

Item: 2

PRIMARY CARE COMMISSIONING COMMITTEE MINUTES OF THE MEETING HELD ON FRIDAY 27 APRIL 2018, THE BOARD ROOM, WILBERFORCE COURT, HULL, HU1 1UY

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:

G Baines, Healthwatch (Delivery Manager)
A Booker, Local Medical Committee
P Davis, NHS Hull CCG (Head of Primary Care)
N Dunlop, NHS Hull CCG (Commissioning Lead for Primary Care)
Dr J Moulton, NHS Hull CCG (GP Member)
M Napier, NHS Hull CCG (Associate Director of Corporate Affairs)
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)

IN ATTENDANCE:

Robert Bassham, AuditOne (Audit Manager)
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 Day, NHS England (Head of Co-Commissioning)
S Lee, NHS Hull CCG (Associate Director of Communications and Engagement)
Councillor G Lunn, (Health and Wellbeing Board Representative/Elected Member)
M Whitaker, NHS Hull CCG (Practice Manager Representative)

2. MINUTES OF THE MEETING HELD ON 23 February 2018

The minutes of the meeting held on 23 February 2018 were submitted for approval and agreed and signed as a true and accurate record.

Resolved

(a)	The minutes of the meeting held on 23 February 2018 were approved and signed as a true and accurate record.
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3. MATTERS ARISING FROM THE MEETING

The Action List from the meeting held on 23 February 2018 was submitted for information. The following actions were reported on.

23.02.18 – 8.3

The Committee were advised that the Audit and Governance Committee had approved the risk reductions for 913 and 915.

Resolved

(a)	That the Action List from the meeting held on 23 February 2018 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	7.2	Financial Interest – GP Partner Faith House
	7.3	Financial Interest – GP Partner Faith House
	8.4	Financial Interest – GP Partner Faith House
Amy Oehring	7.2	Financial Interest – GP Partner Sutton Manor
	7.3	Financial Interest – GP Partner Sutton Manor

Name	Agenda No	Nature of Interest
	8.4	Financial Interest – GP Partner Sutton Manor
Vince Rawcliffe	7.2	Financial Interest – GP Partner Newhall Surgery
	7.3	Financial Interest – GP Partner Newhall Surgery
	8.4	Financial Interest – GP Partner Newhall Surgery
Raghu Raghunath	7.2	Financial Interest – GP Partner James Alexander
	7.3	Financial Interest – GP Partner James Alexander
	8.4	Financial Interest – GP Partner James Alexander
Scott Richardson	7.2	Financial Interest – GP Partner James Alexander
	7.3	Financial Interest – GP Partner James Alexander
	8.4	Financial Interest – GP Partner James Alexander

Resolved

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

There was nothing to update on Governance.

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 and 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.

Contract uplift and Expenses: Summary

It was stated that the contract uplift of 3.4% letter had been received by all GP practices in Hull.

Online Consultation Procurement

The STP wide procurement for the online consulting provider was now complete. The contract had been awarded to Wiggly Amps.

Undertaking the procurement at scale across Humber Coast and Vale had reduced the licence fees which would be paid per patient. Costs within the successful tender were £0.26 per patient in year one, and £0.24 per patient in years two and three.

Practices already using online consultations would have the opportunity to move over to the new supplier as their licences expire or if they decide to stay with their current supplier they would have to cover the on-going licence cost.

A short pilot would be undertaken in North Lincolnshire on behalf of Humber Coast and Vale so that a full understanding of how the system does and could operate at federation/network level could be obtained. This would also be the opportunity to highlight any issues and teething problems before rolling out more widely.

Estates, Technology & Transformation Fund (ETTF)

Decisions from Community Health Partnerships (CHP) were still awaited in relation to the availability of capital funding for the 3 schemes covering Alexandra, Longhill and Park Health Centres. Submissions to ETTF will be considered in the light of the outcome from CHP.

List Closure request from Wilberforce Surgery

The Committee were advised that a revised List Closure Pack had been compiled comprising of:

1. Practice NHS England list closure application form
2. List Closure application form with local information gathered from visit
3. Action notes from practice meetings
4. Local Checklist

Wilberforce Surgery had requested a list closure for 12 months due a high demand of complex new registrations which was resulting in a high demand on resources.

It was acknowledged that staff were being proactive with training, increasing face to face appointments and sign-posting within the practice.

It was stated that the practice was working with the grouping on a joint proposal for an Emergency Care Practitioner (ECP) which may assist the practice. Usually this role was utilised for home visits but due to the number of these within the practice was low then they would be utilised for additional clinical time.

Concern around the Patient Participation Group (PPG) which due to size would not provide enough consultation in relation to issues raised.

It was noted that no action plan had been provided from the practice to establish a proactive approach to re-open the list.

Clarity was sort on the whether “We have increased the Clinical hours to 40 face to face and 10 telephone appointments per GP” was appointments or hours and if this was daily or weekly.

It was proposed and agreed not to approved the list closure at present and for the Head of Primary Care to visit and assist/recommend points in the completion of a robust action plan to enable the practice to move forward without disrupting patients.

Princes Medical Centre

Princes Medical Centre had approached Humber NHS Foundation Trust (HFT) in July 2017 with the proposal for HFT to assume responsibility for the General Medical Services (GMS) contract held by the practice.

