

**PRIMARY CARE COMMISSIONING COMMITTEE**

**MINUTES OF THE MEETING HELD ON FRIDAY 30 JUNE 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 Latimer, NHS Hull CCG (Chief Officer)  
Dr D Roper, NHS Hull CCG (Chair of NHS Hull CCG)  
E Sayner, NHS Hull CCG (Chief Finance Officer)  
S Smyth, NHS Hull CCG (Director of Quality and Clinical Governance/Executive Nurse)  
J Stamp, NHS Hull CCG (Lay Representative) Vice Chair

**Non-Voting Members:**

G Baines, Healthwatch (Delivery Manager)  
N Dunlop, NHS Hull CCG (Commissioning Lead for Primary Care)  
Councillor G Lunn, (Health and Wellbeing Board Representative/Elected Member)  
Dr J Moulton, NHS Hull CCG (GP Member)  
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:**

C Clarke, NHS England, (Assistant Head of Primary Care)  
D 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)  
G Day, NHS England (Head of Co-Commissioning)  
K Marshall, NHS Hull CCG (Lay Representative)  
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 A Oehring, NHS Hull CCG (GP Member)

**2. MINUTES OF THE MEETING HELD ON 28 APRIL 2017**

The minutes of the meeting held on 28 April 2017 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 28 April 2017 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 28 April 2017 was submitted for information. All actions were reported on, one of which was now complete which would be removed from the list, and the following updates were provided against remaining actions:

**16.12.17 7.1 Strategic Commissioning Plan for Primary Care** – It was stated that “My City, My Health, My Care” Newsletter had been added to the Hull City Council (HCC) website. The Status of Action was identified as ‘Completed’ (Green).

## Resolved

(a)	That the Action List from the meeting held on 28 April 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
James Moulton	7.1	Direct Pecuniary Interest – GP partner Faith House
	7.2	Direct Pecuniary Interest – GP partner Faith House
Raghu Raghunath	7.1	Indirect Pecuniary Interest – GP partner James Alexander
	7.2	Direct Interest – GP partner James Alexander
Vince	7.2	Direct Pecuniary Interest – GP partner Newhall

Name	Agenda No	Nature of Interest
Rawcliffe		Surgery
Scot Richardson	7.1	Direct Pecuniary Interest – GP partner James Alexander
	7.2	Direct Pecuniary Interest – GP partner James Alexander
Mark Whitaker	7.2	Indirect Pecuniary Interest – Practice Manager Dr Nayar – Newland Health Centre

**Resolved**

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

**6.1 Chairs Annual Report**

The Chair provided a report to the Committee highlighting the attendance of Committee Members and progress of the work of the Primary Care Joint Commissioning Committee (PCJCC) for the period of April 2016 – March 2017.

Discussion took place and it was requested that Point 4.7 relating to quality within primary medical care be amended to state:

The Committee approved the Quality Framework process for managing quality in primary medical care, including the escalation framework and approach to Quality visits. In addition the committee approved the Quality Monitoring Tool and received copies of the minutes of the Primary Care Quality & Performance Sub-Committee (PCQPSC).

It was suggested and agreed that the roles of the membership be reviewed for accuracy and amended if incorrect.

**Resolved**

(a)	That the Committee Members approved the annual report.
(b)	That the Committee Members requested the roles of members be reviewed.

**7. STRATEGY**

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

The Commissioning Lead for Primary Care advised the Committee that at the recent Primary Care Medical Services Provider Forum (PCMSPF) it had been apparent that practices were working together more closely within groupings and definite progress was being made.

It was suggested that the invite for future Provider Forums highlight the need for GP representation to ensure that clinical engagement and support was embedded within the groupings.

It was stated that Clinical Leads within groupings were being requested and an alternative way of working was being developed via the provider forum aligning multi-disciplinary working, with support being offered to all groupings.

## Resolved

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

#### i) 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.

The following contract changes were noted:

- Clifton House (B81054) had requested their application to close the practice list be extended for a further 6 months. It was noted that an advanced nurse practitioner had been appointed and was still embedding into the practice, work had started within a collaborative and 107 patients had been lost. It was agreed therefore to approve the extension for 3 months with clear expectations of what would be required.
- East Hull Family Practice (B81008) and The Shaikh Partnership practices had merged on 1<sup>st</sup> July 2017.
- Dr Cook (B81095) had submitted an application to change the practice boundaries.

It was noted that 8 applications had been received for year 2, Phase 1 of the Clinical Pharmacist in General Practice Scheme.

It was stated that letters informing GPs over the age of 55 of the GP Career Plus Pilot had been circulated in an attempt of retaining the skills and experience of GPs who may otherwise leave the workforce.

5 Humber Coast and Vale CCG's had submitted a proposal to NHSE requesting financial support for an International GP Recruitment Scheme to recruit up to 65 GPs working with a recruitment agency, 18 of which would be placed in Hull.

It was acknowledged that the Commissioning Lead for Primary Care was the regional lead with the Consultant in Public Health Medicine and Associate Medical Director being the clinical lead.

Furthermore, it was noted that the qualifying criteria for GP performer payments for sickness and parental leave protocol had been altered from 1<sup>st</sup> April 2017 with the following points being highlighted:

- Payment would no longer be linked to the number of patients the remaining doctors had to treat. All practices were entitled to reimbursement payments towards the cost of providing cover for GPs who were off work through sickness where the absence was two or more weeks.
- In order to provide greater flexibility for practices and encourage continuity of care for patients, practices could now provide cover via salaried or contracted GPs who already worked in the practice as well as locums.
- Payments would no longer be discretionary and would be paid at either actual invoiced cost or the new weekly maximum of £1,734.18. These cannot be applied pro-rata to the working commitment of the absent GP.

- There was an amendment to the payment periods. Practices would not be eligible for payment each time a GP had been absent continuously for two weeks rather than one. The payments were made at the agreed rate for 26 weeks and half for a further 26 weeks

## Resolved

(a)	Members of the Primary Care Commissioning Committee noted the contract updates.
(b)	Members of the Primary Care Commissioning Committee noted the NHS England (NHSE) update.

## 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 provided a risk report with regard to the primary care related risks on the corporate risk register. It was noted that there were currently 24 risks, of these 5 were related to primary care. The updates to the risks were highlighted in red.

It was highlighted that risk 912 was discussed at the Quality and Performance Committee with the consensus of opinion being that NHS Hull CCG were not the owner of the risk and therefore should be closed.

Nationally, GP Practices were being advised to make a formal complaint in relation to Capita. It was agreed to investigate the larger impact risk “Capita” was having to NHS Hull CCG and Primary Care Colleagues.

## Resolved

(a)	Members of the Primary Care Commissioning Committee noted the report.
(b)	Members of the Primary Care Commissioning Committee agreed that risk 912 be removed from the Risk Report.
(c)	Members of the Primary Care Commissioning Committee agreed to investigate the impact Capita delays having on NHS Hull CCG and Primary Care.

## 9. FOR INFORMATION

### 9i) Primary Care Quality & Performance Sub Committee

The Minutes of the meeting held on 19 January 2017 was 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 25 August 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 Commissioning Committee)

Date: 25<sup>th</sup> August 2017

### **Abbreviations**

NHSE	NHS England
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