



PRIMARY CARE QUALITY & PERFORMANCE SUB COMMITTEE

**MINUTES OF THE MEETING HELD ON THURSDAY 19 JANUARY 2017,
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)*
- Estelle Butters, Head of Performance and Programme Delivery, Hull CCG
- Hayley Patterson, Assistant Primary Care Contract Manager, NHS England
- James Crick, Specialty Registrar in Public Health, Hull City Council
- Jason Stamp, Lay Member, Hull CCG
- Karen Martin, Deputy Director of Quality & Clinical Governance/Lead Nurse, Hull CCG
- Kate Memluks, Quality Lead, Hull CCG
- Liz Lyle, Locality Pharmacist (Hull), North of England Commissioning Support
- Nikki Dunlop, Commissioning Lead – Primary Care, Hull CCG

IN ATTENDANCE:

- Emma Jones, Business Support Manager, Hull CCG - *(Minute Taker)*
- 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:

- Colin Hurst, Engagement Manager, Hull CCG
- Gemma McNally, Strategic Lead Pharmacist, North of England Commissioning Support
- Geoff Day, Director of New Models of Care, Hull CCG
- Julie Finch, Deputy Director of Nursing, NHS England
- Nicola Wood, Screening & Immunisation Clinical Coordinator, Public Health England

2. MINUTES OF THE MEETING HELD ON 10 NOVEMBER 2016

The minutes of the meeting held on 10 November 2016 were approved as a true and accurate record subject to the following amendment:

Resolved

(a)	The minutes of the meeting held on 10 November 2016 be taken as a true and accurate record subject to the above amendment and be signed by the Chair.
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3. MATTERS ARISING / ACTION LIST

The Action List from the meeting held on 10 November 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

It was noted that an email had been issued to advise that some of the elements on the primary care web tool had been updated. The outlier practices were not showing any updates. It was agreed to escalate this to be the Director of New Models of Care in order for discussions to take place with NHS England (NHSE). The Status of Action was 'In Progress' (Amber).

Immunisation and Vaccination information would be included on the Practice Level Quality Monitoring Report. The Dashboard was in the process of being updated and this information would be integrated within the Dashboard for the next meeting. The Status of Action was 'Completed' (Green).

Furthermore, it was noted that the CCG were also exploring utilising the Digital Maturity Index, which measured the extent to which healthcare services in England were supported by effective use of digital technology.

How information was documented in Part 2 PCJCC minutes had been reviewed. Arrangements had been put in place to manage conflicts of interest and the Associate Director of Corporate Affairs would attend future PCJCC meetings. The Status of Action was 'Completed' (Green).

Resolved

(a)	That the Action List from the meeting held on 10 November 2016 be updated accordingly.
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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.
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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.
Jason Stamp		Direct Pecuniary interest as Chair of the Public and Patient Voice Assurance Group for Specialised Commissioning, NHS England Conflict of Interest Task & Finish Group, NHS England
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.
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6. PATIENT ONLINE REGISTRATION

The Commissioning Lead – Primary Care provided and update with regard to the Patient Online Registration and tabled and overview of the CCG’s GP Practices. It There was a national target set of 10% and the number of patient trends and percentage of patients enabled for online service rate was identified. The data showed how many people had enabled online booking and not necessarily how many people were using it.

Promotion of the service had been undertaken by Kate Renwick. It was noted that portable screens had recently been put in place at Bransholme Health Centre, in order to enable patients to register. These screens could be transferred to alternative sites.

It was reported that all GP practices needed to be above the national target of 10%. Clarification was sought as to whether to share this information with Council of Members (CoM) in terms of how to involve patients more effectively.

Discussion took place and a targeted approach was suggested as it was believed that this would mobilise patients more quickly to utilise patient online registration and for this to be done via using the communication mechanism already in place e.g. Newsletters, Patient Participation Groups (PPGs).

It was acknowledged that there were a couple of initiatives already in place with regard to digital solutions e.g. Web GP, online triage and consultation tool and Patient Partner, appointment booking solution. It was anticipated that these digital solutions would assist with promoting patient online registration.

It was also suggested utilising the Hull Daily Mail (HDM) to run a story as to the active promotion by GP practices - a good news story regarding patient online was required.

The risk of patient online registration was if the GP practice was not on board fully with the system.

Clarification was sought as to whether contractually GP practices had to offer all available appointments.

It was acknowledged that approach from both directions was required to continue to promote the system with GP practices as well as looking at undertaking a patient campaign and choose one of the GP practices as a 'Champion'.

Clarification was also sought as to whether there was a national incentive in place with regard to this and also if the CCG wanted to consider a local incentive.

An email (13 January 2017) had recently been sent from NHS England's Digital Clinical Champion to General Practice Nurse Teams for patients to utilise online appointment booking, online repeat prescription ordering and online access to detailed coded information held in their GP record. The Director and Deputy Director of Quality & Clinical Governance /Lead Nurse would take this forward with the CCG's Practice Nurses.

