Creating a healthier Hull

NHS
Hull Clinical Commissioning Group

Item: 9.1

PRIMARY CARE QUALITY & PERFORMANCE SUB COMMITTEE

MINUTES OF THE MEETING HELD ON THURSDAY 10 NOVEMBER 2016, 9.30 AM – 12.00 NOON, BOARD ROOM, WILBERFORCE COURT, ALFRED GELDER STREET, HULL, HU1 1UY

PRESENT:
Sarah Smyth, Director of Quality & Clinical Governance/Executive Nurse, Hull CCG – *(Chair)*
Colin Hurst, Engagement Manager, Hull CCG
Estelle Butters, Head of Performance and Programme Delivery, Hull CCG
Gemma McNally, Strategic Lead Pharmacist, North of England Commissioning Support
Hayley Patterson, Assistant Primary Care Contract Manager, NHS England
James Crick, Specialty Registrar in Public Health, Hull City Council
Karen Martin, Deputy Director of Quality & Clinical Governance/Lead Nurse, Hull CCG
Kate Memluks, Quality Lead, Hull CCG
Nikki Dunlop, Commissioning Lead – Primary Care, Hull CCG

IN ATTENDANCE:
Emma Jones, Personal Assistant, Hull CCG - (*Minute Taker*)
Geoff Day, Director of New Models of Care, Hull CCG
Kerry Warhurst, Senior Nurse, NHS England

WELCOME AND INTRODUCTIONS
The Chair welcomed everyone to the meeting and those present introduced themselves.

1. APOLOGIES FOR ABSENCE
Apologies for Absence were received from:

Jason Stamp, Lay Member, Hull CCG
Julie Finch, Deputy Director of Nursing, NHS England
Liz Lyle, Locality Pharmacist (Hull), North of England Commissioning Support
Nicola Wood, Screening & Immunisation Clinical Coordinator, Public Health England

2. MINUTES OF THE MEETING HELD ON 21 JULY 2016
The minutes of the meeting held on 8 September 2016 were approved as a true and accurate record subject to the following amendment:

Discussion took place and it was reported that in terms of the 'Increase/Decrease' heading, more than a 4% increase in practice list size where there was no known explanation might warrant the need for investigation to establish if there was an underlying cause It was noted that as a guide between 1600 to 2200 patients was reasonable for a single wte GP.

Resolved

(a)	The minutes of the meeting held on 8 September 2016 be taken as a true and accurate record subject to the above amendment and be signed by the Chair.

3. MATTERS ARISING / ACTION LIST

The Action List from the meeting held on 8 September 2016 was considered. All actions were reported on, a number of which were now complete and would be removed from the list, and the following updates were provided against remaining actions:

8 September 2016

6. Practice Level Quality Monitoring Report

The Quality Lead had contacted those GP practices that were identified as 'Requires Improvement' and no support had been identified. Two of the GP practice had declined support and one had requested copies of policies. One re-inspection by the Care Quality Commission (CQC) would take place at the beginning of January 2017 and the other two GP practices would have full inspections again.

It was noted that there were issues with regard to PALS data for all of the practices.

The Immunisation and Vaccinations information was not included in the Dashboard yet and a decision with regard to this would be made following discussions at today's meeting.

NHS England's (NHSEs) Primary Care Web Tool data had been updated in April 2016 but not necessarily with April 2016 data. It was not NHS Digital's (former HSCIC (*Health and Social Care Information Centre))* responsibility to update the General Practice Outcomes Standards (GPOS) Web Tool section but NHSE's.

The Dashboard had been discussed and approved at the Primary Care Joint Commissioning Committee (PCJCC) on 28 October 2016. The next steps would be agreed as to how the CCG further engaged with GP practices.

It was noted that regular conversations took place between the CCG and Local Medical Committee (LMC).

Specific advice had been sought for the Associate Director of Corporate Affairs with regard to how information was documented in the Part 2 PCJCC meetings. It was noted that Part 2 Sub Committee minutes would be submitted to the Part 2 Committee meeting. However, further clarification was needed as to how to manage potential conflicts of interest and the Director of Quality & Clinical Governance/Executive Nurse agreed to follow this up.

7. Screening & Immunisation Update

The Screening & Immunisation Clinical Coordinator had written a short briefing paper for the Director of Public Health in Hull/ERY and the HIPB group members regarding the issues around the death of the Fresher from the USA at the University of Hull last September 2016. Meeting planned for end of November re all immunisations and Freshers attending the University but in particular, the Men ACWY and MMR uptake. There were resources available to all Freshers and students at the University regarding Men ACWY

and MMR immunisations and the need to register with a local GP via their intranet and Browser pages. A link to NHS Choices provides a list to all GP practices in their postcode area.

