

PRIMARY CARE COMMISSIONING COMMITTEE

**MINUTES OF THE MEETING HELD ON FRIDAY 15 DECEMBER 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)
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)
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:

Dr B Ali, NHS Hull CCG (GP Member)
G Baines, Healthwatch (Delivery Manager)
A Booker, Local Medical Committee
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)
M Napier, NHS Hull CCG (Associate Director of Corporate Affairs)
H Patterson, NHS England, (Assistant Primary Care Contracts Manager)
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:

E Latimer, NHS Hull CCG (Chief Officer)
J Weldon, Hull CC (Director of Public Health and Adult Social Care)

Non-Voting Members

Councillor G Lunn, (Health and Wellbeing Board Representative/Elected Member)
Dr R Raghunath, NHS Hull CCG (GP Member)
Dr A Oehring, NHS Hull CCG (GP Member)

2. MINUTES OF THE MEETING HELD ON 27 OCTOBER 2017

The minutes of the meeting held on 27 October 2017 were submitted for approval. Subject to an amendment that G Day NHS England (Head of Co-commissioning) had attended the meeting as a non voting member rather than a voting member, the minutes were agreed as a true and accurate record and signed.

Resolved

(a)	The minutes of the meeting held on 27 October 2017, subject to the amendment, be taken as a true and accurate record, and signed by the Chair.
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3. MATTERS ARISING FROM THE MEETING

The Action List from the meeting held on 27 October 2017 was submitted for information. There were no actions to report on.

The Chair requested that all reports be written, even if reports were brief, and limited verbal updates be provided. It was agreed that if there was not adequate information to compile a report then the item should be removed from the agenda.

Resolved

(a)	That the Action List from the meeting held on 27 October 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 financial 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	Financial Interest – GP Springhead Medical Centre

Name	Agenda No	Nature of Interest
Bushra Ali	7.3	Financial Interest – GP Springhead Medical Centre
Bushra Ali	7.4	Financial Interest – GP Springhead Medical Centre
Bushra Ali	7.5	Financial Interest – GP Springhead Medical Centre
Bushra Ali	7.6	Financial Interest – GP Springhead Medical Centre
Bushra Ali	7.7	Financial Interest – GP Springhead Medical Centre
Bushra Ali	8.2	Financial Interest – GP Springhead Medical Centre
James Moul	7.1	Financial Interest – GP Faith House
James Moul	7.3	Financial Interest – GP Faith House
James Moul	7.4	Financial Interest – GP Faith House
James Moul	7.5	Financial Interest – GP Faith House
James Moul	7.6	Financial Interest – GP Faith House
James Moul	7.7	Financial Interest – GP Faith House
James Moul	8.2	Financial Interest – GP Faith House
Vince Rawcliffe	7.1	Financial Interest – GP Partner Newhall Surgery
Vince Rawcliffe	7.4	Financial Interest – GP partner Newhall Surgery
Vince Rawcliffe	7.5	Financial Interest – GP partner Newhall Surgery
Vince Rawcliffe	8.2	Financial Interest – GP partner Newhall Surgery
Scott Richardson	7.1	Financial Interest – GP partner James Alexander
Scott Richardson	7.3	Financial Interest – GP partner James Alexander
Scott Richardson	7.4	Financial Interest – GP partner James Alexander
Scott Richardson	7.5	Financial Interest – GP partner James Alexander
Scott Richardson	7.6	Financial Interest – GP partner James Alexander
Scott Richardson	7.7	Financial Interest – GP partner James Alexander
Scott Richardson	8.2	Financial Interest – GP partner James Alexander
Scott Richardson	8.3	Financial Interest – GP partner James Alexander
Scott Richardson	8.4	Financial Interest – GP partner James Alexander
Scott Richardson	9.1	Financial Interest – GP partner James Alexander
Mark Whitaker	7.1	Personal Interest – Practice Manager Dr Nayar – Newland Health Centre
Mark Whitaker	8.2	Personal Interest – Practice Manager Dr Nayar

Name	Agenda No	Nature of Interest
		– Newland Health Centre

Resolved

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

There were no items of Governance to discuss.

