

**NHS NORTH CUMBRIA CLINICAL COMMISSIONING GROUP  
MINUTES OF PRIMARY CARE COMMISSIONING COMMITTEE**  
Friday, 22 February 2019 14:30 hours  
Meeting Room 3, Rosehill, Carlisle

**Present**

**(Voting Members):**

Jon Rush	CCG Governing Body Chair <b>(Chair)</b> (JR)
Carole Green	Lay Member Quality & Performance (CG)
Denise Leslie	Lay Member, Public & Patient Engagement (DL)
Charles Welbourn	Chief Finance Officer CCG (CW)
Caroline Rea	Dir of Primary Care & ICC Development (CR)

**In Attendance**

**(Non-Voting):**

Sue Gallagher	Patient Participation Group Rep (SG)
Andrew Gosling	Primary Care Commissioner CCG (AG)
Andrea Loudon	Primary Care Development (AL)
Helen Horne	Healthwatch (HH)
Colin Patterson	Clinical Lead Primary Care & ICC Devt CCG (CP)
Niall McGreevy	ICC GP Lead (NM)
Kay Wilson	Primary Care Business Manager NHSE (KW)
Peter Higgins	Local Medial Committee (PH)

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**PCCC 10/19. AGENDA ITEM 01: Welcome & Apologies**

JR welcomed the Committee. Apologies were received from: David Rogers - CCG Accountable Officer (DR), Alan Edwards – ICC GP Leads and Pat Bell - Cumbria County Council.

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**PCCC 11/19. AGENDA ITEM 02: Declarations of Interest**

JR reminded Committee members of their obligation to declare any interest they may have on any issues arising at Committee meetings which might conflict with the business of NHS North Cumbria Clinical Commissioning Group.

Declarations declared by member of the Primary Care Commissioning Committee are listed in the CCG's Register of Interests. The register is available either via the secretary to the Governing Body or the CCG website at the following link:  
<http://www.northcumbriaccg.nhs.uk/about-us/how-we-make-decisions/declaration-of-interests/declarations-of-interest-register---2016-17-final-version.pdf>

**Declarations of interest from today's meeting**

There were no declarations of interests received.

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PCCC 12/19. **AGENDA ITEM 03: Copeland APMS Procurement:**

CR presented the agenda item taking the Committee through the main areas of the Copeland Procurement and Evaluation Strategy document. Particular attention was drawn to:

1. Procurement Timetable (section 7)

The timetable setting out the key steps and timescales to be followed in identifying a preferred bidder to commence the service provision from 01 October 2019.

2. Evaluation Strategy (Section 8)

The evaluation strategy set out how applications will be assessed and scored.

The Committee noted that since the last Committee meeting on 9 January 2019 the NHS England Commercial Executive Group (CEG) had approved an eight year contract for the Copeland practice with an option to extend for an additional two years.

It was also noted that the bidder event had taken place earlier in the week. Five organisations had expressed an interest in attending and four organisations had attended.

CW explained the implications of section 11.4 and the use of “may” discretions in the procurement which had been included to allow the CCG greater discretion in assessing potential applicants on specific questions to enable broad bidder responses. If a “may” discretion was applied by the CCG in assessing bid responses then the CCG would report back to the Committee setting out the reasons for this judgement.

KW noted 3 particular points for correction or update since the first report was circulated:

1. The document should report that the bidder event was held on 19 February 2019.
2. The document (page 4 paras 1.3 and 2.2) describes NCCG as a co-commissioner. This should be amended to reflect the fact that the CCG has delegated commissioning responsibility.
3. In reference to the procurement process undertaken in 2018 the document states that “NHS England North (CNE) and NHS North Cumbria CCG took the decision to halt the procurement.” The reference to NHS England should be removed.

NM observed that para 2.4 states that “commissioner capacity in Copeland became more fragile” and this should read “provider capacity in Copeland became more fragile”.

DL asked whether bidders would have the opportunity to ask clarification questions in making a bid response. KW assured the Committee that the opportunity for bidders to ask such questions was included in the detailed timetable and was a standard part of the process.

PH thanked the CCG for including the LMC in the process and offered his support to the strategy content.

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CR proposed

DL seconded

The recommendations were unanimously agreed by all voting members.

**Resolved:** The Committee noted the contents of the Procurement and Evaluation Strategy and approved the document.

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PCCC 13/19. **AGENDA ITEM 04: Approval of Gainshare / GPFV Funding Proposals**

CR presented the paper setting out two non-recurrent funding applications from Copeland.

NM confirmed that the Pilot Telemedicine Project will for example allow a Health Care Assistant with a patient to liaise with a GP who might be working in a remote location.

PH described the applications as a wise and good use of non-recurrent funds but noted that it would be important to evaluate any benefits from the two initiatives and to share best practice.

CR proposed

DL seconded

The recommendations were unanimously agreed by all voting members.

**Resolved:** The Committee approved the proposals for the investment in primary care schemes being supported through the use of non-recurrent Gainshare and GPFV funding.

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PCCC 14/19. **AGENDA ITEM 05: Any other urgent items of business**

CR made the Committee aware of the recent publication of a revised 5 year GP contract. The intention is to bring a briefing paper on the content of the revised contract to the next Committee meeting.

CR agreed that the service specification for the Copeland procurement would be circulated to the lay members.

**Action:** AG to circulate the finalised Copeland specification to the lay members.

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PCCC 15/19. **AGENDA ITEM 09: Date and time of next meeting approved:**

Thursday 21 March 2019, Botcherby Community Centre, Carlisle

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The meeting closed at 15:40 hours.