

## Item: 2

### PRIMARY CARE COMMISSIONING COMMITTEE

#### MINUTES OF THE MEETING HELD ON FRIDAY 23 FEBRUARY 2018, THE VILLAGE HOTEL, HENRY BOOT WAY, PRIORY WAY, HULL, HU4 7DY

#### Part 1

#### PRESENT:

##### Voting Members:

P Jackson, NHS Hull CCG (Lay Representative) Chair  
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)  
S Smyth, NHS Hull CCG (Director of Quality and Clinical Governance/Executive Nurse)  
J Stamp, NHS Hull CCG (Lay Representative) Vice Chair  
J Weldon, Hull CC (Director of Public Health and Adult Social Care)

##### Non-Voting Members:

P Davis, NHS Hull CCG (Head of Primary Care)  
N Dunlop, NHS Hull CCG (Commissioning Lead for Primary Care)  
S Lee, NHS Hull CCG (Associate Director of Communications and Engagement)  
Councillor G Lunn, (Health and Wellbeing Board Representative/Elected Member)  
Dr J Moulton, NHS Hull CCG (GP Member)  
Dr A Oehring, 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:

E Daley, NHS Hull (Director of Integrated Commissioning)

##### Non-Voting Members

G Baines, Healthwatch (Delivery Manager)  
A Booker, Local Medical Committee  
G Day, NHS England (Head of Co-Commissioning)  
M Napier, NHS Hull CCG (Associate Director of Corporate Affairs)

## 2. MINUTES OF THE MEETING HELD ON 15 December 2017

The minutes of the meeting held on 15 December 2017 were submitted for approval and agreed and signed as a true and accurate record with minor grammatical amendments being made.

### Resolved

(a)	The minutes of the meeting held on 15 December 2017, subject to minor grammatical amendments, were a true and accurate record.
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## 3. MATTERS ARISING FROM THE MEETING

The Action List from the meeting held on 15 December 2017 was submitted for information. There were no outstanding actions to report on.

### Resolved

(a)	That the Action List from the meeting held on 15 December 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
James Moulton	6.2	Financial Interest – GP Partner Faith House
	7.2	Financial Interest – GP Partner Faith House
	7.3	Financial Interest – GP Partner Faith House
	8.4	Financial Interest – GP Partner Faith House
	8.5	Financial Interest – GP Partner Faith House

Name	Agenda No	Nature of Interest
Amy Oehring	6.2	Financial Interest – GP Partner Sutton Manor
	7.2	Financial Interest – GP Partner Sutton Manor
	7.3	Financial Interest – GP Partner Sutton Manor
	8.4	Financial Interest – GP Partner Sutton Manor
	8.5	Financial Interest – GP Partner Sutton Manor
Vince Rawcliffe	6.2	Financial Interest – GP Partner Newhall Surgery
	7.2	Financial Interest – GP Partner Newhall Surgery
	7.3	Financial Interest – GP Partner Newhall Surgery
	8.4	Financial Interest – GP Partner Newhall Surgery
	8.5	Financial Interest – GP Partner Newhall Surgery
Raghu Raghunath	6.2	Financial Interest – GP Partner James Alexander
	7.2	Financial Interest – GP Partner James Alexander
	7.3	Financial Interest – GP Partner James Alexander
	8.4	Financial Interest – GP Partner James Alexander
	8.5	Financial Interest – GP Partner James Alexander
Scott Richardson	6.2	Financial Interest – GP Partner James Alexander
	7.2	Financial Interest – GP Partner James Alexander
	7.3	Financial Interest – GP Partner James Alexander
	8.4	Financial Interest – GP Partner James Alexander
	8.5	Financial Interest – GP Partner James Alexander
Mark Whitaker	7.3	Personal Interest – Practice Manager Dr Nayar – Newland Health Centre
	8.4	Personal Interest – Practice Manager Dr Nayar – Newland Health Centre
	8.5	Personal Interest – Practice Manager Dr Nayar – Newland Health Centre
	8.6	Personal 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 Terms of Reference

The Head of Primary Care provided a report reviewing the Terms of Reference (ToR) of the Primary Care Commissioning Committee.

It was acknowledged that the ToR were required to be reviewed at least annually and then submitted to the Integrated Audit and Governance Committee and NHS Hull CCG Board for approval.

It was proposed that the following process and timetable be followed for review of the ToR.