7. STRATEGY

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

Dr Ali, Dr Moulton, Dr Rawcliffe and Dr Richardson declared a Financial Interest and Mark Whitaker declared a Personal 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 of the 5 practices which were unaligned one had formally become a member of Hull Health Forward grouping, two practices were having discussions with Hull GP Collaborative and two with Hull Health Forward. It was anticipated that by 31st December 2017 all practices would be aligned to a grouping.

The Estates and Technology Transformation Fund (ETTF) work continues with the proposed new build for Springhead scheduled to be considered by the Hull City Council Planning Committee in early January 2018. The PIDs for the Longhill and Alexandra schemes had also been developed for submission.

It was confirmed that the best option for securing capital, in terms of revenue implications for the CCG, was being considered.

Resolved

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

There were no GMS, PMS and APMS contracts updates to discuss.

7.3 Primary Care Communications and Engagement Strategy

Dr Ali, Dr Moulton, Dr Rawcliffe and Dr Richardson declared a Financial Interest.

The Associate Director of Communications and Engagement provided a report to update the Committee on primary care blueprint communications and engagement and seek approval for the refreshed communications and engagement strategic approach.

It was stated that the communications and engagement plan had been updated with a more high level strategic approach including the previous action plan.

It was requested that HYMS be incorporated within the action plan to ensure all potential future employees were targeted. Working Voices were targeting local businesses including all communication and engagement along with the Bondholders scheme. Hull City Council Area Committees were to be used to promote future engagement proceedings.

The second edition of My City My Health My Care would be published in early January 2018 and would be widely distributed to all Primary Care venues.

Resolved

(a)	Members of the Primary Care Commissioning Committee noted the update.
(b)	Members of the Primary Care Commissioning Committee approved the Communications and Engagement Strategic Approach

7.4 Physician Associate Roles in Primary Care

Dr Ali, Dr Moulton, Dr Rawcliffe and Dr Richardson declared a Financial Interest.

The Head of Primary Care provided a report to update the Committee on the local position in relation to Physician Associate (PA) training and employment opportunities in the region.

The PA role was a relatively new healthcare professional in the UK. A number of discussions had been held locally regarding the potential role of PA's in primary care. A presentation was taken to the NHS Hull CCG Council of Members with the view of the meeting being that NHS Hull CCG should explore options of how the roles could be supported in primary care, including financially.

An introductory guide for employers to the PA role had been published by the Royal College of Physicians Faculty of Physician Associates which covers:

- Considerations during the first year of employment
- PA's clinical roles within primary and secondary care
- Current limitations of the role
- Support and development (supervision, CPD, appraisal, recertification, career development)

In September 2016, HYMS welcomed the first intake of 32 PA students to study on the MSc in Physician Associate Studies. About a third of the 2016 cohort have personal links to the HYMS region; a further third have links to Yorkshire more broadly. Of the 2017 cohort, just under half of the students have a connection to the HYMS region. HYMS was mindful of local connection and the potential to work locally as part of the admissions process.

The first cohort would complete their training in August 2018 and take the national exam (out-with the HYMS PA programme) in September 2018. After completion of this they would be able to join the PAs' managed voluntary register and work as a practicing PA.

During the development of the HYMS' PA programme NHS workforce leads within the region expressed interest in exploring employment opportunities. Local employers have identified a range of different potential opportunities to help develop and establish the clinical role.

It was expected that creating attractive and supportive employment/career packages within the HYMS region would help maximise the potential that PAs trained within the locality remain here. Where individual students and prospective employers had developed a firm relationship during clinical placements, then opportunities for direct appointments could be considered. It was accepted that this was more likely to be possible in GP than in secondary care.

