

Meeting: Primary Care Commissioning Committee			
Meeting Date	23 February 2022	Action	Approve
Item No.	3	Confidential	No
Title	Minutes of Primary Care Commissioning Committee (meeting in Public) held on 24 th November 2021		
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 24 th November 2021.
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	0.2		
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 24 th November 2021		
Document History:			
Date	Version	Author	Notes
2/12/2021	1a	Lindsay Johnson	Sent extracts to the presenters to review their sections.
7/12/2021	2	Lindsay Johnson	Minor amendments incorporated and sent to the Chair to review.
20/12/2021	2	Lindsay Johnson	Approved by the Chair
Approved:			
Signature:			
		 Add name of Committee Chair

Primary Care Commissioning Committee

MINUTES OF MEETING

Primary Care Commissioning Committee, 24th November 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 Rachele Schofield, Senior Commissioning Manager, Primary Care, deputising for the Deputy Director of Primary Care role (noted for quoracy and voting rights).

Ms Sam Evans, Executive Director of Finance

Ms Lesley Jones, Director of Public Health

Ms Fiona Boyd, Registered Nurse of the Governing Body

Non-voting members

Dr Cathy Fines, CCG Chair

Mr Gail Henshaw, NHS England Operational Representative

Dr Mohammed Jiva, Representative from LMC

Ms Ruth Passman Representative from Healthwatch

Others in attendance

Ms Clare Postlethwaite, Associate Director of Finance

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; Zoe Alderson, Richard Rawlinson and David McCann.
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	Ms Boyd advised that she had submitted a revised Declaration of Interest form. In light of this, it was noted that the changes would be reflected in the register submitted to the next Committee meeting. Ms Boyd did confirm however that there was no conflict with any of the agenda items listed for this meeting, therefore did not need to be excluded from any discussion.		
2.5	Declarations of Interest from the previous meeting		
	There were no declarations made.		
ID	Type	The Primary Care Commissioning Committee	Owner
D/11/01 PCCC	Decision	Noted the declarations of interest.	
A/11/01 PCCC	Action	Noted that updated interests for Ms Boyd would be reflected in the register and submitted to PCCC at their next meeting.	LJ

3	Minutes Of The Last Meeting And Action Log		
3.1	The minutes of the Primary Care Commissioning Committee meeting held on 22 nd September 2021 were considered and agreed as true and accurate record.		
3.2	There was one action recorded from the last meeting which had been completed.		
ID	Type	The Primary Care Commissioning Committee	Owner
D/11/02 PCCC	Decision	Approved the minutes from the meeting held on 22 nd September as a true and accurate record and noted the completion of the action.	

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/11/03 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 on this agenda item. The following key points were reported to the Committee.		
5.2	<ul style="list-style-type: none"> Some key milestones have been achieved and positive discussions have taken place in regard to planning permission in respect of the preservation of the land and green land area. Memorandums of Understanding are in development with the expectation that public consultation documentation will be available for engagement in January 2022. A communication task group has been convened to take forward the engagement element and the preparation of the business case continues. 		
5.3	With regard to identified issues; Mr Blandamer advised that the scheme was bound by investment conditions, with two clinical partners per practice and as such this was required in order to meet the investment conditions from potential investors. This was an issue being investigated currently.		
5.4	Mr Blandamer referred to the risk report (at agenda item 5b) which had been updated		

and outlined further detail in this matter. He confirmed that an updated risk report would be issued to the January 2022 Primary Care Commissioning Committee meeting.

ID	Type	The Primary Care Commissioning Committee	Owner
D/11/04 PCCC	Decision	Noted the verbal update and of the work in hand.	
A/11/02 PCCC	Action	Agreed for the Risk Report to be issued to the January PCCC meeting.	WB

5b	Risk Report
5.5	<p>OR_SB_02 Uplands Health Centre - Existing Infrastructure</p> <p>The report outlined that this risk was assessed on the 19 November 2021 and although had been at target level since May 2017 and a low-level risk (4), it would however remain on the risk register for oversight only unless any major concerns were identified via the NHSPS planned rolling maintenance programme.</p>
5.6	<p>The report confirmed to the Primary Care Commissioning Committee that no maintenance issues or concerns had been identified and as such it was reported that there was no imminent likelihood of increase to the level of risk at this stage.</p>
5.7	<p>As previously reported in January 2021, an action although overdue, was identified regarding scheme development. This is a council led scheme with health input in terms of the wider scheme supported by the CCG lead to help progress matters and to keep abreast of the scheme development whilst it progresses to full business case stage. The Primary Care Commissioning Committee was informed that scheme development progress had been made with GB Partnerships as the developer and also with the three main stakeholders (NCA, Elms Practice, and the Uplands Practice).</p>
5.8	<p>The Risk Report identified the next steps and timelines for when the risk would be reviewed. As detailed above in agenda item 5a the Primary Care Commissioning Committee agreed that the risk report be presented at their January 2022 meeting in order to keep abreast and informed of current development and associated risks accordingly, noting that this was a sensitive development.</p>

