

<b>Meeting: Primary Care Commissioning Committee</b>			
<b>Meeting Date</b>	24 November 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 22 <sup>nd</sup> September 2021.		
<b>Presented By</b>	Mr Peter Bury, Chair		
<b>Author</b>	Lindsay Johnson, Committee Secretary		
<b>Clinical Lead</b>	-		

<b>Executive Summary</b>
<p>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 22<sup>nd</sup> September 2021.</p> <p>There was one action captured at the meeting and as such an update of that action has been provided for review.</p>
<b>Recommendations</b>
<p>It is recommended that the Primary Care Commissioning Committee:-</p> <ul style="list-style-type: none"> <li>• Approve the minutes as an accurate record.</li> <li>• Note the update against the action.</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	

Implications						
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"/>

Governance and Reporting		
Meeting	Date	Outcome

<b>Title</b>	<b>Minutes of the Primary Care Commissioning Committee</b>		
<b>Author</b>	Lindsay Johnson		
<b>Version</b>	0.2		
<b>Target Audience</b>	Primary Care Commissioning Committee		
<b>Date Created</b>	22 <sup>nd</sup> September 2021		
<b>Date of Issue</b>			
<b>To be Agreed</b>	24 <sup>th</sup> November 2021		
<b>Document Status</b> (Draft/Final)	Draft		
<b>Description</b>	Primary Care Commissioning Committee meeting 22 <sup>nd</sup> September 2021		
<b>Document History:</b>			
<b>Date</b>	<b>Version</b>	<b>Author</b>	<b>Notes</b>
01/10/2021	1	Lindsay Johnson	Sent to the presenters to review their sections.
4/10/2021	2	Lindsay Johnson	Incorporated minor changes and sent to the Chair to review.
<b>Approved:</b>			
<b>Signature:</b>			
			..... <b>Add name of Committee Chair</b>

# Primary Care Commissioning Committee

## MINUTES OF MEETING

Primary Care Commissioning Committee, 22<sup>nd</sup> September 2021  
12 noon

**Chair – Mr 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  
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, CCG Chair  
Mr Mohamed Patel, LMC Representative

#### Others in attendance

Dr Kotegaonkar, Clinical Lead for agenda item 8 only  
Mr Damian Aston, Senior Commissioning Manager for agenda item 9 only  
  
Mrs Lindsay Johnson, Committee Secretary (minutes)

### MEETING NARRATIVE & OUTCOMES

<b>1</b>	<b>Welcome, Apologies And Quoracy</b>
1.1	The Chair welcomed all to the meeting and apologies were noted from Geoff Little, Fiona Boyd and Richard Rawlinson.
1.2	The Chair was informed that the meeting was not quorate with 8 members being present in total (6 voting members and 2 non-voting). The terms of reference state that 9 members should be present at the meeting in total with a minimum of 5 voting members. The Chair considered this and as such agreed that the Primary Care Commissioning Committee meeting could continue with business being discussed and taken in good faith.
<b>2</b>	<b>Declarations Of Interest</b>
2.1	The Chair reminded 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

2.3	Members 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>		
	There were no declarations made.		
2.4	<b>Declarations of Interest from the previous meeting</b>		
2.5	There were no declarations made.		
ID	Type	The Primary Care Commissioning Committee	Owner
D/09/01	Decision	Noted the declarations of interest.	

<b>3</b>	<b>Minutes Of The Last Meeting And Action Log</b>		
3.1	The minutes of the Primary Care Commissioning Committee meeting held on 28 <sup>th</sup> July 2021 were considered and agreed as a correct record. It was noted that there were no actions to update.		
ID	Type	The Primary Care Commissioning Committee	Owner
D/09/02	Decision	Approved the minutes of the meeting held on 28 <sup>th</sup> July as a true and correct record.	

<b>4</b>	<b>Public Questions in relation to the Agenda</b>		
4.1	There had been no public questions received.		
ID	Type	The Primary Care Commissioning Committee	Owner
D/09/03	Decision	Noted that there had been no public questions received.	