HYMS' Year 2 PAs are increasingly active in considering post-qualification employment opportunities. HYMS are keen to ensure that as many as possible have the opportunity to form part of the local healthcare workforce. It was considered important that HYMS' PAs are updated about the positive development of local employment opportunities. There was, otherwise, a risk that they look elsewhere.

In addition to support local recruitment of PAs, HYMS would host the next Y&H regional Careers Fair. This would bring together students from 5 PA programmes across the Y&H region. It would be held on the 13th April 2018 at the University of Hull.

A number of potential options exist for the CCG to utilise primary care development monies to support the employment and development of the PA role in primary care. These include:

- Funding of PA training places
Enhanced PA training studentships to HYMS' PAs on the understanding that all optional aspects of the programme would be GP-based and undertaken in the Hull area and potentially within one practice/grouping.
- PA preceptorships
Sponsorship of a preceptorship year for newly qualified PAs seeking their first job in primary care following graduation. This would provide support for the PA as well as the practice/grouping employing them.
- Financial support to practices/groupings to employ PAs
Financial support to practices/groupings that employ a PA on a similar basis to the clinical pharmacists in general practice scheme – ie. support a proportion of the cost of employing a PA over a period of years at a reducing rate.

A discussion took place with the following areas being highlighted:

- Would NHS Hull CCG be setting a precedent if PA's are promoted as there are supplementary roles which are not being supported.
- PA's could be used as front of house in Accident and Emergency in combination with a role in primary care.
- Does the PA role fit within Hull's primary care model providing the biggest benefit and value for money?
- The PA role in the first instance was not as beneficial as the Nurse Practitioner but in the longer term would provide a more comprehensive support/service.
- PA's would have to take the prescribing qualification and would require mentorship.

- There may be an opportunity to invest non recurrent funding in the PA role.
- Assurance would be required from PA that they would stay within Hull.
- A desk was necessary at the job fair being held on 13th April 2018 promoting the role.
- All of the appendices would be useful for GP' and should be circulated prior to the next Primary Care Provider Forum.

It was agreed that a further piece of work be undertaken and brought to the February 2018 Committee outlining the next stages of the process including funding options.

Resolved

(a)	Members of the Primary Care Commissioning Committee considered the report.
(b)	Members of the Primary Care Commissioning requested a report be brought to the February 2018 Committee outlining the next stages of the process including funding.

7.5 Workforce – Clinical Pharmacists

Dr Ali, Dr Moulton, Dr Rawcliffe and Dr Richardson declared a Financial Interest.

The Commissioning Lead – Primary Care updated the Committee on the progress of the Clinical Pharmacist workforce in Hull CCG practices.

It was acknowledged that of the wave 3 applications submitted the Modality Partnership had been approved subject to clarification of a few areas.

There are now 4 groupings which have Clinical Practices which are part of the national scheme and 7 practices which are part of the local scheme.

It was agreed that all practices should be reviewed to ascertain which do not have a Clinical Pharmacists or access to one to offer assistance in looking for national funding to acquire one.

Resolved

(a)	Members of the Primary Care Commissioning Committee considered the update.
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7.6 Estates – Estate Review

Dr Ali, Dr Moulton, and Dr Richardson declared a Financial Interest.

The Head of Primary Care updated the Committee on the progress of the Estate Review work. The funding for the west Hull primary and community health estate review had been supported by the Humber Coast and Vale Capital Group and Citycare were awaiting instruction from NHS England to proceed with the work.

Resolved

(a)	Members of the Primary Care Commissioning Committee considered the update.
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7.7 Estates – Health & Social Care Estate Planning

Dr Ali, Dr Moulton, Dr Rawcliffe and Dr Richardson declared a Financial Interest.

The Head of Primary Care updated the Committee on progress in developing the Health and Social Care Estate Planning tool. Work was ongoing by Citycare to populate the tool with Hull City Council information and a presentation on the tool is to be made to the Health and Wellbeing Overview and Scrutiny Commission at the January 2018 meeting.

