

Meeting: Primary Care Commissioning Committee			
Meeting Date	23 March 2022	Action	Approve
Item No.	3	Confidential	No
Title	Minutes of Primary Care Commissioning Committee (meeting in Public) held on 23 rd February 2022		
Presented By	Mr Peter Bury, Chair		
Author	Lindsay Johnson, Committee Secretary		
Clinical Lead	-		

Executive Summary
The minutes along with the action log are presented as an accurate reflection of the previous Primary Care Commissioning Committee Part 1 (meeting in public), reflecting the discussion, decisions agreed on 23 rd February 2022.
Recommendations
It is recommended that the Primary Care Commissioning Committee:- <ul style="list-style-type: none"> • Approve the minutes as an accurate record. • Note the update against the actions.

Links to CCG Strategic Objectives	
SO1 - To support the Borough through a robust emergency response to the Covid-19 pandemic.	<input checked="" type="checkbox"/>
SO2 - To deliver our role in the Bury 2030 local industrial strategy priorities and recovery.	<input checked="" type="checkbox"/>
SO3 - To deliver improved outcomes through a programme of transformation to establish the capabilities required to deliver the 2030 vision.	<input checked="" type="checkbox"/>
SO4 - To secure financial sustainability through the delivery of the agreed budget strategy.	<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

Title	Minutes of the Primary Care Commissioning Committee		
Author	Lindsay Johnson		
Version	1a		
Target Audience	Primary Care Commissioning Committee		
Date Created			
Date of Issue			
To be Agreed			
Document Status (Draft/Final)	Draft		
Description	Primary Care Commissioning Committee meeting 23 rd February 2022		
Document History:			
Date	Version	Author	Notes
28/2/2022	1	Lindsay Johnson	Draft minutes produced.
3/3/2022	1	Lindsay Johnson	Sent to report presenters to review their sections. Amendments incorporated.
16/3/2022	1a	Lindsay Johnson	Amendments incorporated
Approved:			
Signature:			
		 Add name of Committee Chair

Primary Care Commissioning Committee

MINUTES OF MEETING

Primary Care Commissioning Committee,
23rd February 2022
12 noon

Chair – Mr Peter Bury, Lay Member

ATTENDANCE

Members

Voting members

Mr Peter Bury, Lay Member for Quality and Performance – **Chair**
Mr David McCann, Lay Manager, Vice Chair
Mr Will Blandamer, Joint Executive Director of Strategic Commissioning
Mrs Zoe Alderson, Head of Primary Care
Ms Sam Evans, Executive Director of Finance
Ms Lesley Jones, Director of Public Health
Ms Fiona Boyd, Registered Nurse of the Governing Body
Mr Adrian Crook, Director – Adult Social Services and Community Commissioning

Non-voting members

Mr Richard Rawlinson, Representative from the LOC
Ms Gail Henshaw, NHS England Operational Representative
Dr Mohammed Jiva, Representative from LMC
Ms Ruth Passman Representative from Healthwatch

Others in attendance

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; Geoff Little, Cathy Fines and Rachele Schofield.
1.2	The meeting was declared 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 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.
2.3	Declarations of interest from today's meeting

2.4	There were no declarations to note.		
	Declarations of Interest from the previous meeting		
	There were no declarations made.		
ID	Type	The Primary Care Commissioning Committee	Owner
D/02/01 PCCC	Decision	Noted the declarations of interest as provided.	

3	Minutes of The Last Meeting And Action Log		
3.1	The minutes of the Primary Care Commissioning Committee meeting held 24 th November 2022 were considered and approved as a correct record.		
3.2	The action log was referred to with updates provided as below;		
3.3	A/11/03 PCCC - GP Subsidy Mr Blandamer advised that a letter had been sent out to affected practices and that more information was being gathered at a practice level. A series of meetings had been organised with more work expected to continue forward.		
3.4	It was understood that practices had held separate meetings and the outcome of those discussions was awaited. It was agreed that the action would remain on the log for updates to be provided.		
ID	Type	The Primary Care Commissioning Committee	Owner
D/02/02 PCCC	Decision	Approved the minutes from the meeting] held on 24 th November 2022	

4	Public Questions in relation to the Agenda		
4.1	There were no public questions received and no members of the public in attendance.		
ID	Type	The Primary Care Commissioning Committee	Owner
D/02/03 PCCC	Decision	Noted that no public questions had been received and no attendance from the public at the meeting.	