The current delivery and uptake in Hull of the Men ACWY vaccination programme to date (October 16 GP data taken from ImmForm) for cohorts in Year 13s (born between 01.09.97 and 31.08.98) remained well below the 95% uptake target in all Hull GP practices, As of ImmForm on 04.11.16, there were 9 GP practices with a nil return to ImmForm for October, a further 4 practices had a nil return but we know these have merged/been taken over by another practice. GP practices around the University area (there were many) have a low uptake of Men ACWY, the Health Centre next to the University, Newland Health Centre , has 45.4% uptake (eligible cohort was 445, uptake is 202).

ImmForm data at October 2016: (accumulative from April 2016):

- Hull CCG: Year 13 cohort this year (born between 01.09.97 to 31.08.98): Numerator: 893 Denominator: 3198 Uptake by %: 27.9
- Hull CCG: Year 13 (catch-up cohort, born between 01.09.96 to 31.08.97): Numerator: 1528 Denominator: 3707 Uptake by %: 41.2

With regard to flu vaccines for pregnant women, a communication would be sent out and NHS England (NSHE) would manage this process. Hull CCG was an outlier with regard to this and a meeting was taking place tomorrow to discuss this further. It was noted that Hull & East Yorkshire Hospitals (HEYHT) had produced a Protocol and Policy with regard to this as they do not have enough resource to provide this service, this year. It was anticipated that this would be added into contracts for next year.

Resolved

(a)	That the Action List from the meeting held on 28 July 2016 be updated accordingly.
(b)	The Immunisation and Vaccinations information was not included in the Dashboard yet and a decision with regard to this would be made following discussions at today's meeting.
(c)	Clarification was needed as to how to manage potential conflicts of interest and the Director of Quality & Clinical Governance/Executive Nurse agreed to follow this up.

4. NOTIFICATION OF ANY OTHER BUSINESS

Any proposed items 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.

Resolved

(a)	There were no items of any other business to be discussed at this meeting.

5. DECLARATIONS OF INTEREST

In relation to any item on the agenda of the meeting members are 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 agenda item number to which the interest relates;
(iii) the nature of the interest;
(iv) be declared under this section and at the top of the agenda item which it relates too;

Name	Agenda Item No	Nature of Interest
James Crick		Indirect Pecuniary Interest as Speciality Registrar employed and paid by Leeds Teaching Hospitals Trust, on placement with Hull City Council as part of training, leading on the Public Health advisory service to the Clinical Commissioning Group and Qualified GP and undertakes sessional work for Yorkshire Doctors Urgent Care (part of the Vocare Group) in Scarborough – Remunerated.
Karen Martin		Indirect Pecuniary interest as Specialist Advisor for the Care Quality Commission and Registered Nurse with Nursing Midwifery Council
Kate Memluks		Indirect interest as Expert by Experience Choice Support to Care Quality Commission
Sarah Smyth		Registered Nurse with Nursing Midwifery Council

Resolved

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

6. PRACTICE LEVEL QUALITY MONITORING REPORT

The Commissioning Lead – Primary Care presented the Practice Level Quality Monitoring Report, split by GP Practice Groupings and incorporated numerous elements of information, although this was not exhaustive. The Monitoring Report had been approved at the Primary Care Joint Commissioning Committee on 28 October 2016

It was proposed that a summary document be submitted to future Sub Committee meetings, which included information with regard to specific subject headings, these were:

- Care Quality Commission
- Extended Primary Care Medical Services (EPCMS)

- CCG Intelligence
- NHS E Soft Intelligence
- NHS E Outliers
- Immunisation & Vaccinations
- Screening
- Patient Experience

It was noted that four different gradings had been identified on the dashboard to make the data more meaningful, these were:

- Excellent
- Satisfactory
- Needs Improvement
- Unsatisfactory

Discussion took place and it was noted that in terms of soft intelligence information, the CCG needed to be clear and transparent. It was stated that as issues occurred, actions happened straight away as the soft intelligence often triggered most contractual issues at GP Practices.

How information was recorded on the summary document was raised and where there was clear data on the Dashboard, it was agreed that 'Yes/No be identified. It was also recommended and agreed that preceding versions of the 'summary' document would be saved down.

It was acknowledged that as the Dashboard was a 'live' document and would always reflect the most up to date position and soft intelligence issues could be removed once closed down, although an intelligence log would need to be kept.

