NHS
Tameside and Glossop
Clinical Commissioning Group

GOVERNING BODY MEETING

Title of Subject:	Ratified Minutes of the Primary Care Committee – SEPTEMBER, OCTOBER, NOVEMBER **(Part A)**
Date of paper:	2 December 2020
Prepared By:	Shelley Taylor
History of paper:	Primary Care Committee – 2 September 2020 – ratified at 7 October 2020 meeting 7 October 2020 – ratified at 4 November 2020 meeting 4 November 2020 – ratified at 2 December 2020 meeting
Executive Summary:	To inform Governing Body members of the discussions held at the Primary Care Committee, Part A, meeting.
Recommendations required of the Governing Body (for Discussion and Decision)	To note the contents of the ratified minutes
QIPP principles addressed by proposal:	All
Has this been reviewed in line with the Governing Body Assurance Framework	Yes
Direct questions to:	Carol Prowse

PRIMARY CARE COMMITTEE
PART A – MINUTES

Wednesday 2 September 2020
held via Microsoft Teams

Members:	Carol Prowse (Chair)	CCG Lay Member for Commissioning
	Asad Ali	GP and CCG Governing Body Co-Chair
	David Swift	CCG Lay Member for Audit and Governance
	Jessica Williams	CCG Director of Commissioning
	Kate Hebden	GP and CCG GB Member for Primary Care
	Tracey Simpson	CCG Deputy Chief Finance Officer
Attendees: (non-voting)	Alan Dow	GP and LMC Secretary
	Angela Osei	GM Health and Social Care Partnership
	Ashwin Ramachandra	GP and CCG Governing Body Co-Chair
	Elaine Richardson	CCG Strategic Lead for Ageing Well and Urgent Care
	Liz Sabel	CCG Finance Manager
	Lyndsey Whitwam	CCG Primary Care Commissioning Manager
	Martin Ashton	CCG Associate Director of Commissioning – Living Well
	Peter Denton	Healthwatch Tameside, Manager
	Ram Jha	GP and Ashton PCN Clinical Director
	Catherine Cane	CCG Executive Support (minutes)
Apologies:		
	Christopher Martin	CCG Primary Care Development and Quality Manager
	Gill Gibson	CCG Director of Quality and Safeguarding
	Karen Huntley	CCG Lay Member for Patient and Public Involvement
	Tori O'Hare	CCG Head of Primary Care

1. **Welcome and Introductions**

The Chair welcomed the group to the meeting, held via MS Teams.
Apologies were given as above and the Chair noted that the meeting was quorate.

2. **Declarations of Interest**

The Chair **noted** the following declarations of interest made over and above those already formally notified to the CCG.

Name	**Position Held**	**Declared Interest**		
		Type of Interest	**Nature of the Interest**	**Action to Mitigate Risk**
All GPs present	See above	Direct Financial Professional	Item 4 – Blood Test Backlog Reduction Service Item 6 – Covid-19 Funding – NHS England Letter Item 7 – Care Home Premium/Enhanced Health in Care Home Funding	Chair accepted the declarations and agreed to continue with discussions.

			Item 8 – Primary Care Network Additional Roles Reimbursement Scheme 2020/21 Local Intentions	

3. **Minutes of the previous meeting/Matters Arising/Action Log**

The minutes of the meeting held on 5 August 2020 were approved as a correct record.

All outstanding matters arising, as highlighted in the action log, were discussed and the log updated accordingly.

4. **Blood Test Backlog Reduction Service**

Committee received a proposal to offer Primary Care Networks the equivalent of three months funding to provide additional capacity to reduce the backlog of carrying out blood tests across their network and to capture activity data to inform decisions on the need for additional resources to manage requests from secondary care.

All Tameside and Glossop practices to carry out blood tests to support their primary care diagnosis and management of patients. In addition 36 practices had signed up to the Locally Commissioned Services (LCS) to carry out blood tests requested by Secondary Care.

The suspension of some proactive and preventative care services in General Practice during the peak period of COVID resulted in a backlog of these tests and this along with a suspected increase in requests from secondary care, perhaps linked to a changed model in delivery of outpatients, would continue to increase the number of people waiting or result in the need for additional capacity.