5a	Whitefield Health and Wellbeing Centre Update		
5.1	Mr Blandamer updated the Primary Care Commissioning Committee.		
5.2	He explained that there were three elements to update on;		
	<ol style="list-style-type: none"> 1. The CCG continued to work with the practice in resolving the complexity of the second clinical partner. 2. The Finance, Contracting and Procurement Committee and Governing Body both received an update on the procurement arrangements. An approach was agreed and as such an action remains with Ms Evans and Mr Blandamer to progress. 3. Mr Blandamer advised that he would be attending a patient participation group meeting week commencing 28th February 2022 with the chair of PPG. He confirmed that he would share the information widely once permitted. 		
5.3	Mr Blandamer stated that in terms of this scheme all the other partners remain on board with the development and that the outstanding challenges continue to be worked through for a resolution in order to develop an integrated health care centre		

5.4	<p>and provision. Mr Blandamer explained to the Committee that this remained a complex scheme with associated risks (as detailed in the risk report).</p> <p>Mr McCann said there was a need to reflect in order ensure it was commercially viable in the long term for the CCG and the successor organisation. Although he was grateful for the update, he commented that this did not fully alleviate his concerns as there remained some issues and therefore it was important to ensure these were resolved.</p>		
ID	Type	The Primary Care Commissioning Committee	Owner
D/02/04 PCCC	Decision	Noted the verbal update and of the work in hand.	

5b	Risk Report		
5.5	The risk report was introduced which confirmed that there was one (1) risk in total included on the Primary Care Committee Risk Register. The risk remained an operational risk and remained at target level.		
5.6	A summary of the risk is detailed as follows:-		
5.7	<p>OR_SB_02 Uplands Health Centre - Existing Infrastructure</p> <p>The risk was last assessed on the 08 February 2022 and although it has been at target level since May 2017, and a low-level risk (4), it will remain on the risk register for oversight only unless any major concerns are identified via the NHSPS planned rolling maintenance programme.</p>		
5.8	The Committee was advised that no maintenance issues or concerns had been identified, and therefore there was no imminent likelihood of increase to the level of risk.		
5.9	In regard to the scheme development, it was advised that the CCG was working closely with the Uplands Medical Practice to address the issues that could make the scheme untenable by resolving the dispute and encouraging the Practice to consider recruiting new clinical partners as development of the scheme does requires at least two clinical partners per practice.		
5.10	A report outlining the proposals to resolve the outstanding procurement issues was considered by the Finance, Contracting and Procurement Committee and subsequently the Governing Body in January 2022.		
5.11	In accordance with the previous agreement, this risk was to be reviewed annually however in light of the issues surrounding the development, this risk has been scheduled for a further review in April 2022.		
5.12	Mr Blandamer advised that a consolidated position would be provided to the Committee.		
ID	Type	The Primary Care Commissioning Committee	Owner
D/02/05 PCCC	Decision	Receive and note the risk report.	
D/02/06 PCCC	Decision	Note the risks on the register and note that this risk is next due for a review in April 2022.	
D/02/07 PCCC	Decision	Note the summary position and that the risk on the PCCC register is reported onto the corporate risk register.	

