Item: 2

# PRIMARY CARE JOINT COMMISSIONING COMMITTEE

## MINUTES OF THE MEETING HELD ON FRIDAY 16 DECEMBER 2016, BOARD ROOM, WILBERFORCE COURT, ALFRED GELDER STREET, HULL, HU1 1UY

**PRESENT:**

**Voting Members:**
P Jackson, NHS Hull CCG (Lay Representative) Chair
G Day, NHS Hull CCG (Director of New Models of Care)
J Finch, NHS England (Deputy Director of Nursing)
K Marshall, NHS Hull CCG (Lay Representative)
Dr J Parker, NHS Hull CCG (GP Member)
J Stamp, NHS Hull CCG (Lay Representative)
S Smyth, NHS Hull CCG (Director of Quality and Clinical Governance/Executive Nurse)
E Sayner, NHS Hull CCG (Chief Finance Officer)
J Weldon, Hull CC (Director of Public Health and Adult Social Care)

**Non-Voting Members:**
A Booker, Local Medical Committee
P Davis, NHS Hull CCG (Head of Primary Care)
N Dunlop, NHS Hull CCG (Commissioning Lead for Primary Care)
Councillor G Lunn, (Health and Wellbeing Board Representative/Elected Member)
Dr J Moult, NHS Hull CCG (GP Member)
Dr A Oehring, NHS Hull CCG (GP Member)
G Purcell, Healthwatch (Delivery Manager)
Dr R Raghunath, NHS Hull CCG (GP Member)
Dr V Rawcliffe, NHS Hull CCG (GP Member)
Dr D Roper, NHS Hull CCG (Chair of NHS Hull CCG)

**IN ATTENDANCE:**
Donna Robinson, NHS Hull CCG (Note Taker)

**WELCOME AND INTRODUCTIONS**
The Chair welcomed everyone to the meeting.

**1. APOLOGIES FOR ABSENCE**

**Voting Members:**
E Daley, NHS Hull (Director of Integrated Commissioning)
E Latimer, NHS Hull CCG (Chief Officer)
C Robinson, NHS Hull CCG (Practice Manager Representative)

**Non-Voting Members**

## 2. MINUTES OF THE MEETING HELD ON 28 OCTOBER 2016

The minutes of the meeting held on 28 October 2016 were submitted for approval and agreed as a true and accurate record subject to minor typographical errors.

**Resolved**

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| (a) | The minutes of the meeting held on 28 October 2016 be taken as a true and accurate record, subject to the above amendment, and signed by the Chair. |

## 3. MATTERS ARISING FROM THE MEETING

The Action List from the meeting held on 28 October 2016 was submitted for information. All actions were reported on, one of which was now complete and would be removed from the list, and the following updates were provided against remaining actions:

**26.06.15**
**NHS EQUITY DASHBOARD - ACCESS TO PRIMARY CARE SERVICES IN HULL**
It was acknowledged that the action would be covered on the agenda. The Status of Action would be changed to 'Completed' (Green)

**24.06.16**
**7.5**
**DEVELOPMENT OF PHYSICIAN ASSOCIATE ROLES IN PRIMARY CARE**
It was acknowledged that the action would be covered on the agenda. The Status of Action would be changed to 'Completed' (Green)

**28.10.16**
**6.1**
**DELEGATED RESPONSIBILITY FOR THE COMMISSIONING OF PRIMARY MEDICAL SERVICES**
The Committee were advised that the action had been addressed. The Status of Action would be changed to 'Completed' (Green)

**Resolved**

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| (a) | That the Action List from the meeting held on 28 October 2016 be updated accordingly. |

## 4. NOTIFICATION OF ANY OTHER BUSINESS

Any proposed item to be taken under Any Other Business must be raised and, subsequently approved, at least 24 hours in advance of the meeting by the Chair.

Any approved items of Any Other Business to be discussed at Item 10.

There were no items of Any Other Business.

## 5. DECLARATIONS OF INTEREST

In relation to any item on the agenda of the meeting, members were reminded of the need to declare:

(i) any interests which are relevant or material to the CCG;
(ii) any changes in interest previously declared; or
(iii) any pecuniary interest (direct or indirect) on any item on the agenda.