Funding was proposed in line with the existing LCS funding of £1.10 x weighted list size (WLS) per year. A recommendation was set at £0.30 per WLS for the three month service to include the coded information returns and confirmation that the current LCS is operating.

CP enquired about the accessibility of obtaining blood tests and it was noted that all practices would be mandated to undertake routine tests to reduce their backlog.

AD mentioned that this was a large national issue and a change in out-patient based care was imminent. He wondered if the service could be provided over a longer period if the demand was there.

AA wondered if colleagues could review the Trafford Phlebotomy model to ascertain what the spend was in that locality. It was noted that in the absence of data this would prove difficult to assess, although colleagues were continuing with discussions and reviews of the models used in different localities.

TS asked that as practices had already been paid for this service, which had ceased during the pandemic, why they were now requesting the extra funding plus a premium. It was noted that the Phlebotomists, although not blood testing, continued to carry out other services and therefore continued to be funded.

Committee **agreed** the proposal, in the short term, to offer PCNs funding for additional blood testing capacity to reduce the backlog and capture activity to inform future commissioning. TS requested that a caveat be included in the proposal, which depended on funding, that after the three month period had ceased and appropriate data had been evaluated a further proposal be brought back to Committee to consider the continuation of the service if necessary.

5. **Developments in Urgent Care**

Committee was led through a presentation on the UEC by Appointment project which would ensure residents could access the right care, at the right time and in the right place. When calling 111, they would initially be assessed and then signposted to the right place at the right time.

It was noted that the project was already part of the GM UEC programme and would be a continuation of the current GM Clinical Assessment Service (CAS) and would be classed as a 'call before you go' service. It was further noted that a set of GM CAS Standards had been produced. Tameside and Glossop had been assigned to take part within phase 3 of the implementation programme and had a go live date set for week commencing 27 October 2020.

AD mentioned that there had been various pilots undertaken in other localities that had taken the ruthless view that you could not just turn up at A&E and if did were turned away and requested to ring first. He was also concerned at the timescale of turnaround that primary care was requested to abide by when a resident had been signposted to them from 111. He further mentioned that if we were to re-direct residents to the right place there needed to be appropriate funding in place. ER clarified that the NHS pathways had been audited and developed by clinicians; a model was being built which had flexibility within it that would hopefully overcome those challenges.

PD mentioned that there were challenges with access across T&G and the Healthwatch Team were coming across residents who did not have suitable access to services (without smart phones to access the internet, use of a car etc) and requested colleagues be aware of those issues. ER mentioned that a Digital Strategy was being worked up and would take into account the varying challenges.

Committee **noted** the presentation.

6. **Covid-19 Funding - NHS England Letter**

Committee had previously received papers that had detailed the finance aspects and impact of NHSE letters and guidance as part of the Covid-19 pandemic response. The timing of the NHSE letter, dated 4 August 2020, detailing general practice funding came significantly later than decisions that had to be made locally. Committee, therefore, received a further paper which set out the detail, alignment or variation to the local decision and a number of considerations.

At its May meeting Committee approved the local Covid claims process and decisions made but was now requested to consider whether to extend the deadline. If the CCG wanted to extend the deadline it should be under guidance.

Action: AO to double check status on GM guidance.

KHe raised concerns that it was fundamentally wrong to claw back funding already given to practices. TS clarified that the CCG had to honour commitments to Q2 but could not treat primary care different to other providers, it could not renege and be at a financial loss.

LS mentioned that practice income had been assured in 2020/21 based on 2019/20 funding, a further letter, dated 19 July, assured income protection for Q1 only but did not mentioned Learning Disabilities healthchecks. Committee was asked to consider whether the CCG

should stand by the decision made in April to support for a full financial year or only support for Q1 or for Q1 and Q2.

TS commented that she could not see the CCG supporting for full financial year; there needed to be some tapering off as it did not have the funding. It was confirmed that this issue was seen across GM, and other localities were doing a phased phasing out in a managed structured taper way. TS could not recommend to continue and requested Committee be pragmatic and take a structured approach with a caveat that without knowing what the allocation would be for the rest of 2020/21 it could be revisited once known.

JW also requested the Committee to be pragmatic and not put the CCG at risk. Need all to maintain substantial control. It was felt that it was very inequitable that secondary care providers were able to spend until end of September and that primary care should be treated the same and provided with more support.

