

<b>Meeting: Primary Care Commissioning Committee</b>			
<b>Meeting Date</b>	22 September 2021	<b>Action</b>	Approve
<b>Item No.</b>	3	<b>Confidential</b>	No
<b>Title</b>	Minutes of Primary Care Commissioning Committee (meeting in public) held on 28 <sup>th</sup> July 2021.		
<b>Presented By</b>	Mr Peter Bury, Chair		
<b>Author</b>	Lindsay Johnson, Committee Secretary		
<b>Clinical Lead</b>	-		

<b>Executive Summary</b>
The minutes are presented as an accurate reflection of the previous Primary Care Commissioning Committee Part 1 (meeting in public), reflecting the discussion, decisions agreed on 28 <sup>th</sup> July 2021. Please note that there were no actions identified at the last meeting that require follow up.
<b>Recommendations</b>
It is recommended that the Primary Care Commissioning Committee:- <ul style="list-style-type: none"> <li>Approve the minutes as an accurate record.</li> </ul>

<b>Links to CCG Strategic Objectives</b>	
<b>SO1 - To support the Borough through a robust emergency response to the Covid-19 pandemic.</b>	<input checked="" type="checkbox"/>
<b>SO2 - To deliver our role in the Bury 2030 local industrial strategy priorities and recovery.</b>	<input checked="" type="checkbox"/>
<b>SO3 - To deliver improved outcomes through a programme of transformation to establish the capabilities required to deliver the 2030 vision.</b>	<input checked="" type="checkbox"/>
<b>SO4 - To secure financial sustainability through the delivery of the agreed budget strategy.</b>	<input checked="" type="checkbox"/>
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	
GBAF	

<b>Implications</b>						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>

<b>Governance and Reporting</b>		
<b>Meeting</b>	<b>Date</b>	<b>Outcome</b>

<b>Title</b>	<b>Minutes of the Primary Care Commission Committee 28<sup>th</sup> July 2021 – Meeting in public</b>		
<b>Author</b>	Lindsay Johnson, Committee Secretary		
<b>Version</b>	V2		
<b>Target Audience</b>	Members of the Primary Care Commissioning Committee		
<b>Date Created</b>	28 <sup>th</sup> July 2021		
<b>Date of Issue</b>			
<b>To be Agreed</b>	22 <sup>nd</sup> September 2021		
<b>Document Status</b> (Draft/Final)	Draft		
<b>Description</b>	Minutes of the Primary Care Commissioning Committee 28 <sup>th</sup> July 2021		
<b>Document History:</b>			
<b>Date</b>	<b>Version</b>	<b>Author</b>	<b>Notes</b>
9/8/2021	1	Lindsay Johnson	Sent to individuals to review their sections.
16/08/2021	2	Lindsay Johnson	Amendments from LR incorporated by LJ and minor amendments incorporated from ZA.
17/08/2021	2	Lindsay Johnson	Sent to the Chair to review. No changes identified.
<b>Approved:</b>			
<b>Signature:</b>			
			..... <b>Add name of Committee Chair</b>

# Primary Care Commissioning Committee

## MINUTES OF MEETING

Primary Care Commissioning Committee – 28<sup>th</sup> July 2021, 12:30 – 13:35

Chair – Peter Bury, Lay Member

### ATTENDANCE

#### Members

##### Voting members

Mr Peter Bury, Lay Member for Quality and Performance - **Chair**

Mr Will Blandamer, Joint Executive Director of Strategic Commissioning

Mr Geoff Little, Accountable Officer

Mrs Fiona Boyd, Registered Nurse of the Governing Body

Ms Zoe Alderson, Head of Primary Care deputising for the Deputy Director of Primary Care (noted for quoracy and voting rights).

Ms Sam Evans, Joint Chief Finance Officer, Bury CCG and Bury Council

Mr David McCann, Lay Member for Patient and Public Involvement

Ms Lesley Jones, Director of Public Health, Bury Council

##### Non-voting members

Dr Cathy Fines, Clinical Director- Primary Care

Ms Gail Henshaw, NHS England Representative

#### Others in attendance

Ms Louise Rigg, Director, Elite Consulting and Training (agenda item 5 only)

Mrs Lindsay Johnson, Committee Secretary (minutes)

### MEETING NARRATIVE & OUTCOMES

#### 1 Welcome, Apologies And Quoracy

1.1 The Chair welcomed all to the meeting and apologies were noted from; Dr Jeff Schryer, Dr Mohamed Jiva, Richard Rawlinson and Ruth Passman.