6		CQC Uplands Report											
6.1	Mrs Alderson introduced the report and advised the Committee that all providers who provide health care or adult social care services that are regulated activities under the Health and Social Care Act 2008, must be registered with the Care Quality Commission (CQC) who are an independent regulatory body												
6.2	The CQCs role is to ensure that providers provide people with safe, effective, compassionate, high-quality care whilst providing insight as to ways in which care services can be improved.												
6.3	The paper provided at the meeting today advised the Committee of the latest inspection rating for The Uplands Medical Practice. The Primary Care Commissioning Committee was informed that the Primary Care Team continued to work with the practice through its Primary Care Quality Visit (PCQV) Programme in order to improve the service and care provided as quickly as possible.												
6.4	<p>A brief outline was provided to the Committee which informed them that the Uplands Medical Practice received a full and comprehensive announced inspection by CQC on the 1st September 2021 including a site visit. The practice was given an overall rating of 'requires improvement' with the following key areas rated as shown below:</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid #ccc;">Safe</td> <td style="width: 50%; border-bottom: 1px solid #ccc;">Requires improvement ●</td> </tr> <tr> <td style="border-bottom: 1px solid #ccc;">Effective</td> <td style="border-bottom: 1px solid #ccc;">Requires improvement ●</td> </tr> <tr> <td style="border-bottom: 1px solid #ccc;">Caring</td> <td style="border-bottom: 1px solid #ccc;">Requires improvement ●</td> </tr> <tr> <td style="border-bottom: 1px solid #ccc;">Responsive</td> <td style="border-bottom: 1px solid #ccc;">Requires improvement ●</td> </tr> <tr> <td style="border-bottom: 1px solid #ccc;">Well-led</td> <td style="border-bottom: 1px solid #ccc;">Inadequate ●</td> </tr> </table>			Safe	Requires improvement ●	Effective	Requires improvement ●	Caring	Requires improvement ●	Responsive	Requires improvement ●	Well-led	Inadequate ●
Safe	Requires improvement ●												
Effective	Requires improvement ●												
Caring	Requires improvement ●												
Responsive	Requires improvement ●												
Well-led	Inadequate ●												
6.5	A requirement notice was later issued for breaches of regulations 12 (safe care and treatment). A warning notice was also issued for a breach of regulation 17 (1) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 (good governance). Mrs Alderson advised that the CCG subsequently also issued breach notices in line Clause 8 (Essential Services) and Clause 24 (Complaint's procedure) of the General Medical Services agreement.												
6.6	Mrs Alderson advised that the Practice has since provided assurances that several changes have been implemented, along with a robust improvement plan for areas which have yet to be addressed, this will continue to be monitored via the Primary Care Quality Visit process as well as CQC themselves. Further updates would be provided to the Committee if required.												
ID	Type	The Primary Care Commissioning Committee	Owner										
D/02/08 PCCC	Decision	Noted the content of the paper.											
7		Winter Access Fund October 2021 – March 2022											
7.1	The report submitted provided an update on the Winter Access Fund following the last Primary Care Commissioning Committee meeting held in November 2021.												

- 7.2 The purpose of the report was to update the Committee on development and progress.
- 7.3 It was advised that the Winter Access Fund contained several deliverables against which CCG's could create corresponding programmes of work. Bury CCG, the GP Federation (and the Local Medical Committee) worked together to determine that the most productive mode of delivery to evidence an increase in access and staff whole time equivalents (WTE), was through our existing Extended Working Hours (EWH) service and practices themselves.
- 7.4 It was advised that several assumptions were then made and funding requests mapped accordingly to the relevant deliverables as listed in the table provided in the report.
- 7.5 Mrs Alderson highlighted that due to the requirement for practices to redeploy staff to rapidly deliver the vaccination campaign several practice plans had not started within the original timeframe. She said that of the claims that have been received further evidence was required to demonstrate the increase in face-to-face activity that this had generated. Mrs Alderson also noted that several claims were also yet to be received.
- 7.6 Table 1 outlined the indicative funding allocations;

Winter Access Deliverables	Total Investment
a. Funding additional sessions from existing staff	£208, 024
b. Locum banks/digital booking	£258, 024
c. Expanding extended hours capacity	£228, 024
d. Funding additional administrative staff	£104, 102
e. Employing other physicians in surgeries	£0
f. Increasing the resilience of the urgent care system	£78, 301
g. Using / developing primary care hubs	£0
h. Other actions to support the creation of additional appointments	£0
i. Other actions to support improvements to patient experience of access	£0
	£876, 385

- 7.7 Mrs Alderson concluded to the Committee that despite these setbacks she was hopeful General Practice would meet the additionality close to the level envisaged. The Committee will be provided with an account of the scheme overall at a future meeting.

ID	Type	The Primary Care Commissioning Committee	Owner
D/02/09 PCCC	Decision	Noted the content of the paper and progress to date.	

8	Vaccination as a Condition of Deployment
8.1	A verbal update was provided on this due to the government pausing legislation which required all Health and Social Care Staff to be double vaccinated as a condition of deployment.

8.2	Despite this pause Mrs Alderson was pleased to inform the Primary Care Commissioning Committee that across Bury Practices there were less than 3% of staff (both clinical and non-clinical) that had been identified as not being double vaccinated.		
8.3	She went on to outline that that practices would need to continue to consider an individual's vaccination status accordingly and carry out their own risk assessments as required. Mrs Alderson confirmed that further information was awaited following consultation.		
ID	Type	The Primary Care Commissioning Committee	Owner
D/02/10 PCCC	Decision	Noted the verbal update provided.	