LS highlighted the last section of the paper which was to provide funding to deliver extra support for care homes up to 30 September 2020. Finance colleagues were unsure as to know how much this was going to be but could confirm it would be paid net. Committee was also asked to consider if a PCN needed support that partnership fund payments could be paid but once the national element was known monies could potentially be clawed back. TS confirmed that this was a pragmatic approach to take.

Committee therefore

1. **supported** the maintenance of the local Covid claims process and decisions made;
2. **agreed** to support a local extension, up to 30 September 2020, to the Covid claims process in line with the financial arrangements set out in the NHS England Third Phase of NHS response letter;
3. **agreed** the financial support decision made through the April and May meetings, up to 30 September 2020, for the activity based DES /LCS elements and to re-visit if further guidance was issued;
4. **agreed** the care home funding, up to 30 September 2020, approved under the Partnership LCS bundle should be made net of the Care Home additional support funding indicated in the 4 August letter, noting the value was to be confirmed, including agreeing the advance payment, with retrospective recovery be permitted if required by PCNs.

7. **Care Home Premium/Enhanced Health in Care Home Funding**

Committee was provided with a written report on the Enhanced Health in Care Home Funding. It was noted that the Primary Care Network (PCN) Contract DES introduces from 2020/21 Network Specifications for PCN delivery. In 2020/21 this would bring in three specifications, one of which is the Enhanced Health in Care Homes Network specification.

This specification set out the provision to be in place across the locality, reflecting the delivery by a range of partners, for care home patients ensuring continuity of care. These patients remain registered with general practice and therefore all the existing funding for those patients remained. A Care Home Premium payment of £120 per year, per care home bed, would also be introduced from 1 October 2020; in line with the start date of the Network specification. Practices would receive £60 per bed from October 20 to March 21 (funded for 6 months in this financial year).

AA mentioned that some PCNs had already agreed a care home funding model, so subject to evaluation of their model, were they asking that the service would continue or how would this affect that? LW confirmed that the national specification required PCNs to undertake this service and the CCG would be happy to support them.

ER mentioned that some services were almost impossible to measure through hard outcomes, some parts could be measured but the service needed to be looked at as a whole. CCG colleagues were requested to seek clarification from Dr Jane Harvey, PCN Clinical Director Lead for this service, to clarify the collective response and ask from all PCN leads. LW believed that the PCN Leads had requested additional funding on top of the £120 but would seek clarification.

Committee **noted** the report and requested for an update be provided at the next meeting.

8. **Primary Care Network Additional Roles Reimbursement Scheme 2020/21 Local Intentions**

Committee received a further update on the Additional Roles Reimbursement Scheme which formed part of the Primary Care Network DES and provided financial support to Primary Care Networks (PCNs). The initial reimbursable roles included within the scheme were clinical pharmacists, social prescribing link workers, physician associates, first contact physiotherapists and first contact community paramedics. From April 2020 the list had been added to include pharmacy technicians, care co-ordinators, health coaches, dietitians, podiatrists and occupational therapists.

Committee **approved** the Wave 3 applications, against the Additional Roles Reimbursement Scheme, for Ashton, Glossop, Denton and Stalybridge PCN's.

9. **General Practice Patient Survey**

It was noted that the GP Patient Survey takes place every year. Committee, therefore, received a written report which discussed the 2020 survey, including a heat map benchmarking practices against each other.

The findings would be shared with practices during a workshop at a future Practice Managers' Forum to share best practice and utilising more immediate forms of patient feedback such as individual practice patient satisfaction surveys and the Friends and Family Test to evaluate interventions when implemented.

MA raised concerns that there needed to be more proactive forums to share the findings with wider groups. AD agreed that practices should be routinely asking and learning from those achieving higher positive results, although he was concerned that there was insufficient time and costs to do this.

Committee was requested to reflect and accept that the results of the next survey would be even worse; as could potentially be seen across the country, and be prepared to improve on access.

PD mentioned that he would be happy to liaise with CCG colleagues to ascertain what could be done going forwards and how data collected by Healthwatch could help.

Committee **noted** the report, and specifically noted the work programme to be overseen by the Primary Care Delivery and Improvement Group.

