

Item: 11.4

PRIMARY CARE COMMISSIONING COMMITTEE

**MINUTES OF THE MEETING HELD ON FRIDAY 27 OCTOBER 2017,
BOARD ROOM, WILBERFORCE COURT, ALFRED GELDER STREET,
HULL, HU1 1UY**

Part 1

PRESENT:

Voting Members:

P Jackson, NHS Hull CCG (Lay Representative) Chair
E Daley, NHS Hull (Director of Integrated Commissioning)
E Latimer, NHS Hull CCG (Chief Officer)
K Marshall, NHS Hull CCG (Lay Representative)
Dr D Roper, NHS Hull CCG (Chair of NHS Hull CCG)
E Sayner, NHS Hull CCG (Chief Finance Officer)
J Stamp, NHS Hull CCG (Lay Representative) Vice Chair
J Weldon, Hull CC (Director of Public Health and Adult Social Care)

Non-Voting Members:

Dr B Ali, NHS Hull CCG (GP Member)
G Baines, Healthwatch (Delivery Manager)
P Davis, NHS Hull CCG (Head of Primary Care)
G Day, NHS England (Head of Co-Commissioning)
N Dunlop, NHS Hull CCG (Commissioning Lead for Primary Care)
S Lee, NHS Hull CCG (Associate Director of Communications and Engagement)
Dr J Moulton, NHS Hull CCG (GP Member)
H Patterson, NHS England, (Assistant Primary Care Contracts Manager)
Dr R Raghunath, NHS Hull CCG (GP Member)
Dr V Rawcliffe, NHS Hull CCG (GP Member)
Dr S Richardson, NHS Hull CCG (GP Member)
M Whitaker, NHS Hull CCG (Practice Manager Representative)

IN ATTENDANCE:

D Robinson, NHS Hull CCG (Note Taker)

WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

1. APOLOGIES FOR ABSENCE

Voting Members:

S Smyth, NHS Hull CCG (Director of Quality and Clinical Governance/Executive Nurse)

Non-Voting Members

A Booker, Local Medical Committee

Councillor G Lunn, (Health and Wellbeing Board Representative/Elected Member)

Dr A Oehring, NHS Hull CCG (GP Member)
M Napier, NHS Hull CCG (Associate Director of Corporate Affairs)

2. MINUTES OF THE MEETING HELD ON 25 AUGUST 2017

The minutes of the meeting held on 25 August 2017 were submitted for approval and agreed as a true and accurate record subject to the following minor amendment:

7.2 GMS, PMS AND APMS CONTRACTS:

Primary Care Update

City Health Care Partnership (CHCP) CIC had signed the contract to deliver the 1 year GP Career Plus national pilot scheme. It was acknowledged that there had been 10 GP's which had expressed interest within Hull.

Resolved

(a)	The minutes of the meeting held on 25 August 2017 be taken as a true and accurate record, subject to the above amendments, and signed by the Chair.
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3. MATTERS ARISING FROM THE MEETING

The Action List from the meeting held on 25 August 2017 was submitted for information. There were no actions to report on.

Resolved

(a)	That the Action List from the meeting held on 25 August 2017 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.

There were no items of any other business to be discussed.

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 agenda 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	Agenda No	Nature of Interest
Bushra Ali	7.1	Direct Pecuniary Interest – GP Springhead Medical Centre
Bushra Ali	7.2	Direct Pecuniary Interest – GP Springhead Medical Centre
Bushra Ali	7.3	Direct Pecuniary Interest – GP Springhead Medical Centre
Bushra Ali	7.4	Indirect Pecuniary Interest – GP Springhead Medical Centre
James Moulton	7.1	Direct Pecuniary Interest – GP Faith House
James Moulton	7.2	Direct Pecuniary Interest – GP Faith House
James Moulton	7.3	Direct Pecuniary Interest – GP Faith House
James Moulton	7.4	Direct Pecuniary Interest – GP Faith House
James Moulton	8.4	Direct Pecuniary Interest – GP Faith House
James Moulton	9.1	Direct Pecuniary Interest – GP Faith House
Raghu Raghunath	7.1	Indirect Pecuniary Interest – GP partner James Alexander
Raghu Raghunath	7.2	Indirect Pecuniary Interest – GP partner James Alexander
Raghu Raghunath	7.3	Indirect Pecuniary Interest – GP partner James Alexander
Raghu Raghunath	8.4	Indirect Pecuniary Interest – GP partner James Alexander
Vince Rawcliffe	7.1	Indirect Pecuniary Interest – GP Partner Newhall Surgery
Vince Rawcliffe	7.2	Personal Pecuniary Interest – GP partner Newhall Surgery
Vince Rawcliffe	7.3	Indirect Pecuniary Interest – GP partner Newhall Surgery
Vince Rawcliffe	8.4	Direct Pecuniary Interest – GP partner Newhall Surgery
Scott Richardson	7.1	Direct Pecuniary Interest – GP partner James Alexander
Scott Richardson	7.2	Direct Pecuniary Interest – GP partner James Alexander
Scott Richardson	7.3	Direct Pecuniary Interest – GP partner James Alexander
Scott Richardson	7.4	Direct Pecuniary Interest – GP partner James Alexander
Scott Richardson	8.4	Direct Pecuniary Interest – GP partner James Alexander
Scott Richardson	9.1	Direct Pecuniary Interest – GP partner James Alexander
Jason Stamp		General Interest due to North Bank Forum delivering the Healthwatch Hull contract.
Mark Whitaker	7.1	Indirect Pecuniary Interest – Practice Manager Dr Nayar – Newland Health Centre
Mark Whitaker	7.2	Indirect Pecuniary Interest – Practice Manager Dr Nayar – Newland Health Centre
Mark Whitaker	7.4	Indirect Pecuniary Interest – Practice Manager Dr Nayar – Newland Health Centre