ID	Type	The Primary Care Commissioning Committee	Owner
D/11/05 PCCC	Decision	Received the report and noted the risks on the registers reflected in Appendix A.	
D/11/06 PCCC	Decision	Noted the summary position and noted that no risks from the PCCC register are reported onto the Corporate Risk Register	
A/11/02 PCCC	Action	As detailed above, requested that the risk be reviewed and submitted to the January PCCC meeting (rather than March 2022).	

6	GP Premises Subsidy
6.1	<p>A verbal update was provided to the Primary Care Commissioning Committee which informed them that the GP Premises Subsidy work remained a work in progress and as such there had not been as much progress as had hoped following the last update at the September PCCC meeting.</p>
6.2	<p>The Primary Care Commissioning Committee was advised that this was a complicated and sensitive piece of work being undertaken and as a result of that, Clare Postlethwaite, Associate Director of Finance had been assigned as a lead on this project. Clare would therefore be mapping out a clear, defined and sensible process</p>

	and approach to develop and to continue to take forward the work.		
6.3	The next step would involve joint working with practices in undertaking a baseline assessment of current accommodation to ensure it was in line with national guidance in order to consider what options and/or potential solutions are available. This may for example, involve reducing the space, reducing the subsidy and/or consideration of an application for further subsidy if applicable. This would be an opportunity for a check and challenge to take place.		
6.4	The Committee was informed that some practices had sought legal advice based on an assumption that this was a commitment made many years ago.		
6.5	Ms Postlethwaite advised that it was important that the baseline assessment take place. She explained that some practices may have increased the number of patients and as such it was essential that if and when the subsidy was removed that this demonstrated fairness and was justifiable under national guidance.		
6.6	The Chair acknowledged this approach and of the work in hand in identifying solutions in what was a difficult situation for the CCG and those practices affected.		
6.7	The Chair requested that an update be provided at each PCCC meeting accordingly.		
ID	Type	The Primary Care Commissioning Committee	Owner
D/11/07 PCCC	Decision	Noted the verbal update provided.	
A/11/03 PCCC	Action	Requested that the GP Premises Subsidy be issued to each PCCC meeting.	

7	Bury LCS Report		
7.1	Ms Schofield gave the background to the paper which can be found fully detailed in the report under section 2.1 and 2.2.		
7.2	Ms Schofield advised the Primary Care Commissioning Committee (as detailed in the report) that as the CCG was unable to commission directly from PCNs, the original intention was to continue to contract with practices, but with funding funneled through PCNs, (mirroring arrangements currently in place for the covid vaccination programme) in order to facilitate and fund delivery at scale where appropriate. Ms Schofield outlined that following discussion and agreement internally, it was then identified that a simpler solution would be to commission the GP Federation who would then in turn have 26 agreements with practices/PCNs. The money would then filter down to the general practices.		
7.3	The Primary Care Commissioning Committee was informed however that following the above proposal, a number of issues had been raised and received which informed the Primary Care Team that this may not be a welcomed approach by practices as it would mean a proportion of their contract would be allocated to the GP Federation and they would be commissioned to deliver this contract. Ms Schofield said in light of this anticipated feedback from practices, the GP Federation have agreed to deliver the programme free of charge from December 2021 to March 2022 which would enable it to be embedded in and then from April 2022 it was proposed that the practices would deliver as outlined and the GP Federation would become a paid provider.		
7.4	Dr Fines said she wanted to recognise the solution outlined by the GP Federation and acknowledged the sensitivities around this programme especially within the next four months. She said this was time critical and it was also important to link this programme		