Action	Committee / Board Date 2018
Review of effectiveness of Committee facilitated by Robert Basham, Audit One, the CCG's Internal Audit Provider.	27 <sup>th</sup> April Primary Care Commissioning Committee.
Revised terms of reference submitted for approval.	29 <sup>th</sup> June Primary Care Commissioning Committee.
Revised terms of reference submitted for approval (alongside other Committees' revised Terms of Reference).	27 <sup>th</sup> July CCG Board Meeting.

It was agreed that the Membership and Quoracy were accurate and no changes were to be made.

### Resolved

(a)	That the Committee Members noted the contents of the report.
(b)	The Committee Members approved the process and timetable for review of the Terms of Reference.

### 6.2 Reimbursement of Lease Costs

Dr James Moulton, Dr Amy Oehring, Dr Vince Rawcliffe, Dr Raghu Raghunath Dr Scott Richardson declared a Financial Interest.

The Commissioning Lead Primary Care provided a report advising practices on the process of requesting reimbursement costs associated with renewing/agreeing new leases for practices.

It was stated the National Scheme came to end in November 2017 but due to the volume of requests being received nationally, a decision was made to extend the lease incentive scheme until the end of March 2018. From 1st April 2018, the responsibility for reimbursing the costs would fall to individual CCGs.

Practices would be required to submit the claim 2 weeks prior to a Primary Care Commissioning Committee meeting for approval. The committee would assess the claim against the criteria set out in the process.

Following the committee meeting, GP Practices would be informed of the outcome within 10 days and the reimbursement would be made.

## **Resolved**

(a)	That the Committee Members noted the contents of the report.
(b)	The Committee Members approved the process and associated claim form.

## **7. STRATEGY**

**7.1 Strategic Commissioning Plan for Primary Care: Hull Primary Care “Blueprint”**  
There was nothing to update on the Strategic Commissioning Plan for Primary Care.

**7.2 GMS, PMS, AND APMS CONTRACTS:**

Dr James Moulton, Dr Amy Oehring, Dr Vince Rawcliffe, Dr Raghu Raghunath Dr Scott Richardson declared a Financial Interest.

The Assistant Primary Care Contracts Manager NHS England provided an update with regard to primary care general practice matters; the report had been compiled by NHS England. in conjunction with CCG colleagues.

### **NHS England’s revised Policy and Guidance Manual for Primary Medical Services**

This document had been updated and included all the relevant information practices needed to make changes to their contracts

### **Estates, Technology and Transformation Fund (ETTF)**

It was stated that the 6 schemes were progressing well.

### **Clinical Pharmacists in General Practice**

The Modality application received for Phase 2, Wave 3 of the Scheme had been approved by the national panel and recruitment was now underway.

There were no applications for the wave 4 submission which closed on 19<sup>th</sup> January 2018. This was due, in part, to the local scheme which was in place and supports practices with their clinical pharmacist requirements.

### **International Recruitment**

It was stated that this scheme was progressing well with 41 applications currently in the pipeline. A candidate information pack had been developed and visits were being arranged for the team to attend relevant events in Spain.

A communication would be circulated to all practices to understand which practices wished to be involved in the scheme and to receive confirmation of interest from those practices who originally expressed an interest. Once confirmation had been received, the practice details would be given to United by Design who would prepare the practice inserts to be included in the candidate packs. The practice inserts would include practice information as well as information about the local area.

### **Resilience Fund Update 17/18**

An overview was given in relation to the 17/18 resilience monies and in what areas this had been allocated. Resilience monies for 18/19 would be available and

discussions were underway with the LMCs as to what criteria the bids would be assessed against.

### **Online Consultation Fund**

**CCGs have submitted bids against this fund which have been reviewed and approved by the local team.**

NHS England had been awarded additional monies in relation to project management support for the implementation of online consultation. Work was ongoing with individual CCGs to determine what support was required in terms of project management.

Monies already identified within CCG bids for project management could be used against other areas within their submissions such as communications and marketing.

A procurement was currently underway across the Sustainability and Transformation Partnerships (STP) for online consultations. Within Hull an evaluation was being undertaken on the current utilisation online consultations prior to further roll out. .

### **GP Career Plus Pilot**

City Health Care Partnership had been running the current pilot, work was being undertaken to try and promote the scheme differently.

