

AGENDA
PRIMARY CARE COMMISSIONING COMMITTEE – VIRTUAL MEETING



The meeting will be held via MS Teams Meeting and a diary invite will have been sent to you prior to the meeting

Date: 11th March 2021
Time: 12.00pm to 12.40pm

Item No.	Time	Duration	Subject	Paper/Verbal for Approval, Discussion or information	By Whom
1.	12.00pm		Apologies for Absence.	Verbal	All
2.	12.00pm		Declarations of Interest.	Verbal	All
3.	12.00pm	5 mins	Minutes from the meeting held on 17 th November 2020.	Papers – for approval	Alan Stephenson
4.	12.05pm	25 mins	Bolton Quality Contract 2021/22.	Verbal – for approval	Stephen Liversedge
5.	12.30pm	5 mins	Any Other Business.	Verbal	All
6.	12.35pm	5 mins	Chair reflection on significant decisions/actions/risks that may need reporting to the Board through these minutes.	Verbal	All
7.	12.40pm		Time & Date of Next Meeting - to take place from 12 noon on:- <ul style="list-style-type: none"> • 8th April • 8th June • 12th August • 14th October • 9th December 	Verbal	All

MINUTES

Primary Care Commissioning Committee – Extra-Ordinary Virtual Meeting

Date: 17th November 2020

Time: 12.00pm

Present:

Alan Stephenson	CCG Lay Member (Committee Chair)
Su Long	CCG Chief Officer
Kelly Knowles	CCG Acting Chief Finance Officer
Stephen Liversedge	CCG Clinical Director, Primary Care & Health Improvement
Lynda Helsby	CCG Associate Director Primary Care & Health Improvement
Kathryn Oddi	CCG Head of Primary Care Contracting
Andy Morgan	Bolton Council Elected Member
Susan Baines	Bolton Council Elected Member
Steven Whittaker	Local GP representative
Stacey Walsh	Local Practice Manager representative
Kerry Porter	GM H&SCP Primary Care Team representative
Melissa Maguinness	CCG Director of Strategic Commissioning/Deputy Chief Officer
Jim Fawcett	Health Watch representative

Minutes by:

Joanne Taylor	Board Secretary
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Minute No.	Topic
61/20	<p><u>Apologies for Absence</u> Apologies for absence were received from:-</p> <ul style="list-style-type: none"> Bolton Council public health representative.
62/20	<p><u>Declarations of Interest</u> Stephen Liversedge, Steven Whittaker and Stacey Walsh declared an interest in all the items on the agenda relating to primary care, due to potential financial conflicts of interest.</p> <p>The Chair agreed that for each item, views would be taken on the potential conflicts of interest to confirm if these members could take part in any voting or decisions taken.</p> <p>The Chair reminded members of their obligation to declare any interest they may have on any issues arising at meetings which might conflict with the business of the committee. It was noted that declarations declared by members of the committee are listed in the CCG's Register of Interest. The Register is available either via the CCG Board Secretary or the CCG's website at the following link: http://www.boltonccg.nhs.uk/about-us/declarations-of-interest</p>

Review of the 2020/21 Bolton Quality Contract (BQC)

Stephen Liversedge, Steven Whittaker and Stacey Walsh declared an interest in this item. The Chair agreed that they could participate in discussions in order to inform the Committee further but could not participate in the voting.

The Committee received a report produced by Stephen Liversedge outlining the proposals for remodelling the BQC from December 2020 to March 2021 due to the second wave of the Covid pandemic.

The report outlined the recent agreement to commence a six month programme of work from October 2020 to support primary care to progress to a more conventional way of working by April 2021 if possible. However, in light of the second wave of Covid 19, the workload in primary care has increased significantly with non-Covid as well as Covid presentations, unlike the first wave, and therefore a further remodelling of the six month re-set is required.

The report outlined the reasons for the re-modelling, taking into account the feedback received from practices following the consultation undertaken after the first wave of the pandemic.

The proposal is to concentrate on an efficient 'reactive' service until April 2021. Clinicians will be able to undertake some proactive work with their risk stratified patients, to enable them to target their most clinically vulnerable. A penalty of 5% penalty for non-attendance of at least 5 of the 6 virtual clinical leads meetings should remain. The proposals also includes that the total resource allocated to member practices for the 12 month BQC for 2020-2021 will be available for the re-modelled work programme.

Members reviewed the current standards, KPIs and contract principles and discussed the proposals presented. It was noted that there would be no change to the Access and Prescribing standards and KPIs as these would continue to be assessed, where the other standards would be monitored.

Members discussed the proposals presented and comments were received from members on the current difficulties facing primary care services, due to the second wave of the pandemic and the pressures facing practices now that primary care is more accessible for consultations, which is having an effect on practice's ability to achieve the KPIs within the BQC.

From a financial perspective, it was noted that the CCG has planned on the basis of 100% funding being available for the BQC this year. Members also requested and received assurance that utilising the Health Improvement Practitioners to support practices further in this second wave was achievable.

Members also discussed the Access standard and questioned how the CCG would monitor that practices are delivering the expected "on the day" responses. It was acknowledged that continued monitoring with practices and reminders that practitioners should be confident when doing video or phone consultations that this is still a safe pathway for the patient. Where there are any doubts, patients should be asked to attend for a face to face consultation.

Members agreed that the proposals presented were a clear and factual account of the current situation and that these are unprecedented times which require reconsideration of challenges facing primary care and the need to work differently. The need to temporarily abandon the norm to address these urgent priorities is required. Members agreed the proposals were logical and that monitoring and the role of Health Improvement Practitioners is critical to cover this period.

	<p>Further discussions on the financial proposals were held to ensure practices were not being disadvantaged. It was agreed that practices should be expected to support the Covid vaccination programme as part of the current BQC payments.</p> <p>Members were also informed of the resilience plans in place for any practices who are struggling to provide primary care services and how this is monitored by the CCG on a regular basis to ensure any early warning signs are acted on to provide the necessary support.</p> <p>A request was made to Kerry Porter to propose that NHS England consider similar options with regard to the QoF protected points work. It was agreed that this could be discussed at the next Delegated Management Oversight Group meeting.</p> <p>The Committee approved the proposals for remodelling the BQC from December 2020 to March 2021 due to the second wave of the Covid pandemic, including the expectation of practices to deliver the Covid vaccination programme as part of the BQC payments.</p>
64/20	<p><u>Any Other Business</u> There was no further business discussed.</p>
65/20	<p><u>Chair reflection on significant decisions/actions/risks that may need reporting to the Board through these minutes</u> The main points highlighted were:-</p> <ul style="list-style-type: none"> • Approval of the remodelling of the BQC from December 2020 to March 2021.
66/20	<p><u>Time and Date of Next Meeting</u> It was agreed that the next meeting would be held on Thursday 10th December 2020 at 12 noon.</p>