<b>5</b>	<b>GP Premises Update</b>
5.1	Mr Blandamer gave a verbal update to the Committee on this agenda item.
5.2	He outlined that an exercise had been carried out internally in regard to GP premises subsidy payments. The Committee was advised that this had uncovered an issue predating back to Primary Care Trust days in which some GP Practices had received subsidy payments from the CCG for facilities management costs and service charges. Mr Blandamer informed the Committee that as part of the work carried out there had also been some inequity issues identified and as such there was now a need to clarify a basis for this payment.
5.3	Mr Blandamer confirmed to the Committee that those practices affected had been contacted and that the CCG was also liaising with LMC colleagues in seeking guidance which was very much welcomed. The Committee noted that further discussions would continue to take place with those practices in order to discuss the issue in more detail and to agree an appropriate way forward.
5.4	In terms of next steps, Mr Blandamer advised that a report would be issued to the Primary Care Commissioning Committee at their next meeting for their review with options for consideration.
5.5	The agenda item was opened up for questions.
5.6	Mr McCann requested clarification on whether there were any formal agreements

	received that had been put in place previously that would bind the CCG? Mr Blandamer advised that some documentation had been received from some practices, however this did not present a full picture and that the investigations and review into any further documentation would continue.		
5.7	Mr McCann expressed that it was essential that the CCG fully understand their legal basis and obligation. He said it was important also to establish what was equitable across the GP Practices in order to resolve this issue, as this could potentially be challenging for those practices involved. In terms of expectations, Mr McCann commented that there was some urgency to get this matter resolved as soon as possible.		
5.8	The Chair agreed and said he would highlight the view of the Primary Care Commissioning Committee (in regards to this agenda item) as part of his Chair's report to Governing Body at their meeting on the afternoon of 22 <sup>nd</sup> September 2021.		
ID	Type	The Primary Care Commissioning Committee:	Owner
D/09/04	Decision	Noted the verbal update provided by Mr Blandamer	

6	HIVE and SharePoint Briefing Paper
6.1	The paper provided the Primary Care Commissioning Committee with a briefing regarding the development of the Bury Health and Care Instilling Values and Education (HIVE) programme and of the launch of the Bury Primary Care SharePoint site.
6.2	<p>Ms Lucas outlined some key points to the Committee for their information which were as follows:-</p> <ul style="list-style-type: none"> <li>• The HIVE is a collaboration between Bury GP Federation and Bury CCG and has been created to centrally manage the education programme across primary care</li> <li>• The HIVE will host the GP information and pathway webinars, re-establish the nurse forum, upskill practices to become training practices, take responsibility for the First 5's GP programme and for the recruitment and retention of GP's and Nurses across Bury utilising the GP Retention programme funds from Greater Manchester (GM).</li> <li>• The HIVE will maintain links with Health Education England (HEE), the GM Workforce group, the General Practice Nurse Collaborative, the GM Training Hub, the Heywood, Middleton and Rochdale (HMR) Academy and the GP Foundation Programme.</li> <li>• The HIVE will seek support from general practice in terms of a medical lead, a nurse lead and an administrative lead who will represent their staff group and help us to understand the training needs of the workforce by undertaking a skills analysis and being a key point of contact for their group.</li> <li>• The Bury SharePoint site is interactive, easy to navigate and is becoming a central repository for all the latest news affecting general practice. The site holds key documents, provides colleagues with upcoming events and has a dedicated education section to share all HIVE opportunities.</li> </ul>
6.3	Ms Lucas advised the Primary Care Commissioning Committee that a demonstration of the programme could be delivered if required and if so, she could be contacted directly.
6.4	The agenda item was opened up for questions.