Any declaration of interest should be brought to the attention of the Chair in advance of the meeting or as soon as they become apparent in the meeting. For any interest declared the minutes of the meeting must record:

(i) the name of the person declaring the interest;
(ii) the minute number item number to which the interest relates;
(iii) the nature of the interest and the Action taken
(iv) be declared under this section and at the top of the agenda item which it relates too;

| Name | Minute No | Nature of Interest |
|---|---|---|
| James Moult | 7.1 | Direct Pecuniary Interest – GP partner Faith House |
| | 7.2 | Direct Pecuniary Interest – GP partner Faith House |
| | 7.3 | Indirect Pecuniary Interest – GP partner Faith House |
| | 7.4 | Direct Pecuniary Interest – GP partner Faith House |
| | 8.4 | Indirect Pecuniary Interest – GP partner Faith House |
| Vincent Rawcliffe | 7.1 | Indirect Pecuniary Interest – GP partner Newhall Surgery |
| | 7.5 | Direct Pecuniary Interest – GP partner Newhall Surgery |
| Raghu Raghunath | 7.1 | Direct Pecuniary Interest – GP partner James Alexander |
| | 7.1 | Personal Interest – GP partner James Alexander |
| | 7.2 | Indirect Pecuniary Interest – GP partner James Alexander |
| | 7.3 | Conflicting loyalties – GP partner James Alexander |
| | 7.4 | Indirect Pecuniary Interest – GP partner James Alexander |
| | 7.5 | Indirect Pecuniary Interest – GP partner James Alexander |
| Amy Oehring | 7.5 | Direct Pecuniary Interest – GP partner Sutton Manor Surgery |

**Resolved**

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| (a) | That the above declarations of interest be noted. |

## 6. GOVERNANCE

There were no items of governance to discuss.

## 7. STRATEGY

### 7.1 STRATEGIC COMMISSIONING PLAN FOR PRIMARY CARE: HULL PRIMARY CARE "BLUEPRINT" – UPDATE

James Moult and Raghu Raghunath declared a Direct Pecuniary Interest, Raghu Raghunath declared a Personal Interest, Vincent Rawcliffe declared an Indirect Pecuniary Interest.

The Director of New Models of care presented the newsletter publication 'My City, My Health, My Care' for information.

It was stated that 10,000 copies of the first newsletter had been distributed around the city to share information around the development of primary care services in Hull.

It was acknowledged that the sharing of information was essential and needed to be continuous.

Discussion took place in relation to the distribution and title of the newsletter, it was agreed that the ' My City, My Health, My Care' would be the strap line for the newsletter and these would be disseminated into Practices, at Healthwatch roadshows and added to the Hull City Council website.

Questions were posed as to if a website could be developed within the Hull CCG portal and if there was a plan to expand the engagement with secondary care. It was agreed that these areas would be reviewed and the Communication and Engagement plan be brought to the February 2017 meeting to ensure all possible areas are covered.

**Resolved**

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| (a) | That the committee noted the newsletter |
| (b) | That the Communication and Engagement plan in relation to the Newsletter be brought to the February 2017 Primary Care Joint Commissioning Committee |
| (c) | Geoff Day to discuss with Hull CC IT the possibility of the Newsletter being added to their website |

### 7.2 GMS, PMS, AND APMS CONTRACTS:

James Moult and Raghu Raghunath declared an indirect Pecuniary Interest.

### i) PRIMARY CARE UPDATE

The NHS England Representative presented the primary care update, which provided an update with regard to primary care general practice matters.

The following contract changes were noted:

- Dr Shaikh has requested to retire on 31st March 2017
- St Andrew's Group merger had taken effect after virtual approval.
- Dr Dave would like to take on a partner in B81635 prior to retiring on 31st March 2017.

It was acknowledged that there had been 3 applications to reduce practice areas from the following practices: Springhead Medical Centre, Kingston Health and Sydenham House.

It was stated that when NHS England review an application to reduce practice areas, a robust review was undertaken to ensure no service gaps were created.

It was noted that if any application to reduce practice areas were approved, all existing patients would remain registered at the practices however no further patients living outside of the revised boundaries would be registered with the practice unless immediately related to an existing registered patient.

Discussion took place with the following outcomes.

Kingston Health - concern was expressed that nursing homes would be affected if the application was approved. It was stated that NHS England were assured that all patients/care homes would be provided with primary care access although no further patients would be registered with the practice. The request was approved.