10. **Finance Report**

Committee received, for information, the financial position for July 2020, Month 4 (M4) of 2020/21 for the Primary Care, Delegated Commissioning and CCG allocation.

The CCG financial position reported was based on the 2020/21 financial plans approved through governance. With the outbreak of Covid-19-19 in March, emergency planning procedures were instigated by NHS England and Improvement (NHSE&I) and it was declared that the NHS would operate within a national command and control framework. As such NHSE assumed responsibility for elements of commissioning and procurement and CCGs were advised to assume a break-even financial position in 2020/21. The position of command and control continued in month 4.

For the purpose of financial reporting, it was important to note the caveat underlying the CCG's financial position; the CCG was working on the assumption that the pre-Covid-19 financial plans prepared in line with the published allocations stand.

Primary Care Covid-19 claims were being processed in line with national guidance and being reviewed by a local panel. The recording of these claims sits within the CCG Covid-19 spend and was therefore not reported within the report.

Committee **noted** the report.

11. **Any other business**

(a) Mental Health recruitment bid – LW verbally reported that Stalybridge Primary Care Network had submitted, under the Partnership LCS Bundle/Partnership Investment Fund, a supplementary bid for Mental Health practitioners to support Adults and Children. The bid had been received and approved by the Partnership Oversight Group and therefore sought Committee's ratification.

Committee **approved** the bid as proposed by the Partnership Oversight Group.

a) Healthwatch snapshot – PD mentioned that two snapshots of the Healthwatch Tameside Covid Survey would be imminently published which specifically looked at access and technology. The results would be uploaded onto Healthwatch's website.

Action: CC to circulate a copy of the survey results to members.
Post script – Survey results received and duly circulated.

12. **Date and time of next meeting:** set for Wednesday 7 October 2020; starting at 1.30 p.m.

PRIMARY CARE COMMITTEE
PART A – MINUTES

Wednesday 7 October 2020
held via Microsoft Teams

Members:	Carol Prowse (Chair)	CCG Lay Member for Commissioning
	Asad Ali	GP and CCG Governing Body Co-Chair
	David Swift	CCG Lay Member for Audit and Governance
	Jessica Williams	CCG Director of Commissioning
	Kate Hebden	GP and CCG GB Member for Primary Care
	Karen Huntley	CCG Lay Member for Patient and Public Involvement
	David Milner	Assistant Chief Finance Officer (representing Deputy Chief Finance Officer)
Attendees: (non-voting)	Tori O'Hare	Head of Primary Care
	Alan Dow	GP and LMC Secretary
	Angela Osei	GM Health and Social Care Partnership
	Liz Sabel	CCG Finance Manager
	Martin Ashton	CCG Associate Director of Commissioning – Living Well
	Peter Denton	Healthwatch Tameside, Manager
	Ram Jha	GP and Ashton PCN Clinical Director
	Christopher Martin	Primary Care Development and Quality Manager
	Jody Smith	Policy and Strategy Service Manager
	Shelley Taylor	CCG Executive Support (minutes)
Apologies:	Tracey Simpson	CCG Deputy Chief Finance Officer
	Gill Gibson	CCG Director of Quality and Safeguarding
	Ashwin Ramachandra	GP and CCG Governing Body Co-Chair

1. **Welcome and Introductions**

The Chair welcomed the group to the meeting, held via MS Teams. The Chair introduced Shelley Taylor as the new Business Support for the meeting and thanked Catherine Cane for her excellent contribution and support. Apologies were given as above and the Chair noted that the meeting was quorate.

2. **Declarations of Interest**

The Chair also **noted** there were no further declarations of interest made over and above those already formally notified to the CCG.

Name	**Position Held**	**Declared Interest**		
		Type of Interest	**Nature of the Interest**	**Action to Mitigate Risk**
None raised				

3. **Minutes of the previous meeting/Matters Arising/Action Log**
The minutes of the meeting held on 2 September 2020 were approved as a correct record.

All outstanding matters arising, as highlighted in the action log, were discussed and the log updated accordingly.

4. **Engagement Update**
Committee received the report outlining the number of engagement sessions taken place this year and a locality-wide survey on the impacts of Covid. All sessions had been well received and the feedback would be used in future planning and recovery work. The key themes were replicated throughout the sessions and survey. Some of the themes would go into developing a proposal to present to Board and feed into the budget conversations for 20/21.