1.2 The meeting was confirmed as being quorate and commenced.

#### 2 Declarations Of Interest

2.1 The Chair 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.

2.3	<b>Declarations of interest from today's meeting</b>		
	There was a declaration to note from Dr Fines on the Whitefields Paper (agenda item 5). No current conflict which would affect the agenda discussion at today's meeting, however it was to note that Dr Fines had previously been involved from a GP's perspective in reviewing past proposals a while back when based at Uplands House site.		
2.4	<b>Declarations from the previous meeting held on 26<sup>th</sup> May 2021</b>		
	There were no other declarations to record from the previous meeting which had not already been identified.		
<b>ID</b>	<b>Type</b>	<b>The Primary Care Commissioning Committee:</b>	<b>Owner</b>
D/07/01 PCCC1	Decision	Noted the published register	

<b>3</b>	<b>Minutes Of The Last Meeting And Action Log</b>		
3.1	The minutes of the Primary Care Commissioning meeting held on 26 <sup>th</sup> May 2021 were considered and agreed as a correct record:		
3.2	There were no outstanding actions for review.		
<b>ID</b>	<b>Type</b>	<b>The Primary Care Commissioning Committee:</b>	<b>Owner</b>
D/07/02 PCCC1	Decision	Approved the minutes of the meetings held on 26 <sup>th</sup> May 2021 as a true and correct record.	

<b>4</b>	<b>Public Question in relation to the agenda</b>		
4.1	There were no public questions in relation to the agenda.		
<b>ID</b>	<b>Type</b>	<b>The Primary Care Commissioning Committee:</b>	<b>Owner</b>
D/07/03 PCCC1	Decision	Noted that there had been no public questions for consideration.	

<b>5</b>	<b>Whitefield Health and Wellbeing Centre Update</b>		
5.1	The paper explained that over the past fifteen years, various abortive development attempts had been undertaken on the Uplands House site at Bury New Road.		
5.2	The background to the paper explained that Bury Council and Bury CCG have commissioned GB Partnerships Limited to undertake a feasibility study and provide an options appraisal. The study concentrated on land within the ownership of Bury Council and the NHS Property Services at Uplands Site. It also considered other Council owned assets and / or land in private ownership where that may add to the value and quality of what can be delivered.		
5.3	A paper was submitted to the Joint Executive Team in May 2021. The paper provided a detailed amount of information around planning risks and of the factors associated with this. As such it was therefore agreed to "test" through a formal Pre-application submission on whether a viable scheme could be brought forward in a way likely to be acceptable to the local planning authority and statutory consultees. The pre-application submission would also review if the development was affordable and offered value for money under the NHS approval regime.		
5.4	The paper submitted at the Primary Care Commissioning Committee (PCCC) today,		

was to provide an update of the work completed to date along with the current position, constraints and risks. PCCC were made aware that a draft Schedule of Accommodation was included with the paper along with draft site plans and an indicative financial appraisal summary for the scheme.

5.5 Ms Rigg highlighted the following key points to the Committee's attention:-

- Prospective Tenants are engaged in the proposed scheme development. This includes both GP practices and the Northern Care Alliance NHS Group.
- Section 3 of the report highlighted key risks. It was noted that within the site itself there were development constraints such as issues with mature trees and topography for example. It was advised that although this is a site of significant size, only a small proportion was developable.
- Discussions continue between NHS Property Services and Bury Council regarding the valuation and sale of the land. PCCC were made aware that discussions are productive and positive with an agreement expected shortly.
- Appendix A highlights the spatial requirements.
- West Hart Partnership have been appointed as architects for the scheme as they are familiar both with aspects of Primary Care, and design within the constraints of a conservation site, as is the case at Uplands.
- Further work has taken place on floor plans with each of the tenants, with discussions underway on how services are to be delivered. Conversations will continue with tenants with how this all fits in line with the constraints and planning permission.
- Discussions are underway with regard to the inclusion of a pharmacy on site. PCCC was informed that helpful discussions have taken place with Dr Schryer and Howard Hughes in regard to this.
- Informal discussions have taken place with Local Authority Planners to establish if what is being proposed is along the right lines before a formal planning application is made. It was noted that a pre-application submission would be made to the planning team for consideration to which a response would be expected within 21 days. Currently initial feedback from the planners indicated that it had been positively received.
- Appendix C provided a high level indicative financial appraisal. NHS Property Services have confirmed that they have no capital funding available and as such other options are being explored through Greater Manchester Health and Social Care Partnership. Ms Rigg reported that to date; these discussions have not proved fruitful. Consequently, the scheme will be delivered via a 3<sup>rd</sup> Party Developer model (3PD) and therefore, the test for the CCG (with regards to this scheme) is to demonstrate Value for Money and the rent (reimbursed through usual process) is affordable.
- Key stakeholders have been asked to sign a Memorandum of Understanding which explains way of working and how we collectively work together to drive the scheme forward and give assurance.
- Conversations with practices are also taking place around exploring the maximum efficiencies available through shared facilities.
- Aspiration is to submit a formal planning application in early 2022 if key milestones on the programme continue to be met.