Resolved

(a)	Members of the Primary Care Commissioning Committee considered 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

Dr Ali, Dr Moulton, Dr Rawcliffe and Dr Richardson declared a Financial Interest and Mark Whitaker declared a Personal Interest as a Practice Manager at Newland Health Centre.

The Commissioning Lead for Primary Care advised that the extended primary care medical services which are currently commissioned through GP practices were due to end in March 2018.

Approval was requested to initiate a task and finish group with Practice representation gathered from each of the groupings to review how the extended services could be commissioned at grouping level going forward. This review would also include the minor surgery local enhanced service. It was requested that the task and finish group include patient opinion.

Assurance was provided that this is not about reducing funding into practices but is looking to ensure that the extended services are provided efficiently and equitably across the city. Director of Finance, Hull CCG confirmed that any savings identified would be protected and reinvested in primary care.

Resolved

(a)	Members of the Primary Care Commissioning Committee considered the update.
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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 5 were related to primary care.

The updates to the risks were highlighted in red.

It was stated that:

Risk 913, the update provided did not reflect the latest position regarding practice alignment with groupings – this would be amended in the next risk review.

Risk 915, a large amount of assurance had been received therefore the risk rating should be reviewed.

Risk 902, Scarborough would be the first CCG to potentially recruit internationally recruited GP's and that 5 GP's had originally expressed an interest in the GP Career Plus programme but none had followed up the interest by joining the programme.

Resolved

(a)	Members of the Primary Care Commissioning Committee noted the report.
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8.4 Criteria to be used in considering application to close practice lists

The NHS England Assistant Primary Care Contracts Manager provided a report updating the Committee on the criteria to be used by the Primary Care Commissioning Committee when considering applications from practices to close their lists.

It was stated the process for considering applications by practices to close their lists followed by NHS England and NHS Hull CCG was set out within the Primary Medical Care Policy and Guidance Manual (PGM). It provides policies and templates to support a consistent approach to primary care commissioning across England. In addition Managing Closed Lists was published by NHS England in July 2013 and also describes the process to follow regarding application to close a practice list and extend closure of a list.

When reviewing an application to close a list the following process should be followed:

1. Standard template was completed by the practice which was received by the Commissioner
(in this instance the commissioner was the CCG due to the delegated commissioning arrangements that were in place but applications currently come into NHS England)
2. Commissioner must acknowledge application within 7 working days of receipt
3. Practice visit to explore alternative options to list closure
4. Commissioner must make decision within 21 working days of receipt (or longer if agreed) and write to contractor as soon as possible after the decision had been made
5. If approved, send closure notice as soon as possible using template notice within PGM (cc LMC and other people involved in decision making), Contractor closes on the date in the notice and remains closed unless agree with commissioner to re-open before the expiry period.
6. If rejected, send rejection of closure notice as soon as possible using template notice within PGM stating the reasons for rejection (cc LMC and other people involved in decision making), Contractor not able to make a further application

until 3 months after the date of rejection or, if a dispute was brought by the practice, 3 months after a decision from the dispute process or if there was a change in circumstance which affects its ability to deliver services under the contract.

It was stated that Committee Members required further clarification on the following:

- Evidence of a practice visit highlighting areas for improvement
- The sight of an improvement plan whilst list was closed providing assurance that changes would be made
- To identify what a safe level was to reopen the list
- Risk assessment to be clear and transparent

It was agreed that a template, including the above, be compiled and used for every request and circulated to the committee when seeking approval for a list closure.

Resolved

(a)	Members of the Primary Care Commissioning Committee noted the process for considering applications to close practice lists.
(b)	Members of the Primary Care Commissioning Committee requested a closure list visit template be compiled and circulated for approval.

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 15 September 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 23 February 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: 23.02.18

Abbreviations

CHCP	City Health Care Partnership
CoM	Council of Members
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
STP	Sustainability and Transformation Partnerships