The frequency of data updates with regard to the specific areas was raised and it was suggested creating a 'soft intelligence mailbox' that everyone could access so that issues came into a central point.

With regard to GP Practice outliers, it was noted that if a GP practice was an outlier on six or more areas, investigation would take place to determine if visits were required. These areas would be Red/Green rated.

The Immunisation and Vaccination subject heading would be discussed at Agenda Item 6.

In terms of Screening an appropriate level of screening was being undertaken with regard to breast, bowel, cervical and retinal. It was noted that breast and retinal were a Quality and Outcomes Framework (QOF) indicator. Breast and Bowel screening were also National targets. It was noted that the bowel screening process was to change soon and it was anticipated that the response rate would increase due to the more straight forward method to be implemented.

Additionally, it was noted that Luke Rollin had recently commenced in post as Screening and Immunisation Manager for NHS England (NSHE) and the Commissioning Lead – Primary Care would liaise with him about the screening data. It was also suggest including Abdominal Aortic Aneurysm (AAA) Screening

information to the dashboard and that the CCG's Commissioning Managers had responsibility for specific areas with regard to screening and how screening was to be 'rated' needed to be determined in conjunction with commissioning Managers.
It was recognised that information could be weighted in a different way pending on what the CCG want from the Dashboard. Although, it was acknowledged that screening with a greater influence needed to be weighted in a different way.

The Dashboard needed to be used/put into practice and how the CCG used the information it provided was essential.

It was proposed and agreed that the Commissioning Lead-Primary Care, Deputy Director of Quality & Clinical Governance/Lead Nurse and Quality Lead meet prior to future Sub Committee meetings to determine what the Dashboard was revealing.

It was also acknowledged that Lay Member input with regard to the Dashboard was needed and the Director of Quality & Clinical Governance/Executive Nurse agreed to take this issue forward.

It was also expressed that the Dashboard needed to be recognised by Council of Members (CoM) and supported. Further discussions took place with regard to how best to share the information and it was agreed for this to be shared at a future CoM meeting and also at the Practice Managers Forum. The way in which information was presented at CoM was fundamental and for it to be very clear that the Dashboard was a monitoring tool.

It was also proposed that the Local Medical Committee be informed prior to the information being shared at CoM. Individual practice information would be shared with the respective GP Practice and it was suggested that information also be shared with the GP Champions.

Resolved

(a)	Sub Committee Members noted the verbal update provided.
(b)	Where there was clear data on the Dashboard, it was agreed that 'Yes/No be identified.
(c)	It was also recommended and agreed that preceding versions of the 'summary' document would be saved down.
(d)	It was agreed that the Commissioning Lead-Primary Care, Deputy Director of Quality & Clinical Governance/Lead Nurse and Quality Lead meet prior to future Sub Committee meetings to determine what the Dashboard was revealing.
(e)	Lay Member input with regard to the Dashboard was needed and the Director of Quality & Clinical Governance/Executive Nurse agreed to take this issue forward.

7. VACCINATION INFORMATION FOR QUALITY DASHBOARD

The Specialty Registrar in Public Health provided options regarding the value of adding vaccination date to the Quality Dashboard and how best to do this.

It was reported that there were challenges with regard to this subject area. The Public Health Intelligence function had access to the Department of Health (DoH) ImmForm website, which enabled GP Practices, Pharmacies and Hospitals to order

vaccines and submit vaccine uptake data, although this had not been updated for a period of time (March 2016).

The breadth of vaccine programmes could be reported and averages with regard to performance update could be identified. Proposed target levels were identified, although it was recognised that often there could be a reason if performance was not achieved within timescales.

The Senior Nurse agreed to raise this with Public Health England (PHE) in terms of performance management and feedback to the Sub Committee.

Discussion took place and concern was expressed that missing immunisation by a couple of days/weeks was a performance issue which could have bigger health implications.

Additionally, it was noted that there were significant payment differentials if a GP Practice achieved over 90% and this was a missed income opportunity if under the threshold.

It was agreed to await feedback from the Senior Nurse and if not challenged by PHE to progress with the target areas proposed as follows:

- Use a target of >90% coverage for Green;
- Use a target of 80-90% coverage for Amber;
- Use a target of <80% coverage for Red; and

The good practice taking place at GP practices also needed to be considered and for this to be included in 'Exception Reporting' information. The CCG needed to encourage further working together with GP Practices.

