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 | | 23/09/2020- No progress to report, a future update is to be scheduled accordingly. |
| 23/09/2020 | PCCC/09/01 | To request the LCO to provide update around the wider medical tier recovery to aid the service review for the Elton Unit. | AL | | |
| 23/09/2020 | PCCC/09/02 | Update to be scheduled for PCCC in November in relation to patient feedback for askmyGP. | AL | | |