### **Practice Management Development Funding**

CCGs have been allocated funding for practice management development. Practices have been asked to identify areas they feel they need further development and work was ongoing to ensure that the money was allocated to areas that were felt to be most beneficial to practice managers.

The LMC have also been allocated some monies and work was ongoing with them to ensure there was no duplication

### **National Association of Primary Care (NAPC) Diploma in Advanced Primary Care Management**

The NAPC were offering a one year diploma to develop the skills and competencies for managing primary care at scale within the NHS. The Diploma was aimed at Practice or Business Managers.

To date there had been 4 expressions of interest in the diploma from Hull Practice Managers. .

### **NHS Wi-Fi Programme**

The roll out of Wi-Fi in GP practices should have been complete by the end of 2017. Due to issues on the North Bank with the current telecommunications provider, this had been delayed. However, roll out was progressing on the South Bank of the Humber,

### **Practice List Closure**

The Oaks Medical Centre (B81038) had applied to extend their current temporary list closure for a further twelve month period, running from when their current approval ends on the 28th February 2018. The current list closure was approved due to workforce issues and an increase in new registrations.

During the closure the practice had been successful in securing their salaried GP as a GP partner and a practice nurse who would replace the nurse who was due to retire. It was acknowledged that there had been a 0.14% reduction in the list size since the original application but that staff numbers had not depleted further.

It was stated that keeping the practice list closed would not be a huge benefit to the practice and therefore the application to extend the current list closure was not supported

It was therefore not approved to extend the list closure.

### Proposed Changes to Practice Boundary

St Andrew's Group Practice (B81027) had requested to change the practice boundaries.

The practice had originally been made up of 6 contracts which then split into 2 practices with 3 contracts each. As part of this split, boundaries had not been addressed and the practice boundary covered the 3 original practice areas. It was confirmed that this boundary change would affect new patient registrations only.

Discussion took place in relation to the 19 nursing and residential homes within the boundaries with clarity being required on the wording within the document, it was therefore agreed to change the wording within the proposal to

<b>St Andrews Group Practice (B81027)</b>	
Main details of the application	<p>Due to recent mergers, St Andrews Group Practice would like to redefine its practice boundary so it was clear where was and was not included. They would like to accurately define the practice boundary so that for new patients, it would focus on the areas they have traditionally served and that were in close proximity to their surgeries. The revised boundary would exclude areas where it was impracticable, due to distance, to provide a full service</p> <p><del>They currently service 19 residential homes with 82 residents spread over much of West Hull and its satellite communities. They wish to focus on the 9 homes nearest to our surgeries who account for 60 residents</del></p> <p>The practice currently services 19 residential homes spread over much of West Hull and its satellite communities. With the re-defined practice area, this would decrease to 9 but would affect new registrations only. Current residents would continue to receive medical services from St Andrews Group Practice.</p> <p>The Newington area was currently benefitting from re-development of residential housing. Occupiers would naturally gravitate towards a local medical service provider.</p> <p>The new boundary would affect new registrations only. Existing patients who currently live outside the new boundary would continue to be serviced until they move residence when they would be advised</p>

	<b>St Andrews Group Practice (B81027)</b>
	that they would need to find an alternative GP Practice

It was noted that there had be no objections from nearby practices to the change of boundaries for St Andrews Group Practice and that a review of boundary may be beneficial when all practice groupings were finalised.

**It was approved to change the practice boundaries for St Andrews Group Practice**

**Resolved**

(a)	That the Committee Members noted the contents of the report.
(b)	Committee Members did not support the extension of the practice list closure for Oaks Medical Centre
(c)	Committee Members approved the change to St Andrews Practice Boundary

**7.3 Physician Associate Roles in Primary Care**

Dr James Moulton, Dr Amy Oehring, Dr Vince Rawcliffe, Dr Raghu Raghunath Dr Scott Richardson declared a Financial Interest.

The Head of Primary Care provided a report to update the Committee on the financial support for the employment and development of Physician Associate (PA) roles in primary care.

A proposal setting out two options was developed and submitted to the CCG Prioritisation Panel on 8 February 2018. The assumption was that PAs would be employed as Band 7 roles - the two options for financial support were:

- i) to match the PA Ready Scheme with additional posts to support one PA role for each of the 5 practice groupings in Hull;
- ii) to support over a 3 year period the costs of employing a PA on the 60% in year 1, 40% in year 2 and 20% in year 3 model established by NHS England for the Clinical Pharmacists in General Practice scheme – again on the basis of one per PA role practice grouping.