Resolved

(a)	Agreed to add vaccination data to the Dashboard.
(b)	The Senior Nurse agreed to raise this with Public Health England in terms of performance management and feedback to the Sub Committee.
(c)	Subject to feedback for the Public Health Sciences Team to obtain and format the necessary data.
	Subject to feedback from the Senior Nurse it was agreed to progress with the target areas as follows: • Use a target of >90% coverage for Green; • Use a target of 80-90% coverage for Amber; • Use a target of <80% coverage for Red; and
(d)	Subject to feedback the Public Health Science team at Hull City Council extract the Practice-level data and populate a worksheet.
(e)	Subject to feedback the CCG incorporate this worksheet into the Dashboard.

8. DRAFT INCIDENT POLICY

The Quality Lead presented the Incident Report, which outlined the arrangements for identifying, reporting and investigating incidents and near misses within the Hull CCGs.

It was reported that a new Patient Advice and Liaison Services (PALS) and Complaints Policy have also been produced.
Work was taking place with primary care to promote Datix (Patient safety and risk management software).

Discussion took place and it was noted that it was important to get the terminology right as GP practices report incidents as Significant Event Analysis (SEA). Also it was recommended that the process for learning from incidents be included, in relation to how this would be shared within primary care.

Additionally, it was noted that a meeting to discuss Consent with regard to incidents relating to primary care was raised as Hull & East Yorkshire Hospitals (HEYHT) has raised through the Clinical Quality Forum (CQF) that patient consent was not being obtained.

From an organisational point of view it was recognised that patients would not want to inform of incidents occurring in case their care was affected. If patients do not provide consent then accurate information was not being captured.

It was noted that there were two methods as to how practice report incidents via Datix, these were:

- Concerns/Suggestions
  or
- Incidents

Further discussions took place in term so whether the 'consent' issue was a GP practice or CCG responsibility.

An Equality Impact Assessment (EQIA) had been completed for the Policy.

Resolved

(a)	Sub Committee Members approved the Policy for implementation subject to amendments with regard to terminology and the process for learning from incidents and how this would be shared within primary care being included.

9. RISK PROFILE

The Quality Lead reported that NHS England (NHSE) had recently held Quality Risk Profile Tool training. The Tool was used to systematically assess risks to the quality of provision at a point in time. The tool was used where persistent or increasing quality concerns have been identified. This provided focus on the issues which may need further exploration and was shared at the regional Quality Surveillance Group (QSG). The profile could be re-run at any time to demonstrate an increasing or decreasing level of provider assurance, providing all aspects of contract monitoring had been followed.

It was acknowledged that a clear process was now in place.

Resolved

(a)	Sub Committee Members noted the verbal update provided.

10. NEW MODELS OF CARE

The Director of New Models of Care reported that Level 3 delegated commissioning arrangements for the commissioning of primary medical services had been approved at Council of Members (CoM) on 3 November 2016 and the CCG had until 5 December 2016 to submit an application (to operate from April 2017).

The CCG needed to think forward as to what this actually meant for the CCG and consideration needed to be given with regard to the level of service to be provided by NHS England (NHSE) in the future as much of the expertise was held by NHSE.

Resolved

(a)	Sub Committee Members noted the verbal update provided.

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11. WORKFORCE ISSUES – PRIMARY CARE

The Commissioning Lead – Primary Care reported that any workforce issues would be noted on the Dashboard.

The 'workforce issues' item was specifically about whether there were any particular pieces of work taking place within primary care e.g. Clinical Pharmacists, Physician Associate roles.

It was acknowledged that skill mix was a priority at GP practices and workforce modelling with regard to the Sustainability & Transformation Plan needed further discussion with clinicians Mark would be invited to attend to discuss this with practices.

It was noted that GP practices were not just thinking about traditional roles and were developing their teams differently.

Resolved

(a)	Sub Committee Members noted the verbal update provided.

12. COMPLAINTS / CONCERNS AND INCIDENTS FROM PRIMARY CARE

The Quality Lead reported that the Quarter 2 report would be submitted to the next meeting. It was noted that reporting was improving by GP practices and monitoring was taking place.

Patient experience information was included within the Dashboard. There were very few PALs issues currently. The Haxby Group Priory Surgery had recently issued a letter to patients advising on the potential closure of Priory Surgery with a view to relocating services to both Kingswood and Orchard Park Surgeries. Summary information including the themes would be shared with the Quality Lead, which were:

- Medication/Repeat Prescriptions
- Attitude of staff

- Access to appointments

The Medicines Management Team would also be informed of the detail with regard to Medication/Repeat Prescriptions.
Information with regard to Complaints / Concerns and Incidents from Primary Care would be submitted to the Sub Committee on a Quarterly basis and this would be noted on the work plan.