Springhead Medical Centre - it was stated that the request would assist in reorganising boundaries and may aid the re-opening of the practice list. The request was approved.

Sydenham House - it was stated that the request would assist in reorganising boundaries. The request was approved.

It was noted that the LMC fully supported actively managing practice boundaries and were fully assured that no patient would be removed from a list and family members could still be registered.

It was stated that Clifton House Medical Centre had made an application to close their practice list of 9000 which is currently supported by 3 GP's, 1 Nurse Practitioner and a locum, for 12 months.

It was expressed that there was a need for the practice to compile a robust action plan showing new ways of working, identifying how workforce issues would be addressed, along with how the list size would be managed in the future. Discussion took place as to the consistency of agreeing list closures, it was stated that all requests go through the same process with areas being reviewed.

It was therefore agreed that approval be given to Clifton House Medical Centre could close their list for 6 months thereafter a review would be undertaken.

**Resolved**

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| (a) | Members of the Primary Care Joint Commissioning Committee approved to vary the practice area of Kingston Health |
| (b) | Members of the Primary Care Joint Commissioning Committee approved to vary the practice area of Springhead |
| (c) | Members of the Primary Care Joint Commissioning Committee approved to vary the practice area of Sydenham House |
| (d) | Members of the Primary Care Joint Commissioning Committee approved to close Clifton House Medical Centre list for 6 months |

## 7.3 HEALTH INEQUALITIES FROM A PRIMARY CARE PERSPECTIVE

James Moult declared an Indirect Pecuniary Interest, Raghu Raghunath declared conflicting loyalties.

The Director of Public Health provided the report and presentation for consideration of the Committee on Health Inequalities in Hull from a primary care perspective.

The inequalities that exist between Hull, other areas and England as a whole were well documented and were widely acknowledged as being a significant driver for improvement locally. However, to close the gap between Hull and other areas of the country the "within-Hull" inequalities needed to be considered and addressed.

The approach that had been taken was to consider the inequalities relevant to Hull CCG from a primary care perspective based on several underlying principles:

- Although there were a wide range of inequalities in the city, the focus of the data was on inequalities relating primarily to gender and the deprivation/geographical area within Hull;
- The focus of the data was on factors that the CCG could influence;
- The information does not rely solely on mortality data but also considers data on the burden of disease in Hull
- Consideration would be given to the distribution of adult risk-taking behaviours

Clarity was requested on how things would progress to encompass the information gained from the data, it was stated that the following areas would be reviewed

- Inequalities between Hull and the rest of England
- Inequalities in health workforce
- Disease-specific inequalities e.g. Cancer
- Inequalities in use of elective/emergency care
- Other forms of inequality e.g. Ethnicity

**Resolved**

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|---|---|
| (a) | Members of the Primary Care Joint Commissioning Committee noted the contents of the report. |

## 7.4 Physician Associate (PA) Roles in Primary Care

James Moult declared a Direct Pecuniary Interest, Raghu Raghunath declared an In direct interest**.**

The Project Officer for HYMS gave a presentation to the committee on the roles of Physician Associates in Primary Care.

It was stated that the aim of the presentation was to explain the role and responsibilities of a Physician Associate and how they would fit in with each organisation:

- Take medical histories
- Carry out physical examinations

- See patients with undifferentiated diagnoses
- See patients with long term conditions
- Formulate differential diagnoses & management plans
- Perform diagnostic & therapeutic procedures (e.g. ECG, BLS, respiratory function tests, naso-gastric tube, fluoroscein eye exam, catheterisation, suturing, venous bloods, ABG, transfusion)
- Develop & deliver appropriate treatment & mx plans
- Request & interpret diagnostic studies
- Provide health promotion & disease prevention advice
- CANNOT currently prescribe or request ionising radiation

It was acknowledged that the PA role and responsibilities could incorporate:

- Being highly trained in a professional workforce which would add excellent communication and core essential procedural skills
- Help address workforce gaps / requirements
- Improve learning and development opportunities for other staff in clinical settings
- PA's would be trained locally and would be encouraged to stay local
- Keen to discuss emerging employment opportunities (primary and secondary care)
- Able to seek advice on future training requirements and placement opportunities
- Potential employment model: Preceptorship once qualified and new in post

It was stated that work was being undertaken with the HYMS at the Hull 2020 Academy, it was proposed that a further presentation be provided to the students informing them of the PA programme.

