

PRIMARY CARE JOINT COMMISSIONING COMMITTEE

**MINUTES OF THE MEETING HELD ON FRIDAY 24 FEBRUARY 2017, BOARD ROOM,
WILBERFORCE COURT, ALFRED GELDER STREET, HULL, HU1 1UY**

PRESENT:

Voting Members:

P Jackson, NHS Hull CCG (Lay Representative) Chair
E Daley, NHS Hull (Director of Integrated Commissioning)
G Day, NHS Hull CCG (Director of New Models of Care)
E Latimer, NHS Hull CCG (Chief Officer)
Dr J Parker, NHS Hull CCG (GP Member)
E Sayner, NHS Hull CCG (Chief Finance Officer)
J Stamp, NHS Hull CCG (Lay Representative)

Non-Voting Members:

N Dunlop, NHS Hull CCG (Commissioning Lead for Primary Care)
Councillor G Lunn, (Health and Wellbeing Board Representative/Elected 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:

C Clarke, NHS England (General Practice Development Lead)
Donna Robinson, NHS Hull CCG (Note Taker)

WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

1. APOLOGIES FOR ABSENCE

Voting Members:

K Marshall, NHS Hull CCG (Lay Representative)
C Robinson, NHS Hull CCG (Practice Manager Representative)
S Smyth, NHS Hull CCG (Director of Quality and Clinical Governance/Executive Nurse)
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)
Dr J Moulton, NHS Hull CCG (GP Member)
Dr A Oehring, NHS Hull CCG (GP Member)

2. MINUTES OF THE MEETING HELD ON 16 DECEMBER 2016

The minutes of the meeting held on 16 December 2016 were submitted for approval and agreed as a true and accurate record subject to minor typographical errors.

Resolved

(a)	The minutes of the meeting held on 16 December 2016 be taken as a true and accurate record, subject to the above amendment, and signed by the Chair.
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3. MATTERS ARISING FROM THE MEETING

The Action List from the meeting held on 16 December 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:

26.08.16

6.1 Primary Care Innovation Board

It was stated that the last few meetings had been cancelled. The Head of Primary Care would be revisiting the approach these meetings shortly. The status of Action would be changed to 'Completed' Green

Resolved

(a)	That the Action List from the meeting held on 16 December 2016 be updated accordingly.
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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.

It was agreed that the report for List closure request from Dr Malczewski would be discussed at agenda item 10

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
Vincent	6.1	Direct Pecuniary Interest – GP partner Newhall

Name	Minute No	Nature of Interest
Rawcliffe		Surgery
	7.1	Indirect Pecuniary Interest – GP partner Newhall Surgery
	7.2	Competing Loyalties – GP partner Newhall Surgery
	7.3	Direct Pecuniary Interest – GP partner Newhall Surgery
	7.4	Direct Pecuniary Interest – GP partner Newhall Surgery
	8.1	Indirect Pecuniary Interest – GP partner Newhall Surgery
	8.2	Indirect Pecuniary Interest – GP partner Newhall Surgery
	9.1	Personal Interest – GP partner Newhall Surgery
Raghu Raghunath	7.2	Indirect Pecuniary Interest – GP partner James Alexander
	7.4	Indirect Pecuniary Interest – GP partner James Alexander
	8.1	Indirect Pecuniary Interest – GP partner James Alexander
	8.2	Indirect Pecuniary Interest – GP partner James Alexander

Resolved

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

6.1 CCG APPLICATION FOR DELEGATED COMMISSIONING OF PRIMARY MEDICAL CARE SERVICES

Vincent Rawcliffe declared an Direct Pecuniary Interest.

The Director of New Models of Care advised the Committee, level 3 Delegated Commissioning had been approved and the amended constitution had been submitted. The delegation agreement had been reviewed and would be returned to NHS England before the 8th March deadline. Fully Delegated Commissioning of primary medical care would commence on 1st April 2017.

7. STRATEGY

7.1 STRATEGIC COMMISSIONING PLAN FOR PRIMARY CARE: HULL PRIMARY CARE “BLUEPRINT” – UPDATE

Vincent Rawcliffe declared a Indirect Pecuniary Interest.

The Lay Member for Patient and Public Involvement presented the Primary Care Blueprint Communications and Engagement report to update members.

It was stated that a Communication and Engagement working Group had been established to oversee the delivery of the activities within the Communication and Engagement Plan.

The newsletter “My City My Health My Care” had been positively received and would be compiled again when it was felt that there was sufficient information that would be useful to readers.