	in with Winter Access Fund funding programme (which was on the agenda as item 8) to understand how all this could be brought together.
7.5	Ms Jones said she was in support of the paper and commented that it was unanimous of the GP Federation to offer to do this for free. She also said where we are blurring boundaries and not having that distinction there may need to think about a different funding model for GP Fed for example?
7.6	Ms Jones also commented that this has been discussed at a Bury Gold meeting. At that meeting it had been identified that there may be an opportunity to provide some additional focus and support on this work in short term by addressing and mitigating excess mortality and more preventative work in Winter. Ms Jones advised that there was some support set aside and welcomed further discussions in regard to this.
7.7	The Chair highlighted the short timeframe and asked if there would be any penalties if the targets and goals were unable to be met? Ms Schofield advised that she envisaged that the next four months would be around setting the ground work and establishing the framework. She said it was understood that delivery of some aspects may be difficult in some areas in the short term against the timeframes set.
7.8	The Chair also enquired about the implementation of the ICS and how this would fit into future plans. Ms Schofield advised that ongoing discussions were taking place in regard to what would likely be commissioned at a Greater Manchester level and what would be commissioned at a local level. She said there was hope that this would continue to be commissioned locally.
7.9	Mr Blandamer expressed that this was a collaboration model with the PCN's and GP Fed and confirmed that it demonstrated a clear and considered approach. In regard to the implementation of the ICS, Mr Blandamer briefly commented on the future commissioning of locally enhanced services and how there may be the opportunity in the future to share good practice and how locally enhanced services will be used and implemented. Mr Blandamer recognised the work carried out by Ms Schofield and the Primary Care Team and gave thanks accordingly.
7.10	In terms of the recommendations as outlined in the report, these were confirmed as being correct with the addition of one more recommendation which was "that any slight contractual tweaks could be carried out under delegated authority".
7.11	Based on the information provided in the report and summarised by Ms Schofield, the Primary Care Commissioning Committee were in support of the paper as outlined.

ID	Type	The Primary Care Commissioning Committee	Owner
D/11/08 PCCC	Decision	Noted the current position of the Bury LCS and noted the review of the duplication between the Bury LCS and the PCN DES/IIF.	
D/11/09 PCCC	Decision	Received and supported the amended contract.	
D/11/10 PCCC	Decision	Approved the extension of the Bury LCS to March 2023 and agreed for any minor contract tweaks be carried out under delegated authority.	

8	Winter Access Fund Proposal- October 2021 – March 2022
8.1	The following paper was introduced by Ms Schofield which provided an overview of the Winter Access Fund (WAF) and Bury's proposal to utilise the funding with the aim of increasing the resilience of general practice whilst also increasing the number of urgent face to face appointments available for patients by 31 March 2022.
8.2	Ms Schofield explained this was a £250m national Winter Access Fund (WAF) which had been made available and Bury CCG had been allocated a proportionate amount of this fund totaling £876, 385 to spend between now and March 2022.
8.3	The Primary Care Commissioning Committee was informed that there were a very specific set of conditions around the use of the WAF. Ms Schofield advised that the funding could be spent on increasing capacity for same day appointments at a practice or Primary Care Network level, face to face and/or expanding the same day urgent care capacity including urgent treatment centres, hubs or 111. Ms Schofield directed the Committee to the table listed in appendix 1 which detailed the Draft Funding Allocations.
8.4	In light of the short timescales associated with this, submission was made to Greater Manchester. Following submission it was reported that an expressions of interest document had been sent to all Practices in Bury asking for their proposals to increase face to face access. The Expressions of Interest document stated that it must articulate the cost of the proposal and provide both baseline and additional capacity activity created as a result of the investment noting that, if successful in their bid practices and/or PCNs must also be able to provide a robust audit trail including invoices to aid reimbursement. Ms Schofield advised that the Practices had been asked the following questions; if you were to bid for the money what would you do? How many more staff would be you employ and how many more face to face appointments would you be able to offer?
8.5	Ms Schofield informed the Committee also of some recent news that had just been received in which it had been confirmed that practices must spend the money first and then claim back. She said that PCSE would be reimbursing those claims. Ms Schofield outlined that evidence would be required to support the claim, the CCG would then authorise and the NHSE would make the final authorisation for reimbursement of the money. The Committee noted that there was a webinar organised on Friday 25 th November with General Practice and Finance Colleagues to relay this information. As this was moving at pace, the Committee was informed that it was expected that more information would be received within the next few days.
8.6	The agenda item was opened up for discussion.
8.7	Ms Boyd asked how this would be communicated to the public, what communication methods and engagement plans would be put in place? Ms Boyd also commented on the need of infection prevention control and Covid restrictions at the practices. She asked how the CCG would measure outcomes and deliverables, for example, how would the CCG know that the money had been spent in improving outcomes for patients?
8.8	Ms Schofield answered that in terms of Comms and Engagement, a plan would be crafted and put in place, as there was a need to ensure that the message was carefully disseminated to the public as there could be a number risks associated with this, if the message was not delivered correctly.