5.6 The agenda item was opened up for discussion.

5.7 Mr McCann enquired about the number of parking spaces being made available and

	said that analysis may need to be carried out to ensure the car parking was adequate (with the site being proposed as multi use). Ms Rigg advised that the car parking aspect was often a contentious issue and that parking was on the programme's radar. Ms Rigg advised PCCC that practices have identified the number of parking spaces they require for staff and visitors and that there was an ambulance drop off space and disabled spaces incorporated into the plans also.
5.8	Mr McCann also raised a comment in regard to the rent payments, highlighting that they needed to be affordable. Ms Rigg advised that Ms Shannon-Jarvis was making contact with finance colleagues at the NCA and that the three tenants would each occupy 30-35% each and that those conversations are as such, progressing.
5.9	Dr Fines asked about the current position in regard to the pharmacy and she was advised that the pharmacy provision had been included in the proposals. PCCC confirmed its view that a pharmacy would add value to the scheme and should be incorporated.
5.10	Mr Blandamer expressed his thanks to Ms Rigg and said he was supportive of the approach being taken and of the Memorandum of Understanding being put in place. He said that further work would take place in developing some communication to be sent out around the proposals for residents and interested parties.
5.11	Ms Rigg left the meeting at this point.

ID	Type	The Primary Care Commissioning Committee:	Owner
D/07/04 PCCC1	Decision	Noted the content of the report, the revenue consequences, key risks and issues as outlined in the report.	
D/07/05 PCCC1	Decision	Supported the development of a formal Pre-application submission, with a view to progressing and submitting a planning application early in 2022.	

6	Garden City Medical Centre
6.1	<p>Ms Alderson gave an update on Garden City Medical Centre. The following key points were highlighted to the Committee's attention.</p> <ul style="list-style-type: none"> <li>• Contract signed and in place.</li> <li>• Permanent Practice Manager has now been appointed.</li> <li>• There were some initial IT issues experienced which have now been resolved.</li> <li>• Small backlog of work to complete, for example some patient's notes had not been summarised and some PAT Testing was outstanding. It was noted that the Primary Care Team are providing support and the practice was currently working through these.</li> <li>• There are also several leases which were not previously known about which need to be worked through with the assistance of the Finance and Primary Care Team.</li> </ul>
6.2	Ms Alderson advised that meetings continued to take place with Garden City Medical Centre with open dialogue in order to be kept informed of any issues.
6.3	Mr McCann enquired about Patient Feedback in terms of how well the merger had been received and of lessons learnt.

6.4	Ms Alderson advised that this hadn't specifically been asked for but that it could and would be, she also confirmed that this would be added to the lessons learnt log so that this becomes a routine ask as part of any future procurement exercise.		
ID	Type	The Primary Care Commissioning Committee:	Owner
D/07/06 PCCC1	Decision	Accepted the verbal update as provided.	

7	General Practice Resilience Paper		
7.1	The paper was submitted to the Primary Care Commissioning Committee advising them of the interventions taking place to ease the pressure of General Practice both locally and across Greater Manchester.		
7.2	Ms Alderson advised that the Primary Care Team would be actively focusing on a small number of practices that are facing difficulties and an increased level of specific support would be provided.		
7.3	In order to support practices, PCCC were made aware that the Primary Care Team host fortnightly webinars and continue to develop the Sharepoint site which is a central point of useful information that practices may need such as information in regard to Medicine Optimisation, Key Contacts and Vacancies etc.		
7.4	In terms of the Roles and Reimbursement Scheme, the Committee noted that there were a number of risks associated to this and of the reasons outlining why it was difficult to recruit to roles, including estates. PCCC were informed that these would need to be explored in more detail to understand where the responsibilities lie.		
7.5	Ms Alderson also shared with PCCC the work taking place with the Communications Team in getting messages out to the public around “your practice is here for you” in order to dispel beliefs that practices have not been open and that face to face appointments are available should people clinically need them.		
7.6	Ms Jones asked about any specific feedback from practices and if so what the difference those programmes were making around tackling the issues that may be causing the problems? Ms Alderson reported that practices are struggling with demand but feel supported on a one to one basis and work continues in trying to address further concerns and of offering general help. Ms Alderson said the Sharepoint site had received good feedback since going live, that it had been received well.		
7.7	The Chair made an observation on the amount of work being carried out in Primary Care and recognised their tasks in hand and all that they had achieved to date.		
ID	Type	The Primary Care Commissioning Committee:	Owner
D/07/07 PCCC1	Decision	Note the content of this paper and noted the extension range of support on offer for practice staff at a local and Greater Manchester level.	