It was acknowledged that following sessions that were held with Patient Participations Group (PPG) Members, it was felt that the production of a toolkit to support discussion and feedback within PPG meetings would be beneficial. The toolkit was in its final stages of development stated and would provide an excellent resource particularly for less active PPGs.

It was stated that the People’s Panel Survey had identified that 86% of patients would be happy to see another doctor at their own practice. However, significant numbers of patients (26%) who do not currently make appointments on line would actually prefer to do so along with a further 44% would consider using the method if available.

It was acknowledged that the Communication and Engagement Plan was required to be flexible to adapt to any chance which may to place.

Resolved

(a)	That the committee noted the contents of the report and gained assurance that the work detailed within the Communication and Engagement plan was on track
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7.2 GMS, PMS, AND APMS CONTRACTS:

Vincent Rawcliffe declared a Competing Loyalties Interest, 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 had rescinded his request to retire
- Dr Dave had changed his status from GP Partner to salaried GP. Dr Jaiveloo was now the single contract holder.
- Approval had been granted for Kingston Health (B81011) to change their boundaries. Working was being undertaken to process the changes.

It was stated that Haxby Priory Surgery (Y02747) had submitted an application to vary their contract to close the Priory Surgery and relocate the services to both Kingswood and Orchard Park Surgeries. A report had previously been circulated to facilitate a virtual decision being taken given the significant concerns around health and safety of access on the site.

It was acknowledged that the application to close the Priory Surgery was approved by members following the virtual process . The date for the surgery to be closed

would be agreed with the Practice. Patients could remain registered with the Practices and access services at Orchard Park or Kingswood if they wished or they are able to choose to register at other nearby practices.

APMS contract procurement update

It was noted that the NECS Recommended Bidder Report (RBR) for all 4 contracts under the Hull APMS procurement were approved by NHS England Senior Management Team (SMT) on 7th February 2017. Standstill letters were issued by NECS on 10th February 2017 to both bidders with the 10 day standstill period commencing on 11th February 2017.

2017/18 GMS Contract Changes

It was stated that the Unplanned Care enhanced service would disappear.

It was acknowledged that the new GP contract included provisions to encourage practices to expand access and not to close for half-a-day a week. GP practices who regularly close for mornings or afternoons on a week day would lose their eligibility for the current extended hour's scheme.

Practices that join together with other GPs in their local area to offer more evening and weekend appointments would be eligible for extra non-contractual funding over and above the current scheme.

General practices would help determine a new patient's eligibility for NHS healthcare. Which would help with the identification of patients from the European Economic Area and should make it easier for the NHS to reclaim money from their home countries.

It was acknowledged that it would be a contractual requirement to allow prisoners to pre-register with a GP practice before leaving prison. The agreement would include the timely transfer of clinical information, with the emphasis on transferring information to practices from the prison to enable better care when a new patient first presents at practice.

Resolved

(a)	Members of the Primary Care Joint Commissioning Committee noted the update
(b)	Members of the Primary Care Joint Commissioning Committee ratified the approval to close the Priory Surgery.
(c)	Members of the Primary Care Joint Commissioning Committee noted the publication of Guidance Note: GP Practices serving Atypical Populations
(d)	Members of the Primary Care Joint Commissioning Committee noted the changes to the GP Contract for 2017/18

7.3 PLAN FOR UTILISATION OF ESTATE AND TECHNOLOGY FUND, GP FORWARD VIEW AND PMS PREMIUM RESOURCES

Vincent Rawcliffe declared an Direct Pecuniary Interest.

The Director of New Models of Care provided the report for approval by the Committee.

It was stated that in June 2016 a number of digital technology and estates schemes were submitted to the Estates and Technology Transformation Fund. Following review by NHS England 25 practices had been provided with the funding to roll out WebGP an online triage tool and Patient Partner a telephony solution that enables booking/cancelling of appointments 24/7. It was acknowledged that within the bids there was a significant amount of funding for ensuring robust Communication and Engagement which would be available to the CCG to use to promote the use of the systems which would commence roll out 21st March 2017.

Four of the CCG estates schemes in relation to LIFT premises were submitted to the ETTF were approved as part of Cohort 2 – schemes that can be delivered by March 2019 that can be progressed as resource becomes available. The schemes were submitted on the basis of potentially 100% or 66% funding being made available. However it had been indicated that only 20 – 30% of the funding was available. It would therefore require capital being raised by CHP the LIFT company.

It was proposed that the Primary Medical Services (PMS) premium money be used to fund the on-going revenue consequences of the those schemes. The Committee were assured that the guidance in relation to the use of PMS premium monies had been reviewed, it was clear that the monies had to be reinvested into Primary Medical Services and could be used to support premises developments. In terms of due process the decision making around the re-investment should be taken by the PCJCC to ensure conflicts of interest are managed appropriately.