8.9	With regard to Infection control, Ms Schofield confirmed that all the restrictions would remain and longer slots would be offered to allow for areas to be cleaned (for example). Ms Schofield outlined that in order for practices to claim the money back evidence around increased appointments and/or increased WTE staffing levels would need to be submitted as part of the practice claim.
8.10	Ms Passman commented that there was a need to ensure that practices also focus on clinical and social need too. She enquired if there was something that could be put in place in regard to patient facing communications for vulnerable patients. For example those patients that do need a face to face appointment and how that message would be delivered to them. Ms Passman said it was important to continue and to consider ways in how access can be improved for those vulnerable patients.
8.11	Ms Passman outlined also to the Committee that voluntary organisations are picking up complex health queries around access with clients and on behalf of Healthwatch Bury said that they feel it would be essential that an organisation was commissioned to work/support on this. In regard to accessing face to face appointments, Ms Schofield advised that she would imagine that the current process would continue around a clinical triage for face to face appointments ensuring those patients that needed to be seen face to face, would be.
8.12	Dr Fines reported that it was envisaged that the majority of activity would be carried out by extending working hours in order to maximise the number of appointments in a swift way. She reported to the Primary Care Commissioning Committee how hard the staff were working, had been working and would be continuing to work. They were doing all that they could as well as dealing with all the additional pressures too. The Committee recognised all that the staff were doing and felt that they were working in a difficult environment and support to them by the Committee could not be stressed enough.
8.13	In regard to communication, Dr Fines stated that a variety of different communication methods are used and this would continue. Dr Fines agreed that communication was critical and how the message was presented in the public domain. She confirmed that it was important to not create more irritation than what was being experienced at the moment. Dr Fines identified that for example, it may be that appointments would not be in patient's home practice for example. She said that capacity could be extended with different workforce methods being considered however it was also important to recognise that there would be an end to this funding on 31 st March so there would be a need to build next steps and identify what action was required after March 2022 in order to manage expectations.
8.14	Ms Evans also suggested that it would be useful to let the public know how many appointments were being delivered as that message was currently not being reported in the media. She also said that flexibility was required and would ask the PCN's link in with as many partners as they could.
8.15	Mr Blandamer was in support of the proposals and said it would be a good opportunity to share good practice across the PCN's too.
8.16	Ms Jones agreed about the sensitivity around the Communication message and said she would also pick up discussions outside of the Committee meeting with Ms Schofield with some additional suggestions.
8.17	Ms Passman asked about the lower quartile practices which Ms Schofield had briefly

	mentioned in her introduction of the report. Ms Schofield outlined that for GM they were looking at Sitrep. For the CCG, the Primary Care Team looked at different data that they had available. Ms Schofield said that the Primary Care Team had taken the approach that the WAF would be best put to use across all practices in Bury rather than those lower performing ones.
8.18	Ms Schofield confirmed that in terms of CQC ratings all practices in Bury had been rated good apart from one practice which the team were currently working with. She said also that work continues throughout the year with all practices via the primary care quality visits where action plans for improvement are put in place for monitoring performance across all the practices.
8.19	Dr Jiva asked, what would happen if practices did not have the financial resource if they have to spend first and claim after? He asked whether the CCG would be providing the funding initially and then claim back? Ms Evans advised that Greater Manchester are bolstering the funds to support with security measures so do need practices to respond so they do not miss out on this. Ms Shannon-Jarvis outlined also that if practices did have some cashflow issues then the Finance could review, to see if and how this may potentially be resolved.
8.20	The Committee recognised that the WAF is high level however it was important that the money was used sensibly with the providing of additional face to face appointments that would obtain the most useful clinical outputs. They said it was important that the money be used to get the best outputs for the Bury residents and patients.
8.21	The Chair expressed that it was important to not increase expectations and that he would be keen to see the detail around the current number of appointments that Primary Care are dealing with to be published in order to advise the public of the volume of work being undertaken in General Practice currently and what is being achieved.

ID	Type	The Primary Care Commissioning Committee	Owner
D/11/11 PCCC	Decision	Noted the tight timeframe for delivery of the Winter Access Fund (WAF).	
D/11/12 PCCC	Decision	Supported the draft WAF proposal submitted for Bury.	
D/11/13 PCCC	Decision	Supported the Expressions of Interest (EOI) process for practice bids.	
D/11/14 PCCC	Decision	Noted the potential risks identified along it the cloud telephony improvement recommendations.	
D/11/15 PCCC	Decision	Noted that further updates would be provided to PCCC as the WAF and Safety and Security Fund progresses.	