The group thanked the Policy team for the update and good work being done throughout the difficult times. Thanks also given from Healthwatch for promoting their Covid survey and asked for it to be included in the report. 10% of responses they received were non-digital and asked for this to be a recommendation for future consultation.

5. **Enhanced Health in Care Homes Funding**
Committee received the report prepared to clarify the funding arrangement for care home patients and for the delivery of the Enhanced Health in Care Homes network specification. PCNs have utilised funding through the Partnership LCS bundle to support the delivery of this specification with a range of delivery models in place. Although the group agreed consistency is best it needs to be balanced against PCN choice to meet population need. It was agreed to await the evaluation via Partnership Oversight Group and also work closely with the Enhanced Health in Care Homes Task and Finish group before making any decisions. It was agreed to continue funding through the Partnership LCS bundle for at least October, where a PCN wishes to, until further information is available.

Action: TOH to check existing budget envelope and once the evaluation is available it should be brought back to PCC.

6. **General Practice Contract Update**
Primary Care Committee received the update for information. The group wanted to congratulate TOH and KH for the latest communication sent to GP Practices which shows a realistic expectation. The work being done in the partnership has been invaluable.

Committee **noted** the report and agreed:

a. to **note** the changes set out in this contract changes briefing, and
b. to **support** the ongoing support guidance to our practices led by the Primary Care Living with Covid Task Group.

7. **Primary Care Risks Update**
Committee received the paper, which is the first update on primary care risks on the CCG risk register since the COVID-19 global pandemic.

The group discussed some of the risks detailed and expressed some concerns regarding the capacity within the locality plan during the pandemic.

T&G had a big role in highlighting the Priadel issue and colleagues were thanked for their input.

8. **2019/20 QOF Achievement and 2020/21 Changes**
The Committee received, for information, the paper summarising the recent 20/21 QOF changes and guidance and noted the focus on inequalities for those most at risk of adverse effects from COVID-19. The paper also highlights individual 19/20 QOF achievement.

Using the intelligence this would drive forward priority planning; PCN's to maximise collective working around key challenges, using QOF data in conjunction with other benchmarks and data analysis.

The Committee **noted** the paper and the work programme overseen by PCDIG.

9. **PPE in General Practice**

Committee received the paper and MA explained that the information is based on the current scenario. The National PPE Portal is open and all GP practices are supplied via this process. TOH explained that although this should be the first line of Covid related supply, GP Practices would need to report any shortages via the GM PC SITREP so that any shortages could be supported accordingly.

Committee **agreed** to the recommendations as set out in Option 2.

The CCG will continue to fund and support the process until the end of September 2020. Following this practices will be asked to order via the national PPE portal and manage all PPE requirements. The Strategic Commission could order PPE only in extreme circumstances to provide resilience.

10. **Finance Report**

a) Financial position/planning 2020/21

Committee received and noted, for information, the financial position. DM explained that the financial envelopes are set at GM level and discussions taking place about how at a local level this will be distributed. Discussed the current situation and impact of Covid on all areas, including high cost drug costs, hospital discharge programme and money from GM for Covid.

Locality planning against these allocations now notified to CCGs is underway with reporting via GM to ensure system management.

Committee **noted** the report and thanked DM for the presentation.

b) MIAA - Primary Medical Care Commissioning: Primary Care Finance - Draft Report 2020/21

Committee received, for information, the paper prepared by Mersey Internal Audit Agency, on the third audit under the programme.

The report gives an overall assurance rating of Full Assurance with no recommendations for CCG action.

Committee **noted** the report and gave full credit to the Finance team and the PCC and Primary Care team.

11. **Safeguarding Children and Vulnerable Adults: General Practice reporting**

Committee received, for information, the NHS England letter, and the current position across Tameside and Glossop and the work programme in place.

Discussions with GM about the variation across GM CCGs and maybe a need to revisit local arrangements in the future.

Committee **noted** the report.

12. **Special Allocation Service – Contracting**

Committee received a paper which updated on the SAS service contracts with Ashton GP Service and West End Medical Centre which are due to expire on 31 March 2021.