Discussion took place in relation to the funding and the flexibility of buildings it was recommended that the Uncommitted PMS Premium in 2017/18 and 2018/19 (subject to timescales of when schemes were implemented) be allocated to support the £546k non-recurrent revenue consequences of the ETTF estates schemes and the Uncommitted PMS Premium from 2018/19 onwards be allocated to support the £609k recurrent revenue consequences of the ETTF estates schemes.

It was stated that as much of the ETTF monies should be sourced prior to 31st March 2017 to reduce the on-going revenue consequences.

GP Forward View Resources

In 2016/17 NHS England launched the Resilience Fund to support practices. NHS Hull CCG received an allocation of £84k which was being used to support a number of practices/groups of practices across number of issues, particularly in relation to organisational development and workforce. The NHS Hull CCG allocation for 2017/18 was £39k. A template application form was being developed by NHS England and the LMC.

It was stated that outline approval was being sought for criteria of how the GP Forward View monies would rolled out.

It was stated the NHS Operational Planning and Contracting Guidance 2017– 2019 identified a number of investments that CCGs were required to include in future investment plans as detailed in the following table to be used as follows with services and commissioning being combined across the Humber Coast and Vale STP.

Item	2017/18 £'000	2018/19 £'000	2019/20 £'000
CCG Baseline – transformational support ⁽¹⁾	440	440	-

Online consultation software ⁽²⁾	76	100	-
Training care navigators & medical assistants ⁽³⁾	50	50	-
Improving access to GPs ⁽⁴⁾	-	981	1,766
Total	566	1,571	1,766

In terms of the CCG transformational support monies it was recommended that the CCG write to all practices outlining the guidance as to the utilisation of the resource:

- development of at-scale providers for improved access
- stimulation of the 10 high impact actions to free up GP time
- securing sustainability of general practice
- support of the delivery of the CCG Primary Care Blueprint
- support of the delivery of the CCG General Practice Forward View plan

It was suggested that a Five Year Forward View event take place through the Provider Forum.

It was agreed to only approve

- development of at-scale providers for improved access
- stimulation of the 10 high impact actions to free up GP time
- securing sustainability of general practice
- support of the delivery of the CCG General Practice Forward View plan

Resolved

(a)	Members of the Primary Care Joint Commissioning Committee noted the contents of the report.
(b)	Members of the Primary Care Joint Commissioning Committee approved the proposed utilisation of the PMS Premium
(c)	Members of the Primary Care Joint Commissioning Committee approved the proposed criteria to be used to allocate the CCG transformational support monies
(d)	A Five Year Forward View event to be arranged through the Provider Forum.

7.4 Physician Associate (PA) Roles in Primary Care

Vincent Rawcliffe declared a Direct Pecuniary Interest, Raghu Raghunath declared a Indirect Pecuniary Interest

The Commissioning Lead Primary Care advised Matthew Hempson from HYMS would be presenting at Council of Members on 9th March thereafter the way forward of the Physician Associate role would be agreed.

Resolved

(a)	Members of the Primary Care Joint Commissioning Committee noted the update.
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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 – CURRENT AND NEWLY DESIGNED

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

8.3 RISK REPORT

The Commissioning Lead Primary Care New Models of Care provided a risk report with regard to the primary care related risks on the corporate risk register. It was noted that there were currently 25 risks of these 6 were related to primary care. The updates to the risks were highlighted in red.

It was highlighted that risk 901 “Lack of capacity/capability within CCG to deliver Strategic Commissioning Plan for Primary Care” would be increased to risk capacity 12.

It was suggested that a full review of the risk report be undertaken.

Resolved

(a)	Members of the Primary Care Joint Commissioning Committee noted the report
(b)	Members of the Primary Care Joint Commissioning Committee agreed to review the risk report

9. FOR INFORMATION

9i) PRIMARY CARE QUALITY & PERFORMANCE SUB COMMITTEE

Minutes of the meeting held on 10 November 2016 was submitted for information.

Vincent Rawcliffe declared a Personal Interest.

10. ANY OTHER BUSINESS

The NHS England Representative presented the primary care update, which provided an update with regard to the requested list closure from Dr Malczewski (81080).

It was stated that NHS England had visited the practice, no action plan or solutions were submitted from Dr Malczewski to support the request, therefore it was agreed to decline the request.

(a)	Members of the Primary Care Joint Commissioning Committee declined the request to close the practice list
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11. DATE AND TIME OF NEXT MEETING

The next meeting would be held on **Friday 28 April 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: _____