9	Estates - change of use		
9.1	The paper submitted was to seek the Primary Care Commissioning Committee's approval for Radcliffe Primary Care Centre to fund the replacing of flooring from carpet to vinyl to be able to use the room as clinical space. The Primary Care Commissioning Committee noted that this would be at a non-recurrent cost of £1,682.68.		
9.2	The Primary Care Commissioning Committee was asked to note that the practice is considering applying for a boundary change due to its rapidly increasing patient list, though this was unlikely to affect residents of Bury.		
9.3	The Primary Care Commissioning Committee was made aware that there would be no revenue consequence to this decision as the space concerned was already within the Practice's demise, however a condition of this support would be the immediate annual recurrent reduction of £1,682.68k from the practice's existing subsidy. This immediate reduction would not negate the need to work with the practice to agree a full removal of the remaining subsidy.		
ID	Type	The Primary Care Commissioning Committee	Owner
D/02/11 PCCC	Decision	Supported recommendation to replace carpet flooring in room 1049 at Radcliffe Medical Practice at a cost of £1,682.68 to enable greater face to face clinical access.	
D/02/12 PCCC	Decision	Supported the recommendation to adjust the practices existing annual subsidy to the same amount with immediate effect.	

10	Primary Care Network Changes		
10.1	The report submitted reminded the Committee that the Primary Care Networks (PCNs) are the result of the Network Contract Directed Enhanced Service (DES) that came into force on the 1 July 2019. A DES is a component of the nationally defined Primary Medical Services contractual framework (general practice services) and must be offered to all practices. The DES was originally developed primarily to provide resilience to general practice, but future iterations continue to mirror aspects of the current Locality Plan and the developing work within our neighbourhoods.		
10.2	NHS Bury CCG's Primary Care Commissioning Committee considered and supported the creation of four PCNs on the 22 May 2019.		

- Prestwich
- Whitefield and Unsworth District
- Bury
- Horizon

10.3 On the 14th January 2022 the Clinical Director for a Bury PCN made the CCG aware that they had resigned from their role due to irreconcilable differences and that their Practice would be leaving the PCN with immediate effect. As a result of this, discussions had since taken place with remaining PCNs and an approach was taken for them join Horizon which was considered and agreed at a virtual board meeting 27th January 2022 (an extract of the meeting minutes was attached with the paper).

10.4 Both the Practice and PCNs in question agreed with the principle and as a result the Primary Care Commissioning Committee was presented with the following changes:

- Removal of Peel GP Practice from Bury PCN and one associated care home alignment.
- Change in Clinical Director from Dr R Hubber to Dr F Butt on a temporary basis.
- Addition of Peel GP Practice to Horizon PCN and one associated care home.
- Impending change in payee/support function for Bury PCN from The GP Federation to BARDOC (awaiting details)

10.5 The Primary Care Commissioning Committee was advised that the changes did not alter the neighbourhood or geographical coverage of the two PCNs however registered list populations would change as follows:

PCN	Original Core Network		New Core Network	
	No. of Practices	List Size as at 01/01/21	No. of Practices	List Size as at Q4
Bury PCN	11	69,013	10	59,153
Horizon PCN	4	69,221	5	80,149

10.6 The Primary Care Commissioning Committee was asked to note the potential of destabilising the borough and/or neighbourhood delivery of future services and ARRS roles if not handled sensitively.

10.7 The agenda item was opened up for comments.

10.8 Dr Jiva confirmed that a PCN conference had been organised that would have PCN's in attendance from across a number of boroughs showcasing pathways. He explained that a message was being issued through the GP Board and that it would be good opportunity for Mrs Alderson to liaise with the Clinical Directors/representatives from Bury CCG in order for them to attend.

10.9 Mr McCann enquired if there were any other indications or underlying issues with other practices that were known or whether this appeared to be an isolated issue? Mrs Alderson advised that the Primary Care Team had not received formal notification from any other practices, however the team would remain alerted to and would be proactive in managing any issues coming through.