Name	Agenda No	Nature of Interest
Mark Whitaker	9.1	Indirect Pecuniary Interest – Practice Manager Dr Nayar – Newland Health Centre

Discussion took place in relation to the use of Declarations of Interest and which declaration should be used and when. It was stated that new guidance had been circulated and clarity would be sought outside of the meeting by the Chair of NHS Hull CCG.

Resolved

(a)	That the above declarations of interest be noted.
(b)	Members for the Primary Care Commissioning Committee sought clarity on what nature of interest should be used when.

6. GOVERNANCE

6.1 Workplan

The Commissioning Lead for Primary Care advised the Committee that during a recent audit it had been identified that the Primary Care Commissioning Committee had not produced a corporate workplan which reflected the changes of the committee in relation to the CCG now having fully delegated responsibility for primary care commissioning.

It was noted that a workplan had been compiled and circulated; comments were requested on the content of the plan.

It was acknowledged that further work was required on the frequency of key pieces of work being brought to the committee and clarity on how the Programme Delivery Board and Local Medical Committee (LMC) minutes would be circulated.

Resolved

(a)	Members of the Primary Care Commissioning Committee noted the update.
(b)	Members of the Primary Care Commissioning Committee requested clarity on the frequency and how minutes would be circulated.

7. STRATEGY

7.1 Strategic Commissioning Plan For Primary Care: Hull Primary Care “Blueprint” – Update

Dr Ali, Dr Moulton and Dr Richardson declared a Direct Pecuniary Interest as GP Partners. Dr Raghunath and Dr Rawcliffe declared Indirect Pecuniary Interest as GP Partners. Mark Whitaker declared an Indirect Pecuniary Interest as a Practice Manager at Newland Health Centre.

The Head of Primary Care advised the Committee on the progress to date in implementing the NHS Hull CCG’s Strategic Commissioning Plan for Primary Care “Blueprint”.

It was conveyed that following the approval of the “Blueprint” a number of practice changes had taken place which had reduced the number of primary medical care services contracts within the city.

Following the requirement in the NHS Operational and Planning Guidance 2017-19 for NHS Hull CCG’s to allocate a sum of £3 per head over the years 2017-19 for primary care transformation, the Primary Care Commissioning Committee had approved the requirements that the transformation monies would be allocated to practice working at scale with a minimum of 30,000 patients.

It was noted that following the invitation to submit proposals, 5 practice groupings had emerged across the city which cover 35 out of the 40 practices. As part of NHS Hull CCG’s Integrated Delivery work, discussions were being held with the 5 currently unaligned practices.

As part of the “Blueprint” development a series of locality-based primary care estate strategies had been developed by City Care which identified properties of strategic importance and options for estate development which addressed premises issues. The development of larger scale providers through practice mergers had resulted, following approval by the Primary Care Commissioning Committee, in primary care medical services no longer being delivered from some sites, however patients affected by this are now able to access services from a wider range of premises than was previously the case.

In addition, the CCG had made a number of submissions to the NHS England Estates and Technology Transformation Fund (ETTF) in relation to estates as follows:

- Springhead Medical Centre new build
- Alexandra Healthcare Centre reconfiguration to increase clinical capacity
- Longhill Health Centre reconfiguration to increase clinical capacity
- Park Health Centre reconfiguration to increase clinical capacity

It was stated that following receipt of Estates and Technology Transformation funding (ETTF) in 2016/17 23 practices had been using e-consult receiving a positive response from patients who have used the service.