It was noted that the contract provided would remain the same with all services within the contract being sub-contracted to HFT through an indemnity agreement.

Resolved

(a)	That the Committee Members noted the contents of the report.
(b)	Committee Members did not approve the list closure of Wilberforce Surgery.
(c)	Clarity was requested on the wording of "We have increased the Clinical hours to 40 face to face and 10 telephone appointments per GP" was appointments or hours and if this was daily or weekly".

7.3 Physician Associate Roles in Primary Care

Dr James Moulton, Dr Amy Oehring, Dr Vince Rawcliffe, Dr Raghu Raghunath and 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.

Following the decision at the February Primary Care Commissioning Committee, Hull CCG communicated to all practice groupings that the STP scheme was about to be launched and a commitment from the CCG to support, in conjunction with the STP scheme, additional posts across the 5 practices groupings. The number of posts at grouping level would be proportionate to total patient list size.

The posts would be supported for a 2 year period at £10k per year with an additional £5k being sourced from national GPFV monies in year 1.

Resolved

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

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.

The Committee agreed that the risks 901, 902 and 913 should be re-assessed and re-rated and highlights identified in red on the report, including any changes in risk-rating, would be reported back to the Integrated Audit and Governance Committee (IAGC).

Resolved

(a)	Members of the Primary Care Commissioning Committee noted the report.
(b)	Members of the Primary Care Commissioning Committee requested revaluation of risks 901,902 and 913.

Dr James Moulton, Dr Amy Oehring, Dr Vince Rawcliffe, Dr Raghu Raghunath and Dr Scott Richardson left the meeting.

8.4 Integrated Delivery Framework - Local Quality Premium Scheme 2018/19

The Head of Primary Care provided a report advising the Primary Care Commissioning Committee of the details of the proposed Local Quality Premium Scheme for 2018/19.

A wide and varied discussion took place in relation to the content of the Guidance Document circulated. It was stated that the narrative within the document was appropriate and specific. It was agreed that the title Primary Care Data Quality Scheme title on page 1 should be altered to Community Frailty Pathway and then the guidance should be circulated to all GP practices.

Resolved

(a)	Members of the Primary Care Commissioning Committee considered and approved the revised Local Quality Premium scheme proposed for 2018/19.
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Dr James Moulton, Dr Amy Oehring, Dr Vince Rawcliffe, Dr Raghu Raghunath and Dr Scott Richardson returned to the meeting.

8.5 GP International Recruitment

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

The Commissioning Lead for Primary Care provided a report advising the Committee on the progress to date in relation to the GP International Recruitment scheme with the following points being highlighted:

- Programme board established
- Templars recruitment agency commissioned to support the programme
- Advertising campaign developed and published including social media
- Recruitment and induction process approved
- Candidates packs developed
- Practice packs developed
- Attendance at local congress in Toledo – 30 applications received
- Taster weekend in Scarborough carried out with a positive response and lessons learned produced. 8 Candidates were identified with only 6 attending.

- First “briefing” produced
- 81 candidates currently in the pipeline who were being tracked through the process.
- Leads identified for Hull:
 - Clinical Lead & Pastoral Lead - James Crick
 - Project Manager - Nikki Dunlop
 - Project Support - Lucy Pitt
 - Clinical Training Lead - TBC

It was stated that Hull practices had was identified potential for 19 candidates.

A 4 point process incorporating:

- Application form submitted
- A review of the application form
- Skype interview to assess the level of English
- Interview to taster weekend

will be implemented for candidates prior to being invited to the taster weekend.

Resolved

(a)	Members of the Primary Care Commissioning Committee noted the update.
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8.6 Safeguarding Adults Policy for Primary Care

The Director of Quality and Clinical Governance/Executive Nurse Associate Director provided a report on the new bespoke policy for safeguarding adults for Primary Care practice in Hull.

It was requested that any amendments be directed to Dave Blain, Designated Professional for Safeguarding Adults who would amend the policy after which the policy would be cascaded to all Hull GP practice for use.

Resolved

(a)	Members of the Primary Care Commissioning Committee noted the policy.
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8.7 Primary Care Communications and Engagement Update

In the absence of the Senior Communication Officer the Lay Representative for Patient and Public Involvement provided a report to update the committee on the progress of the Primary Care Communications and Engagement Group.

The next edition of My City, My Health, My care newsletter would be published in September 2018 and focus on improving access in primary care. This would include features on the implementation of extended access to general practice and introducing the new role of physician associate.

Healthwatch Hull was leading on the facilitation of a city wide Patient Participation Group (PPG) event planned for the end of June 2018. The aim would be to bring together PPG members to discuss current PPG activity.

The Deputy Director of Commissioning was undertaking a piece of work to help identify when practices were under additional pressure in a similar way to which pressure on acute services is measured.

Resolved

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

9.1 Primary Care Quality & Performance Sub Committee

The Minutes of the meeting held on 30 January 2018 were submitted for information.

9.2 Chairs Update Report – 23 February 2018 & 23 March 2018

Committee Members noted the contents of the Charis Update report.

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 29 June 2018** 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
ECP	Emergency Care Practitioner
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).
PPG	Patient Participation Group
Q&PC	Quality & Performance Committee
STP	Sustainability and Transformation Partnerships