Additionally, it was noted that a CCG 'Intelligence Share Meeting' had been established, to provide a forum for discussion and sharing soft intelligence from Patient surveys, complaints GP surveys , Friends and Family Test (F&FT) , Incidents, press statements, media websites etc. in relation to all our commissioned providers. This would be in the form of exception reporting.

Resolved

(a)	Sub Committee Members noted the verbal update provided.

13. CAPITA SERVICE

The Quality Lead reported that there was an ongoing national issue with Capita Service (responsible for the delivery of NHS England's (NHSEs) primary care support services). Work had taken place with GP Practices to obtain feedback. Escalation by the CCG had taken place with regard to this issues and a response was awaited. It was noted that patients were at risk.

This issue was noted of the CCG's Risk Register, which was in the public domain. The Local Medical Committee (LMC) was also aware of the issue and a National Task Group had been put in place.

It was stated that a response was needed with regard to this and the Quality Lead agreed to take this forward.

Resolved

(a)	Sub Committee Members noted the verbal update provided.
(b)	A response was needed with regard to this and the Quality Lead agreed to take this forward

14. FEEDBACK FROM THE PRIMARY CARE JOINT COMMISSIONING COMMITTEE 28 OCTOBER 2016

It was reported that the following items had been discussed and approved at the meeting on 28 October 2016:

- Delegated Responsibility for the Commissioning of Primary Medical Services
- Managing Quality in Primary Care Commissioning

Resolved

(a)	Sub Committee Members noted the verbal update provided.

15. SENIOR NURSE – PRIMARY CARE (GENERAL PRACTICE)

The Deputy Director or Quality & Clinical Governance/Lead Nurse reported that an advert had been issued on NHS Jobs for a Senior Nurse-Primary Care. This was a key role and the post holder would lead the on-going development, implementation and monitoring of plans and policies in relation to the quality, clinical governance and patient experience agenda in relation to the statutory duties of the CCG. The role would champion nurses in general practice and would act as an innovative, inspirational, enthusiastic role model.

This post would also be advertised through Practice Managers, Practice Nurses and the Local Medical Committee (LMC).

Resolved

(a)	Sub Committee Members noted the verbal update provided.

16. FOR INFORMATION

i PRIMARY CARE JOINT COMMISSIONING COMMITTEE MINUTES 26 AUGUST 2016

The Primary Care Joint Commissioning Committee minutes from the meeting held on 26 August 2016 were provided for information.

Resolved

(a)	Sub Committee Members noted the approved minutes for 26 August 2016.

ii MEETING DATES 2017

The meetings dates for 2017 were provided for information.

Resolved

(a)	Sub Committee Members noted and approved the dates for 2017.

17. ANY OTHER BUSINESS

17i DENTISTS, PHARMACISTS AND OPTICIANS

The above service providers were raised in terms of whether information would be submitted to the Sub Committee in the future. It was noted that these contracts rest with NHS England (NHSE). In future pharmacist services may be discussed as this was locally delivered.

17ii QUALITY SURVEILLANCE GROUP (QSG)

It was noted that information with regard to the QSG would be linked and added to the Sub Committee work plan.

18. DATE AND TIME OF NEXT MEETING

The next meetings will be held as follows:

Thursday 19 January 2017, 9.30 am – 11.30 am, Board Room, Wilberforce Court, 2nd Floor, Alfred Gelder Street, Hull, HU1 1UY.

Abbreviations

AAA	Abdominal Aortic Aneurysm
BI	Business Intelligence
CHCP	City Health Care Partnership
CoM	Council of Members
CQC	Care Quality Commission
FFT	Friends & Family Test
HEYHT	Hull and East Yorkshire Hospitals NHS Trust
HSCIC	Health and Social Care Information Centre
Hull CCG	Hull Clinical Commissioning Group
Humber FT	Humber NHS Foundation Trust
IM&T	Information Management and Technology
KPIs	Key Performance Indicators
MCA	Mental Capacity Act
NHSE	NHS England
PA	Physician Associates
PAG	Professional Advisory Group
PALS	Patient Relations
PCJCC	Primary Care Joint Commissioning Committee
PCQ&PSC	Primary Care Quality & Performance Sub Committee
PGDs	Patient Group Directions
PPGs	Patient Participation Groups
PTL	Protected Time for Learning
QSG	Quality Surveillance Group
SEA	Significant Event Analysis
SIOG	Screening and Immunisation Oversight Group