The outcome of the Prioritisation Panel was to recommend support for option i) above, with resources coming from the CCG primary care development resources.

Clarification was sort on the number, location and supervision of PA's being recruited within each group.

**Resolved**

(a)	Members of the Primary Care Commissioning Committee considered the report.
(b)	Members of the Primary Care Commissioning approved the allocation of CCG primary care development resources to support the employment and development of PA roles in primary care.



## 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

There were no items of newly designed enhanced service 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 28 risks, of these 5 were related to primary care.

The updates to the risks were highlighted in red.

It was stated that the risk ratings score for Risk 913 and Risk 915 had been reduced; clarity was requested on whether Integrated Audit And Governance Committee had approved the reduction.

#### Resolved

(a)	Members of the Primary Care Commissioning Committee noted the report.
(b)	Members of the Primary Care Commissioning Committee requested clarity whether the risk reduction for 913, 915 had been approved by the Integrated Audit and Governance Committee.

### 8.4 Practice List Closure Template

Dr James Moulton, Dr Amy Oehring, Dr Vince Rawcliffe, Dr Raghu Raghunath Dr Scott Richardson declared a Financial Interest. Mark Whitaker declared a Personal Interest.

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 that Committee Members required further clarification on:

- 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

A discussion took place in relation to the “application to close practice list” which had been circulated with the following themes being identified:

- The uniqueness/extremeness of the request was not apparent
- The risk of not closing was not apparent

It was agreed that after minor amendments to continue with the template which would be brought to future committees in a pack when list closures were requested along with the action list and notes from practice visit from NHS England and Hull CCG to ensure all requests were dealt with in a consistent manner.

## Resolved

(a)	Members of the Primary Care Commissioning Committee approved the use of the template for all future list closures.
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### 8.5 Implementation of MJOG in Primary Care

Dr James Moulton, Dr Amy Oehring, Dr Vince Rawcliffe, Dr Raghu Raghunath Dr Scott Richardson declared a Financial Interest. Mark Whitaker declared a Personal Interest.

The NHS England Assistant Primary Care Contracts Manager provided a report informing the committee around the functionality of the MJOG service.

Both nationally & locally, it was recognised that there was an increase in demand for appointments within Primary Care, which was further compounded by patients not attending for the appointments they have booked.

Currently, practices could remind patients of appointments via an SMS text messaging service. This texting service was outbound only so if patients want to cancel or change their appointment they had to ring the practice to do so. If patients were unable to get through on the telephone, they may abandon the call and then fail to attend their booked appointment therefore wasting a primary care appointment.

MJOG was more than a text reminder service; it's a 2-way, safe & secure, patient messaging service that allows the practice to send messages to the patient which the patient could respond to in a few simple clicks.

Feedback from the 4 practices within Hull which were using MJOG had identified that between 5 – 7 appointments were reopened each week with "Did not Attend" reducing.

It was stated that if the CCG approved a 1yr licence then the additional cost to the CCG would be £23,040 and if a 3yr licence was approved, then the additional cost to the CCG would be £64,800 from PMS premium monies 2017-18. It was confirmed that those practices currently paying for MJOG would be refunded.

Following approval of the funding, the intention was to implement MJOG in practices across the city, in a phased approach. The roll out still needs to be worked through fully but could be implemented at individual practice level or at a grouping level.

## Resolved

(a)	Members of the Primary Care Commissioning Committee approved the implementation of MJOG in GP Practices across the CCG.
(b)	Members of the Primary Care Commissioning Committee approved the use of

PMS premium monies 2017-18 to fund roll out across the city.
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## 8.6 Primary Care Communications and Engagement Update

Mark Whitaker declared a Personal Interest.

The Associate Director of Communications and Engagement provided a report to update the committee on the progress of the Primary Care Communications and Engagement Group.

It was stated that the 2<sup>nd</sup> addition of the My City, My Health, My Care newsletter had been published and widely circulated.

The 1<sup>st</sup> addition of the monthly Integrated Delivery update had been circulated which was an Enewsletter distributed across primary care.

## 9. FOR INFORMATION

### 9.1 Primary Care Quality & Performance Sub Committee

The Minutes of the meeting held on 16 November 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 27 April 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: \_\_\_\_\_

## 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