Resolved

(a)	Sub Committee Members noted the verbal update provided.
(b)	Clarification was sought as to whether contractually GP practices had to offer all available appointments.
(c)	Clarification was also sought as to whether there was a national incentive in place with regard to this and also if the CCG wanted to consider a local incentive.
(d)	The Director and Deputy Director of Quality & Clinical Governance /Lead Nurse would take forward online services with the CCG's Practice Nurses.

7. QOF PLUS

The Director of Quality & Clinical Governance/Executive Nurse highlighted that QOF Plus could be implemented from 1 April 2017 and that the CCG should consider the areas that need incentivising to develop. The Director of Quality & Clinical Governance/Executive Nurse advised that they had held a Mortality

Summit, which showed areas that require improvement in primary care. It was noted that if the CCG were going to progress mortality reviews, how the CCG undertook this needed to be considered as one of the vehicles would be through QOF Plus.

Discussion took place around what the scheme would look like and the Commissioning Lead – Primary Care would take this forward to the Primary Care Innovation Board and it was suggested that schemes from each domain area be looked at.

Resolved

(a)	Sub Committee Members noted the verbal update provided.
(b)	The Commissioning Lead – Primary Care would take this forward to the Primary Care Innovation Board and it was suggested that schemes from each domain area be looked at.

8. SIGNIFICANT EVENT ANALYSIS (SEA) TRAINING

The Quality Lead provided an update with regard to Significant Event Analysis (SEA) Training. It was noted that only one GP practice had attended, all other delegates were from the CCG but did include medics. How the training was rolled out to GP practices needed to be considered. SEA had been removed from GP appraisals for 17/18, however the CCG believed this was still worthwhile undertaking. The Quality Lead would attend a future Practice Managers meeting to brief them and also it was planned to hold a Protected Time for Learning (PTL) event with regard to SEA. The Quality Lead will ensure that SEA training is on one of the PTLs planned for 17/18 depending on the theme.

Resolved

(a)	Sub Committee Members noted the verbal update provided.
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9. SITE VISIT FRAMEWORK

The Quality Lead presented the Quality Assurance Site Visits Framework for Announced and Unannounced visits.

This had been approved by the Primary Care Joint Commissioning Committee (PCJCC) and would be rolled out to all providers.

Discussion took place with regard to the Site Visit Team and it was agreed this would be amended in terms of ‘appropriate’ to the area of visit and NHS England (NHSE) are to be invited when GP practice visits were being undertaken.

The Director of Quality & Clinical Governance/Executive Nurse has shared the framework with the Directors of Nursing at Humber FT and HEYT for their comments, once received these will be taken into consideration.

Resolved

(a)	Sub Committee Members noted the contents of the Framework.
(b)	Site Visit Team - it was agreed this would be amended in terms of ‘appropriate’ to area of visit and NHS England (NHSE) to be invited when GP practice visits were being undertaken.

10. **CAPITA**

The Quality Lead presented the briefing with regard to Primary Care Support Services provided by Capita.

It was reported that a National Team had recently been appointed to review the Capita Service.

Updates with regard to the issues raised by the CCG were currently being obtained and feedback would be provided to the GP practices.

The Briefing would be issued to GP practices for information. It was also agreed for the CCG's Risk Register to be reviewed and for this to be updated based on the up to date information being received and for the briefing to be submitted to the PCJCC for information.

Resolved

(a)	Sub Committee Members noted the contents of the Briefing.
(b)	The Briefing would be issued to GP practices for information.
(c)	For the CCG's Risk Register to be reviewed and for this to be updated based on the up to date information being received.
(d)	For the briefing to be submitted to the PCJCC for information.

11. **INCIDENT REPORT QUART 1 AND QUARTER 2**

The Quality Lead presented the Quarter 1 and Quarter 2 Incident Report, which provided detailed incident information extracted from the DATIX Risk Management System and an overview of the current position of incidents held within the DATIX Incident Reporting System.

The Quarter 2 report showed an increase in reporting which was really positive.

There were numerous medicine management issues of which the Locality Pharmacist and the wider team worked hard to resolve.

Discussion took place and it was expressed that some of the information included in the report about trends and themes had not changed over the past years and the Sub Committee require further information on what the current situation is. The Quality Lead would review the information and ensure that the Quarter 4 report included the relevant information.

Resolved

(a)	Sub Committee Members noted the contents of the report.
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12. **SENIOR NURSE – PRIMARY CARE (GENERAL PRACTICE)**

The Deputy Director of Quality & Clinical Governance/Lead Nurse reported that this post had been quite problematic to recruit to. A 2.5 day week post was originally being looked at.

Due to changes within the team additional funding was available within the Quality Team they were now able to recruit a full time post. The banding had also been

looked at and this would now be a Band 8A post. A much more generic post would be advertised.

It was hoped that a bigger field of applicants would apply with an appointment being made in February 2017.

Resolved

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

i PRIMARY CARE JOINT COMMISSIONING COMMITTEE MINUTES 28 OCTOBER

The Primary Care Joint Commissioning Committee minutes from the meeting held on 28 October 2016 were provided for information.

Resolved

(a)	Sub Committee Members noted the approved minutes for 28 October 2016.
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14. ANY OTHER BUSINESS

There were no items of Any Other Business.

15. DATE AND TIME OF NEXT MEETING

The next meetings will be held as follows:

Thursday 16 March 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