Taking into account the current environment for general practice and the vulnerability and challenging nature of these patients, the group discussed the different options.

The group **agreed** to Option 1 as best for retaining stability for patients and providers. Discussion around access to prescriptions being available online and delivery available. CM to take forward re-contracting with the providers, with amendment to specification to address the issues raised.

13. **Partnership Oversight Group report**

Committee received, for information, proposals put forward by the Partnership Oversight Group for approval of the Hyde PCN proposal, and proposal regarding continuation of funding to ensure continuity of service provision as sought by Glossop PCN.

Committee **noted** the report. **supported** the Hyde proposal and **noted** the feedback relating to future years planning by PCNs and the current contracting arrangements of the LCS framework.

14. **Primary Care Network Additional Roles Reimbursement**

Committee received update paper on the Additional Roles Reimbursement Scheme which forms part of the Primary Care Network DES.

Committee **agreed** to approve Wave 4 application against the Additional Roles Reimbursement Scheme by Hyde PCN.

15. **Any Other Business**

AccuRx - AD asked for an update on the online triage tool. NHS Digital had been in discussions and this was on the Digital Strategy Group agenda.

Action: Add to forward planner, update report to be presented to PCC in November.

Safeguarding assurance document – AD reported on the document received from CCG and asked for clarification on governance.

CM updated that this was an annual document sent out from the Safeguarding Team and provides assurance. This had gone through Safeguarding process. Due to current situation, practices may need to prioritise the delivery of this and governance is covered. As a courtesy, the document should have gone via PCC. Keen for people to return but not mandatory, currently engaging with practices to improve submission rate.

Action: CM to raise at the next Safeguarding Forum.

Webcasting - The Chair explained that it was hoped that future meetings would be accessible to the public via live streaming.

16. **Next meeting**

Wednesday 4 November 2020 starting at 1.30 p.m.

PRIMARY CARE COMMITTEE
PART A – MINUTES

Wednesday 4 November 2020
held via Microsoft Teams

Members:	Carol Prowse (Chair)	CCG Lay Member for Commissioning
	Asad Ali	GP and CCG Governing Body Co-Chair
	David Swift	CCG Lay Member for Audit and Governance
	Jessica Williams	CCG Director of Commissioning
	Kate Hebden	GP and CCG GB Member for Primary Care
	Karen Huntley	CCG Lay Member for Patient and Public Involvement
	Tracey Simpson	CCG Deputy Chief Finance Officer
Attendees:	Tori O'Hare	Head of Primary Care
(non-voting)	Alan Dow	GP and LMC Secretary
	Angela Osei	GM Health and Social Care Partnership
	Liz Sabel	CCG Finance Manager
	Martin Ashton	CCG Associate Director of Commissioning – Living Well
	Peter Denton	Healthwatch Tameside, Manager
	Ram Jha	GP and Ashton PCN Clinical Director
	Christopher Martin	Primary Care Development and Quality Manager
	Sarah Exall	Consultant Public Health
	Gill Pilkington	Commissioning Project Manager Urgent Care/ Primary Care Workforce Development
	Jo Keast	Executive Support Manager
	Shelley Taylor	CCG Executive Support (minutes)

1. Welcome and Introductions

The Chair welcomed the group to the meeting, held via MS Teams. Chair noted that the meeting was quorate and also explained the meeting would be webcast onto the CCG website.

2. Declarations of Interest

The Chair also **noted** there were no further declarations of interest made over and above those already formally notified to the CCG.

Name	Position Held	Declared Interest		
		Type of Interest	Nature of the Interest	Action to Mitigate Risk
None raised				

3. Minutes of the previous meeting/Matters Arising/Action Log

The minutes of the meeting held on 7 October 2020 were approved as a correct record. All outstanding matters arising, as highlighted in the action log, were discussed and the log updated accordingly.

6.1 – Initials of attendees to be clearly identified in future minutes.

4. Academy/workforce briefing report

GP gave the Committee a verbal update on the workforce data. This included an update on the Kickstart programme for 16-24 year olds. Development of the Healthcare Assistant role for staff who would like to move into care duties. This is part of the incentive to 'grow our own' and utilise staff already in the organisation.

Paramedic pilot implemented in January and the Practice Nurse Leadership programme is ongoing. 3 x forums recently held to discuss current working situation to ensure wellbeing of staff and to ensure people do not feel isolated during Covid. The group thanked GP for the update.