8	GP Patient Survey Results		
8.1	The paper provided an overview of the results of the GP Patient Survey (GPPS) 2021 for Bury CCG and detailed next steps to improve these results for 2022.		

8.2	The Primary Care Commissioning Committee was informed that the Overall Experience with GP Practices had performed well and that performance in Bury had improved within 5 of the 9 areas and measures as used in the report.
8.3	Ms Alderson explained the process of how the survey works in that it is sent out to a random cohort of people. She confirmed that pre work to promote the survey is usually done through practices websites and TV Screens. Ms Alderson said that this was a national survey but that practices also collect their own feedback on how people have considered the service they've received that day etc. Ms Alderson said that the national survey had a high return rate.
8.4	The Chair commented that the report makes for good reading which was also agreed by Mr Blandamer. Mr Blandamer further expressed his thanks on the tremendous effort of work that Primary Care had made under very difficult circumstances over the past 18 months.

ID	Type	The Primary Care Commissioning Committee:	Owner
D/07/08 PCCC1	Decision	Received the report and noted the continued improvement.	

9	Bury LCS Update
9.1	The Primary Care Commissioning Committee was asked to support the implementation of a new Bury Locally Commissioned Service Contract (Bury LCS) which would be in place from 1 October 2021 until 31 March 2022. This would allow general practice time and space to deliver on national priority asks, engage with their neighbourhoods to plan the way forward into 2022 and also recover from the Covid-19 pandemic as well as moving towards normal general practice delivery.
9.2	Ms Alderson said that the Primary Care budget had not been agreed as of yet, however a proposed figure was incorporated into the report and that the paper had been submitted to different groups for their views such as LMC, General Practice, Local Care Organisation, Clinical Leads and Primary Care Networks through the Clinical Directors on the GP Federation.
9.3	Ms Alderson described to PCCC that Part A of the contract contained procedural activity whereas Part B would describe how networks and neighbourhoods will come together to agree neighbourhood agreements, This would include how communications would work, attendance at meetings, the role of the Primary Care Networks as well as how outcomes would be measured and monitored.
9.4	PCCC was also directed to the appendix in the report which detailed Frequently Asked Questions as well as the support request in terms of agreeing delegated authority to Dr Schryer and Ms Alderson for minor changes to be made.
9.5	Ms Boyd asked if there was an omission with Annual Health Checks? Ms Alderson explained that the annual health checks are carried out via a separately commissioned contract through Public Health and as such did not need to be referenced to in this contract.
9.6	Ms Evans advised PCCC that with regard to the Primary Care Funding, the CCG was not likely to receive the 2 <sup>nd</sup> year allocations until September 2021, however she stated that the value of the programme was not excessive and as such agreed to the

	continuation of the proposal as outlined.		
<b>ID</b>	<b>Type</b>	<b>The Primary Care Commissioning Committee:</b>	<b>Owner</b>
D/07/09 PCCC1	Decision	Approved the reconfiguration of the contract as per the attached framework and considered and provided the recommendations for any additional content.	
D/07/10 PCCC1	Decision	Approved the content of the contract.	
D/07/11 PCCC1	Decision	Approved the commissioning of the contract at the current financial envelope for the remainder of the financial year (£2.1M pro-rata) subject to financial budgetary approval.	
D/07/12 PCCC1	Decision	Supported the delegated authority to the Head of Primary Care and Clinical Lead for Primary Care to make any small amendments deemed necessary once funding and practice feedback was known.	

<b>10</b>	<b>Primary Care Finance Report</b>		
10.1	The report was presented to the Primary Care Commissioning Committee which outlined that for H1 the CCG received an allocation of £15.1m with an additional £0.4m for the GP COVID support fund.		
10.2	With regard to the programme services, the CCG received an allocation of £157.2m based on expenditure to February 2020 uplifted for inflation and growth and that of this primary care budgets account for £4.3m.		
10.3	In respect of Month 3, Ms Shannon-Jarvis advised that Primary Care was reporting a year to date underspend of £0.4m and forecast outturn underspend of £0.2m. The report detailed that a Co-Commissioning was forecasting an underspend of £0.2m reflecting the release of a prior year benefit following confirmation of the final 20/21 QOF achievement (Impact and Investment Fund (IIF) and prescribing outturns).		
10.4	In terms of H2, PCCC was advised that the detail of the allocation were at this stage unknown and that further update would be provided.		
<b>ID</b>	<b>Type</b>	<b>The Primary Care Commissioning Committee:</b>	<b>Owner</b>
D/07/13 PCCC1	Decision	Noted the financial framework for 21/22 and noted the Month 3 Financial Position of Breakeven.	

<b>11</b>	<b>Closing Items</b>		
11.1	None to report. Meeting closed at 13.20.		