9	Garden City Patient Participation Survey Results
9.1	The Primary Care Commissioning Committee was reminded that on 8 June 2021, SSP Health began delivery of the contract at the Practice a period of mobilisation commenced. As part of the ongoing contract mobilisation, the Committee requested that a survey be sent to the Patient Participation Group (PPG) following their first 6 months in post to seek their feedback on the practice.
9.2	As a result of the request of the Committee, the following paper had been written to provide feedback on the results of that survey which was conducted in September

9.3	<p>2021. Ms Schofield directed members to the Garden City Patient Feedback at appendix 1 which detailed said results. Ms Schofield did summarise that there had been no surprises identified in the results and that broadly the information was positive which was good to read.</p> <p>The Chair commented that he felt it was generally a positive report and something that could continue to be developed and monitored in the future. Ms Schofield advised that monitoring of this practice would now be picked up as part of the work with all practices rather than individually as the mobilisation period has now ended. The Chair gave thanks to Ms Schofield and the team for this piece of work.</p>		
ID	Type	The Primary Care Commissioning Committee	Owner
D/11/16 PCCC	Decision	Noted the survey results.	
D/11/17 PCCC	Decision	<p>Approved the next steps to monitor improvement and progress via;</p> <ul style="list-style-type: none"> ○ Practice promotion of available clinics and services with Clinical Pharmacists, Health Care Assistants (HCAs) and Phlebotomists ○ Practices own survey results ○ General Practice Patient Survey (GPPS) results ○ Friends and Family Test (FFT) results (when available) 	

10	Month 7 Primary Care Finance Report		
10.1	Ms Shannon-Jarvis advised that at Month 7, Primary Care and Delegated Co-Commissioning were together reporting a year to date underspend of £0.7m and forecast outturn underspend of £0.8m as a result of benefits from prior year.		
10.2	At month 7 Primary Care reported a year to date an underspend of £0.4m which was as a result of prior year benefits following confirmation of final 20/21 income streams and expenditure.		
10.3	Prescribing and Medicines Management reported a year to date an overspend of £0.1m reflecting current forecasts of prescribing spend.		
10.4	In terms of Co-Commissioning, at month 7 an underspend of £0.5m was reported which reflected the release of prior year benefits following confirmation of the final 20/21 QOF achievement, premises costs and the Impact and Investment Fund (IIF).		
10.5	In terms of Additional Roles Recruitment Scheme (ARRS), it was advised that at month 7 the CCG had received claims from PCN's for a total of £0.2m. The total funding available for the year is £2.5m. Ms Evans commented on this aspect and said it was essential that the PCN's/CCG do whatever they can to maximise the recruitment to support Primary Care workforce. She said forecasts given to NHSE was that 60% of the allocation will be spent. Ms Evans suggested that discussions take place around what support could be put in place with networks in regard to this recruitment. She said it may be that different considerations are taken into account on how we can work differently with partners, looking into using a different workforce model such as secondments or transfers around the system to get staff/roles into front line to maximise this opportunity and funding available.		

10.6	Ms Schofield confirmed that a meeting was taking place with GP Federation on Tuesday 30 th November to review the ARRS plan and at that meeting, the team would be pushing for updates in terms of spend of the allocation.
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ID	Type	The Primary Care Commissioning Committee	Owner
D/11/17 PCCC	Decision	Noted the financial framework for 21/22	
D/11/18 PCCC	Decision	Noted the month 7 financial position	

11	Any other Business
11.1	There was no other business to report and the Chair closed the meeting at 13.20.

Reference	Action	Assigned to	Due Date	Comments	Status
A/11/01 PCCC	Noted that updated interests for Ms Boyd would be reflected in the register and submitted to PCCC at their next meeting.	LJ	immediate	Completed, the register has been updated accordingly to reflect the changes as presented by Ms Boyd.	Completed
A/11/02 PCCC	Agreed for the Risk Report for Whitefield/Uplands to be issued to the January PCCC meeting.	WB	Jan-22	On the agenda for the meeting on 23.2.2022.	Completed
A/11/03 PCCC	Requested that the GP Premises Subsidy be issued to each PCCC meeting.	WB/CP	Jan-22	Deferred for February, update to be provided at the next meeting.	On track