Resolved

(a)	That the Committee Members noted and commented on the update.
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7.2 GMS, PMS, AND APMS CONTRACTS:

Dr Ali, Dr Moulton and Dr Richardson declared a Direct Pecuniary Interest as GP Partners. Dr Raghunath declared Indirect Pecuniary Interest as a GP Partner, Dr Rawcliffe declared a Personal Pecuniary Interest as a GP Partner. Mark Whitaker declared an Indirect Pecuniary Interest as a Practice Manager at Newland Health Centre.

Primary Care Update

The Commissioning Lead for Primary Care provided an update with regard to primary care general practice matters; the report had been compiled in conjunction with NHS England (NHSE) colleagues.

Contract Changes

It was stated that Kingston Health Hull (B81011) had submitted an application to close their practice list.

A discussion took place in relation to activities undertaken by the practice to assist with managing demand. It was agreed that the action plan submitted would not address the issues identified and did not give assurances that this would build resilience within the practice. It was agreed that a further visit including, NHS Hull CCG, Chair NHS Hull CCG Commissioning Lead and NHS England Assistant Primary Care Contracts Manager would be undertaken and a robust action plan developed to assist the practice in supporting themselves.

It was agreed not to approve the request to close the practice list which would be reviewed if a further requested was received.

Clinical Pharmacists in General Practice

It was acknowledged that the application for 2 Clinical Pharmacists from Modality Partnership had been approved by the local NHS England panel. The regional panel would consider the application and if approved it would be forwarded to the national panel for consideration and final approval.

GP Career Plus Pilot

City Health Care Partnership (CHCP) continue to promote the scheme but were yet to recruit any GP's. The administrative support was contacting other areas involved in the national scheme to understand any lessons learnt which could potentially be transferred to Hull.

International GP recruitment

It was noted that Templars had been appointed as the recruitment agency to work alongside the STP on the international recruitment of GPs. Advertising had been agreed and support packs for candidates and host practices were being developed.

NHS Charging Policy and Project 600

NHS Property Services (NHSPS) in conjunction with NHS England (NHSE) and the Department of Health (DoH) had published a refreshed charging policy for 2017-18 which was more relevant for practices which had no formal lease in place.

Directors of Commissioning Operations and NHS Hull CCG Primary Care Commissioners had supported the delivery of Project 600 by conducting a review on each Current Market Rent (CMR) form provided to GP practices for completion, thus ensuring that the list of rooms and numbers of car parking spaces in the GP practice are accepted for reimbursement by NHS England.

It was expected that when the project was completed, NHS Property Services would have the ability to move from a cost recovery approach of calculating rent to a more definitive market rental approach as well as achieving a leasehold rent for new GP leases to enhance the NHS Property Services Lease Regularisation Programme.

Resolved

(a)	Members of the Primary Care Commissioning Committee noted the contract updates.
(b)	Members of the Primary Care Commissioning Committee do not approve the

list closure of Kingston Health Hull.

7.3 Counter Fraud Resource to Cover Risk in Primary Care

Dr Ali, Dr Moulton and Dr Richardson declared a Direct Pecuniary Interest as GP Partners. Dr Raghunath and Dr Rawcliffe declared an Indirect Pecuniary Interest as GP Partners. Mark Whitaker declared an Indirect Pecuniary Interest as a Practice Manager at Newland Health Centre.

The Chief Finance Officer advised the Committee that a risk had been identified that there was no provision to cover counter fraud resource within primary care with this being one of the biggest areas for fraud.

It was suggested links be made with NHS England fraud team to reduce the risk.

Resolved

(a) Members of the Primary Care Commissioning Committee noted the update.

7.4 Integrated Estates Planning

Dr Moulton and Dr Richardson declared a Direct Pecuniary Interest as GP Partners. Dr Ali declared an Indirect Pecuniary Interest as a GP Partner. Mark Whitaker declared an Indirect Pecuniary Interest as a Practice Manager at Newland Health Centre.

The Head of Primary Care provided a presentation to the Committee displaying the progress of the estates planning tool highlighting the following areas:

Purpose:

- Support service and estate planning decisions
- Single database for all public service data – ease of access, sharing, consistency
- Planning in an integrated way across services and organisations
- Save time and resources

How the tool works:

- User selects services or property individually, or by category, to show locations on map
- User selects relevant underlays – population, travel, and health data

Progress to date:

- Hull unique database fields created and linked to existing mapping system
- Bespoke and unique system for Hull – enhances existing national Shape tool
- Live and operational system
- Unique login

Future Development – What was required next?

- Mapping future scenarios to compare/contrast – project specific
- Scale of service to locations to be identified
- Building data – down to room level – type, occupancy

Actions for the next 4 weeks

- User friendly data editing within map to allow organisations to edit only their data
- Data validation and additional data input
- Partner contributions to be established for development and maintenance
- Meetings to demonstrate how to use and edit the data

It was suggested that a conversation be held with Hull City Council (HullCC) Insight team to ensure the correct criteria was being used thus ensuring a comprehensive demographic tool was developed.