6.5	Dr Fines confirmed to the Committee that the programme had been well received from General Practices especially in terms of how a collaborative approach had been taken. She gave thanks to Ms Lucas and the Primary Care Team for all their work involved in this.
6.6	Ms Jones welcomed the information provided and asked a question on how this could link into Public Health as well as the access of the programme for AHP's. Ms Lucas confirmed that she would pick up discussions with Ms Jones outside of the meeting (in regard to the link into Public Health) and also advised that as far as she was aware access was permitted for AHP's representatives (and wider non-clinical) as long as the individual had a NHS email to log in. Dr Fines commented also that she would like to see this being opened up wider than Primary Care as there are a whole host of other professionals that this programme would be of use to.
6.7	The Chair gave thanks to Ms Lucas for the information and commented that he felt it was a very interesting programme and as such would welcome how this continued to work in practice.

ID	Type	The Primary Care Commissioning Committee;	Owner
D/09/05	Decision	Received and noted the contents of this paper.	

7	Assurance Framework
7.1	The paper was introduced which advised the Primary Care Commissioning Committee that prior to the launch of the Primary Care Network (PCN) Contract DES in April 2019, the monitoring and assurance of General Practice performance, both contractual and non-contractual, was gained via the Primary Care Quality Visit Programme. The Committee noted that since 2019, the growth of the PCN DES had seen the requirement for a more robust assurance process to be defined.
7.2	In terms of the paper submitted to the meeting today, was to provide the Committee with an overview of the new General Practice Resilience framework and to also provide them with an update on its roll out across Bury.
7.3	Ms Alderson advised the Committee that visits will be online and that the Primary Care Team continue to work closely with the Business Intelligence Team around the data that is currently available in Tableau and what data sources needed to be added in/included for future reporting.
7.4	Ms Jones referred to the Triple Aim; Improved Population health, Quality of Care and Cost Control and how the development of system indicators around these would become a driving vehicle for Primary Care. She said she thought this was really positive in terms of population outcomes and going forward this has lots of potential/development.
7.5	Ms Jones asked a question about whether the information in Tableau would be able to present data around inequality clusters. Ms Alderson agreed to that that action back and update Ms Jones directly.

ID	Type	The Primary Care Commissioning Committee:	Owner
D/09/06	Decision	Received the report for information and noted that processes were being looked at across GM and conversations continued between Bury CCG and local CCG.	

A/09/01	Action	Agreed for Ms Alderson to update Ms Jones directly on whether Tableau would be able to produce a report on inequality clusters.	
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<b>8</b>	<b>Bury LCS Update</b>		
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8.1	The Primary Care Commissioning Committee was reminded of the paper that was submitted to their last meeting on 28 <sup>th</sup> July in which support had been received to implement a new Bury Locally Commissioned Service Contract (Bury LCS) from 1 October 2021 – 31 March 2022.		
8.2	Ms Alderson advised the Committee that practices have up to the end of the month (September 2021) to indicate any concerns/questions in relation to this. In terms of feedback received to date, Ms Alderson reported that number of comments had been received which had been discussed with the LMC and that the Primary Care Team were currently working through those in order to have a contract in place for the 1 <sup>st</sup> October 2021.		

ID	Type	The Primary Care Commissioning Committee:	Owner
D/09/07	Decision	Noted the verbal update provided by Ms Alderson and of the work in hand.	

<b>9</b>	<b>Tower Minden Completion of Merger</b>		
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9.1	The Primary Care Commissioning Committee was reminded of an outstanding action regarding the transfer of patient's records to one database as part of the merger of Tower Family Healthcare.		
9.2	Ms Alderson advised that whilst three of the four sites were able to complete this process, the fourth was not, due to the size of its database and the capability of the system provider at the time. Primary Care Commissioning Committee was informed that the Tower practices are next to transfer to EMIS as the CCGs new preferred clinical system and this transfer would now enable the outstanding action to be completed.		
9.3	Ms Alderson outlined that as part of the previously agreed process, in that as Tower Minden's database merges with the other Tower sites its P-Code will no longer exist.		
9.4	Ms Jones enquired if there would still be the ability to carry out site by site analysis if required. Ms Jones was informed that practices can do this breakdown themselves at a local level however the CCG would not be able to. Ms Alderson reported this was known and agreed at the time when the original merger took place.		

ID	Type	The Primary Care Commissioning Committee:	Owner
D/09/08	Decision	Noted the verbal update provided.	