10.10	Ms Jones referred to the equalities work and implications surrounding this and the ways of working. She agreed to have a discussion offline with Mrs Alderson in order to identify any potential issues (following the PCN change as outlined).
10.11	Mr Blandamer mentioned to the Committee that this was a complex landscape with some tensions experienced across a PCN community. He stated that through the Integrated Delivery Collaborative Board there is a focus on creating neighbourhood team working in order to be as effective as possible. This neighbourhood team working would be connected to a range of other public services too such as GMP, DWP, Housing Colleagues and Children/Adult services. In terms of the footprint, he advised that it should not have an impact on how the services are organised and should be more to do with on how PCNs use their strengths to create that integrated joined up service across the communities.
10.12	The Chair asked (following the PCN change) if there was likely to be any issues from GM in regard to this? Mrs Alderson confirmed that the make-up had not changed geographically, however evidence around whether non-contiguous networks and neighbourhoods produce better, worse or the same outcomes as contiguous ones would ultimately be the proof as to whether they are an issue and therefore a piece of work at some stage would be needed to analyse this.
10.13	Ms Evans asked a question around the size of the PCN population and if this remained viable? Mrs Alderson confirmed that the size of the PCN remained feasible given the registered lists of those remaining.
10.14	Dr Jiva commented that consideration around logistics would need to be taken in to account when looking at neighbourhoods and other services as to which team would support those services (for example, district nurses working across different patches). Mr Blandamer explained that the overall principle would be around having that joined up and integrated working approach for the benefit of the patients in Bury.
10.15	It was suggested that it may be helpful for one network member to join another neighbourhood team board (for example). It was agreed that this approach would be considered.

ID	Type	The Primary Care Commissioning Committee	Owner
D/02/13 PCCC	Decision	Noted the contents of the paper and supported the core network change for Bury PCN.	
D/02/14 PCCC	Decision	Supported the Core Network Change for Horizon PCN.	

11	Primary Care Terms of Reference	
11.1	An amended set of Terms of Reference was submitted to the Committee. It was advised that as part of the continued development, it was agreed that the ToR for the Primary Care Commissioning Committee be reviewed and submitted to the Committee on an annual basis.	
11.2	A recent review had been carried out and as such slight amendments had been made to the ToR. For example, some changes were required in terms of specific job titles (Joint Chief Finance Officer is now Joint Executive Director of Finance) etc. This exercise had been carried out and the Tour was attached with changes identified as track changes in the document.	

11.3	It is appreciated that although a close down of Bury CCG is being worked through (due to the transition into the Greater Manchester Integrated Care System), we are still however, required to ensure that the ToR remain up to date prior to the transition into the ICS.		
11.4	It was confirmed to the Committee that there were no specific changes required in respect of the Duties and Responsibilities of the Committee itself.		
ID	Type	The Primary Care Commissioning Committee	Owner
D/02/15 PCCC	Decision	Reviewed and approved the updated Terms of Reference as presented.	

12	GP Online/Clinical Triage paper		
12.1	The paper was received for the Committee's information. The paper gave an outline of what digital solution would be available for patients across Bury. It was advised that Askmygp was put in place in relation to Covid-19 and that this was now about what support is in place as a bridging arrangement prior to what the ICS implement.		
12.2	The report had been submitted to the Finance, Contracting and Procurement Committee at their meeting on 17 th February and the report was also due to be issued to the Strategic Commissioning Board at their meeting on 7 th March 2022 for approval. The approval was to re institute askmygp online triage system for a period of 8 months prior to a system being implemented by the ICS.		
12.3	A question was asked if Bury GPs have worked out how they will scale down the service as we come down to end contract to deliver March on Covid Vaccines? It was advised that the understanding was that video consultations will continue beyond March and how that was to be implemented across Bury was still to be agreed.		
ID	Type	The Primary Care Commissioning Committee	Owner
D/02/16 PCCC	Decision	Received the report for their information.	

13	Any other Business		
13.1	There was no other business to report and the Chair closed the meeting at 12.40		

Reference	Action	Assigned to	Due Date	Comments	Status
A/11/02 PCCC	Agreed for the Risk Report for Whitefield/Uplands to be issued to the January PCCC meeting.	WB	Jan-22	This will be listed on the agenda as a standing item and the report will be submitted as and when required. The next report will be due in May 2022.	Completed
A/11/03 PCCC	Requested that the GP Premises Subsidy be issued to each PCCC meeting.	WB/CP	Jan-22	This will be listed on the agenda as a standing item.	Completed