Action: GP to bring a more detailed report for December PCC meeting.

5. Flu programme delivery update

Committee received a paper which updated them on the Flu Programme and the uptake data, noting the timing of the data (18 October) and that some of the practices may have only just received the vaccines.

SE confirmed that pharmacists and GP's could now access a central stock of vaccinations. There has been a higher demand for the vaccine this year due to new categories of eligibility where more people, including people of the shielding list, can now access. Some pharmacists and GP's actually ran out quite early on but can now access the national stock.

Thanks to all the General Practice staff and pharmacists, for all the hard work in ensuring people were vaccinated. Great effort across the board and all working well together. Thanks also for the CCG's policy on flu and prioritising what was agreed.

TO'H wanted to discuss the publication of national guidance on the reimbursement for additional costs for flu delivery and how we manage locally. Clear usage permitted in the guidance and all detailed in the report.

TO'H also wanted to highlight the recent announcement around practices delivering the Covid vaccination and what might be needed going forward through the next phase. PCN's might want to look more broadly if this is confirmed in the future.

AD wanted to raise that this potentially passes the administration to PCN's rather than practices.

Committee **supported** the recommendation of **option 3** as the local model.

6. Update on additional roles reimbursement scheme 2020/21

Committee received an update paper on the Additional Roles Reimbursement Scheme, which forms part of the Primary Care Network DES.

TO'H added this now also includes update from Stalybridge PCN who are looking to employ additional a community pharmacist subject to temporary staff being available for the rest of this year.

Primary Care Committee agreed to:

1. **approve** Wave 5 application by Hyde PCN as shown at Appendix.
2. **approve** NWAS Paramedic Pilot post to commence January 2021 as supported by NWAS.

7. Digital strategy update

Committee received a paper, which gave an update on the development of the Digital Primary Care Strategy and associated work programme. Specific key areas such as patient engagement were included and being able to align with national guidance was a key factor.

Governance arrangements for the oversight of the work discussed and question asked by DS around where the group fits in the structure. DS felt the governance should fall on whoever approved the terms of reference. JC confirmed this was via SLT and SCB. The data sharing aspect of the work may need a separate governance arrangement and JC will look into; other groups created to look at specific pieces of work.

PD supports the move to digital but wanted to reiterate that 10% of people do not have internet access and need to make sure they no one is left behind, especially around engagement.

Committee **supported** and acknowledged:

1. the current aims of the strategy whilst acknowledging that these aims may change in response to the needs of commissioners, service providers and our registered and resident population.
2. the approach in relation to delivery of the key priority areas.
3. the risks associated to delivery of the key work areas outlined in the paper and provide guidance and recommendations in terms of additional mitigating actions to support delivery.
4. the continued oversight of the work being led by Digital Strategy Group (DSG).

8. Enhanced health in care homes funding paper

Follow on discussion from last month, and now includes full Network specification. A number of models were detailed in the paper. Too early in the year to recommend a specific model and the group felt it was best leave to PCN's but that the full locality investments to be looked as a whole.

Primary Care Committee **supported**:

1. the recommendation of funding for 2020/21, where PCNs opt to extend the current arrangements via Partnership LCS funding.

2. the requirement for full locality planning, shared learning across PCNs to determine the recurrent arrangements and in the context of the totality of locality investment.

9. Finance report

Liz Sabel gave a verbal update on the current situation and that command and control is still in place. TS has been involved in the phase 3 for GM and although plans submitted, there are some concerns moving forward.

The group expressed their thanks to the Finance team, especially understanding the complexity of the situation. JW hoped that sufficient resource would be found for Primary Care and General Practices and reiterated the 90% of all the contacts in the NHS should take place in Primary Care. TS stated this is being looked at collectively for GM.

A more detailed finance report to be presented next month.

10. Terms of reference review

Primary Care Committee **supported** the proposed revisions to the Terms of Reference with some amendments raised by DS.

11. Patient and public involvement

PEN Conference in November information to be circulated.

12. Any other business

Brief introduction needed to any reports presented moving forward now the meetings are being streamed online to the public.

13. Next meeting

Scheduled to take place on 2 December 2020.