It was requested that a conversation be held outside of the meeting to discuss whether to present the PA role to the Council of Members (CoM).

**Resolved**

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|---|---|
| (a) | Members of the Primary Care Joint Commissioning Committee noted the contents of the report. |
| (b) | The further presentation of the PA role to be undertaken at the Hull 2020 Academy. |
| (c) | Conversation to be held to ascertain taking the PA role to CoM was appropriate |

## 7.5 PMS Premium Update

Raghu Raghunath declared an In direct Pecuniary Interest, Amy Oehring and Vincent Rawcliffe declared an Direct Pecuniary Interest

The Commission Lead – Primary Care provided the report to the committee for consideration. The purpose of the report was to provide an update on the PMS premium and consider potential areas for reinvestment.

It was stated that In February 2014 NHS England published arrangements for Area Teams to begin a review of all local PMS contracts. The review process would commence April 2014 with a view to being completed by March 2016 at the latest.

The aim of the review was to be to establish how best to apply the principles of equitable funding to PMS practices and to identify how to get best value from investment in quality improvement and innovation.

In February 2016 the Primary Care Joint Commissioning Committee approved that some of the funding would be used to fund the CCG's Clinical Pharmacists in General Practice Scheme. The funding of the scheme would be based on the national pilot of 60% in Year 1, 40% in Year 2 and 20% in Year 3 with the expectation that practices would provide 100% funding from Year 4 onwards.

There was a requirement to reinvest the PMS premium in primary medical services and therefore the committee was requested to consider using the remaining funding for the following schemes:

1. Digital and telephony solutions to improve access to primary care.
2. Support for clinical developments/new models of primary care at scale

It was agreed that the monies be used in the proposed areas for investment and future monies would be used in a Dementia Pilot, inequalities and the indemnity fees for PA's.

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| (a) | Members of the Primary Care Joint Commissioning Committee noted the contents of the report. |
| (b) | Members of the Primary Care Joint Commissioning Committee considered and approved the reinvestment |

## 8. SYSTEM DEVELOPMENT & IMPLEMENTATION

### 8.1 NEWLY DESIGNED ENHANCED SERVICES

There were no items of newly designed enhanced service to discuss

### 8.2 EXTENDED PRIMARY CARE MEDICAL SERVICES – CURERNT AND NEWLY DESIGNED

There were no items of extended primary care medical services to discuss

### 8.3 MINOR SURGERY PROVISION IN PRIMARY CARE

The Head of Primary Care provided the report to the committee for approval of the extension of the current minor surgery contract within primary care for a further 12 months to 31 March 2018.

In July 2015 the CCG with NHS England had developed a new service specification which included practitioner accreditation requirements and clarification on procedures covered and where IFR approval is required. All practices in Hull were invited to express an interest in providing minor surgery in line with the new specification and to seek accreditation to provide minor surgery services both for their own patients and also for patients registered with other practices.

The Committee were requested to approve the extension of the existing current Minor Surgery contract for one year until 31 March 2018 providing time to complete a review of minor surgery within primary care.

**Resolved**

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| (a) | Members of the Primary Care Joint Commissioning Committee approved the request |

## 8.4 RISK REPORT

James Moult declared an indirect Pecuniary Interest

The Head of Primary Care presented the risk report with regard to the primary care related risks on the corporate risk register. It was noted that there were currently 26 risks of these 6 were related to primary care. The updates to the risks were highlighted in red.

**Resolved**

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|---|---|
| (a) | Members of the Primary Care Joint Commissioning Committee noted the report |

## 9. FOR INFORMATION

## 9i) PRIMARY CARE QUALITY & PERFORMANCE SUB COMMITTEE

Minutes of the meeting held on 08 September 2016 was submitted for information.

## 10. ANY OTHER BUSINESS

The Chair advised there were no items of Any Other Business.

## 11. DATE AND TIME OF NEXT MEETING

The next meeting would be held on **Friday 24 February 2017**at 9.15 am – 10.45 am, The Board Room, Wilberforce Court, Alfred Gelder Street, Hull, HU1 1UY

Signed: _____
(Chair of the Primary Care Joint Commissioning Committee)

Date: _____