Clarification was requested on the ongoing running cost of the tool.

Discussion took place which conveyed that the tool could be used to identify the gaps and the services commissioned in these areas as the tool was more intuitive than the previous tool.

A request was made that the tool be able to compile and save the filtered data identifying why the decision to commission, decommission, move a service was made.

Resolved

(a)	Members of the Primary Care Commissioning Committee noted the update.
(b)	Members of the Primary Care Commissioning requested the cost of running the estates planning tool.

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 Head of Primary 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 27 risks, of these 6 were related to primary care.

The updates to the risks were highlighted in red.

It was stated that risk 914, lack of a capable provider(s) to develop a Multi-specialty Community Provider was no longer a relevant risk, assurance was received that which was the case and a proposal would be taken to Integrated Audit and Governance Committee requesting approval.

Resolved

(a)	Members of the Primary Care Commissioning Committee noted the report.
(b)	A proposal would be taken to Integrated Audit and Governance Committee to close risk 914

8.4 Integrated Delivery Framework and Local Quality Premium

Dr Moulton, Dr Rawcliffe and Dr Richardson declared a Direct Pecuniary Interest as GP Partners. Mark Whitaker declared an Indirect Pecuniary Interest as a Practice Manager at Newland Health Centre.

The Chief Finance Officer provided a report updating the Committee on the Integrated Delivery Framework for discussion and the Local Quality Premium scheme for approval.

It was noted that to deliver system outcomes, changes were required in working relationships into a more facilitative, empowering partnership which would build on the different strengths and skills within the system. Best practice and consistent outcomes would be the core to approaching this with local flexibility being encouraged.

It was stated that the overall function of the Integrated Delivery Team – Out of Hospital team was to support GP Practices/Groupings in achieving best practice and consistent quality standards.

In the first instance work would be focussed on supporting primary care groupings around working on/delivery of the following priority areas:

Enhanced clinical leadership and visibility within groupings
Resilient and sustainable out of hospital system including Primary Care
Managing Need
New models of primary care
Medicine Optimisation
Pathway / Service changes

The Integrated Delivery Framework would provide a clear, consistent system of support to Primary Care, and wider community services, focused around:

- Improved outcomes for patients
- System changes to promote the sustainability of primary care
- System and pathway changes to reduce variation around referrals and manage demand
- Developing pathways / support systems for our frail and vulnerable populations

It was conveyed that the governance structure had been reviewed and the Integrated Audit Committee would see the work being undertaken encompassed in the internal audit reports. It was requested that the governance/relations structure be split into two, one covering governance and one covering relationships.

It was acknowledged that although the direction had been established there were still technical questions as to how the areas would progress.

It was articulated that the Integrated Delivery Framework had been separated into 3 schemes, Managing Need, Community Frailty and Disease Management in primary care which had been separated into 4 subsections.

It was stated that there was a possibility to reduce costing by £3.8 million with £1.6 being put back into primary care groupings. Hull CCG had a window of opportunity with the transformational resources and had the benefit of seeing what other CCG had accomplished.

It was agreed to further discuss the 3 schemes and subsections outside of the meeting.

It was agreed the Chair and Chief Finance Officer had delegated authority to refine and approve the Local Quality Premium.

Resolved

(a)	Members of the Primary Care Commissioning Committee discussed the Integrated Delivery Framework
(b)	Members of the Primary Care Commissioning Committee approved the Local Quality premium.

9. FOR INFORMATION

9.1 Primary Care Quality & Performance Sub Committee

Mark Whitaker declared an Indirect Pecuniary Interest as a Practice Manager at Newland Health Centre.

The Minutes of the meeting held on 19 July 2017 were submitted for information.

10. ANY OTHER BUSINESS

There were no items of Any other Business.

11. DATE AND TIME OF NEXT MEETING

The next meeting would be held on **Friday 15 December 2017** at 9.15am – 10.45am, The Board Room, Wilberforce Court, Alfred Gelder Street, Hull, HU1 1UY

Signed: 
 (Chair of the Primary Care Commissioning Committee)

Date: 15 December 2017

Abbreviations

ETTF	Estates and Technology Transformation Funding
CHCP	City Health Care Partnership
CMR	Current Market Value
CoM	Council of Members
DoH	Department of Health
HullCC	Hull City Council
LMC	Local Medical Committee
NHSE	NHS England
NHSPS	NHS Property Services
P&CC	Planning & Commissioning Committee
PCCC	Primary Care Commissioning Committee
PCJCC	Primary Care Joint Commissioning Committee
PCMSPF	Primary Care Medical Services Provider Forum
PCQPSC	Primary Care Quality & Performance Sub-Committee (PCQPSC).
Q&PC	Quality & Performance Committee
STP	Sustainability and Transformation Partnerships