<b>10</b>	<b>GP IT Futures: EMIS Migration Progress Update</b>		
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10.1	The report was introduced by Dr Kotegaonkar who advised that in March 2021 a paper proposing the migration of GP clinical systems foundation solution from Vision to EMIS was approved by the Bury CCG Governing Body. At the request of the Primary Care Commissioning Committee it was agreed that regular updates on project progress would be provided at their meetings and as such the report submitted today, formed the second programme update report.		
10.2	The Committee was advised that Bury CCG was now in the EMIS migration rollout and to date there has been one GP Practice migrated on the 29 <sup>th</sup> July which was Whittaker		

	Lane.
10.3	The Committee was advised that the rollout plan that had been agreed was attached as an appendix to the report. Mr Kotegaonkar reported that practices continued to be regularly contacted and informed of progress. He said that each practice has its own plan tailored to them and he directed the Committee to the key actions as documented in the paper.
10.4	Dr Kotegaonkar informed the Committee also that risk and issues identified were being resolved/mitigated as the project progresses and that learning from each migration was captured accordingly. In terms of project resources, Dr Kotegaonkar referred to John Buttle, Senior Informatics Manager and outlined that John was qualified in mergers/projects of this kind.
10.5	Mr Blandamer commented on the volume of work that had been involved in the development of this project. He said it was good to see the roll out of the programme and the progress taking place and gave thanks to the team involved in this. This was concurred by the Chair who also gave thanks on behalf of the Primary Care Commissioning Committee.
10.6	Ms Evans asked for some examples on what lessons were currently being learnt and these were recorded as follows: <ul style="list-style-type: none"> <li>• Detailed engagement with Practices.</li> <li>• 12 week lead in time has been reduced.</li> <li>• Practices are separated as part of the learning into specific roles to capture those specific comments (for example, Pharmacists and GPs as their roles are different)</li> </ul>

ID	Type	The Primary Care Commissioning Committee:	Owner
D/09/09	Decision	Received the report and noted the work of the project team since March 2021. They also gave thanks to the Project Team for their continued dedication in the implementation and delivery of this project.	

11	Palliative and End of Life Care Information System Improvement
11.1	Mr Aston was present for this agenda item and explained that the purpose of the paper was to provide the Committee with an overview and update to planned improvements to palliative and end of life care provision in Bury.
11.2	He said that the paper briefly described the background and context to the planned digital and information system improvements in relation to palliative and end of life care. The paper also described in more detail the proposals that particularly related to primary care: EARLY and EPaCCs.
11.3	Mr Aston outlined that he was asking for the Committee to note the work being carried out and for them to endorse the proposed roll out of the EPaCC system. Mr Aston explained that a request would also follow in suit of the HMR CCG proposal for a PCN to trail blaze the roll out of the EPaCC system.
11.4	Ms Alderson enquired if any PCNs had nominated themselves to take this forward and whether there was any benefit to the Practice having transferred onto EMIS before this was introduced? Mr Aston confirmed that the preferred option would be for this to be

11.5	put forward to all 4 PCN's in order to gauge interest across all 4.		
	Mr Blandamer informed the Committee that the paper had been submitted and received at a number of other Committees across the CCG and OCO and that this planned improvement did sit within a reformed pathway proposition. He said the paper was really well framed and gave thanks to the team involved.		
ID	Type	The PCC Committee:	Owner
D/09/10	Decision	Noted the plans for a new model of EoLC including for digital and information system change described in the paper.	
D/09/11	Decision	Endorsed the proposed rollout plan for EPaCCS.	

12	Closing Items		
12.1	There were no other items to report not covered elsewhere on the agenda and as such the meeting was closed at 12.40 pm.		

Reference	Action	Assigned to	Due Date	Comments	Status
A/09/01	Agreed for Ms Alderson to update Ms Jones directly on whether Tableau would be able to produce a report on inequality clusters.	ZA	24/11/2021	The Business Intelligence Team have been contacted to enable cluster presentation of data.	Completed