

Item: 8.7

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| Report to: | NHS Hull Clinical Commissioning Group Board |
| Date of Meeting: | 27 July 2018 |
| Title of Report: | Primary Care Commissioning Committee, Chair's Annual Report |
| Presented by: | Primary Care Commissioning Committee, Chair |
| Author: | Phil Davis, Head of Primary Care |

STATUS OF THE REPORT:

| | | | |
|-------------|-------------------------------------|-----------------|--------------------------|
| To approve | <input type="checkbox"/> | To endorse | <input type="checkbox"/> |
| To ratify | <input checked="" type="checkbox"/> | To discuss | <input type="checkbox"/> |
| To consider | <input type="checkbox"/> | For information | <input type="checkbox"/> |
| To note | <input type="checkbox"/> | | |

PURPOSE OF REPORT:

The purpose of this report is to provide the Board with the Primary Care Commissioning Committee Chair's Annual Report for approval.

RECOMMENDATIONS:

It is recommended that the Board approve the report..

REPORT EXEMPT FROM PUBLIC DISCLOSURE No Yes

If yes, detail grounds for exemption

CCG STRATEGIC OBJECTIVE *(See guidance notes on page 4)*

N/A

Short summary as to how the report links to the CCG's strategic objectives

N/A

IMPLICATIONS: (summary of key implications, including risks, associated with the paper),

| | |
|---------|------|
| Finance | None |
| HR | None |
| Quality | None |
| Safety | None |

ENGAGEMENT: (Explain what engagement has taken place e.g. Partners, patients and the public prior to presenting the paper and the outcome of this)

N/A

LEGAL ISSUES: (Summarise key legal issues / legislation relevant to the report)

N/A

EQUALITY AND DIVERSITY ISSUES: (summary of impact, if any, of CCG's duty to promote equality and diversity based on Equality Impact Analysis (EIA). **All** reports relating to new services, changes to existing services or CCG strategies / policies **must** have a valid EIA and will not be received by the Committee if this is not appended to the report)

| | Tick relevant box |
|--|-------------------|
| An Equality Impact Analysis/Assessment is not required for this report. | √ |
| An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment. | |
| An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report. | |

THE NHS CONSTITUTION: (How the report supports the NHS Constitution)

The report supports the delivery of the NHS Constitution as the commissioning of primary care services will aid in the delivery of the following principles, rights and NHS pledges:

- 1) The NHS aspires to the highest standards of excellence and professionalism
- 2) NHS works across organisational boundaries and in partnership with other organisations in the interests of patients
- 3) Quality of care
- 4) You have the right to expect NHS organisations to monitor, and make efforts to improve, the quality of healthcare they commission or provide.

**PRIMARY CARE COMMISSIONING COMMITTEE
CHAIR'S ANNUAL REPORT
1 APRIL 2017 TO 31 MARCH 2018**

1. Introduction

- 1.1 The purpose of this report is to update Board members with the progress of the work of the Primary Care Commissioning Committee for the period April 2017 - March 2018. For the purposes of this report the term 'the Committee' will be used.
- 1.2 Since April 2017 the CCG has operated at Level 3, fully delegated commissioning, of primary medical care services. The new Terms of Reference of the Primary Care Commissioning Committee reflecting this change, came into effect from April 2017.
- 1.3 The Committee has continued to manage conflicts of interest robustly and in line with the CCG Conflicts of Interest policy.

2. Role and Membership of the Primary Care Commissioning Committee

2.1 The role of the Committee includes the following:

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);
- Newly designed enhanced services ("Local Enhanced Services" and "Directed Enhanced Services");
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- Decision making on whether to establish new GP practices in an area;
- Approving practice mergers;
- Making decisions on 'discretionary' payment (e.g., returner/retainer schemes).
- Currently commissioned extended primary care medical services;
- Newly designed services to be commissioned from primary care.

2.2 The CCG Governing Body Lay Representative Strategic Change has acted as Chair with the CCG Governing Body Lay Representative Patient and Public Involvement as Vice Chair. The full membership is attached as Appendix 1.

2.3 8 out of 8 meetings have been quorate and, in the main, core members have consistently attended or sent a deputy. Voting member attendance was as follows.

| First Name | Surname | Role | No of Meetings Attended (out of a possible 8) | % of Meetings Attended |
|------------|----------|---|---|------------------------|
| Paul | Jackson | Lay Member (Chair) | 7 | 87.5% |
| Jason | Stamp | Lay Member (Vice Chair) | 8 | 100% |
| Emma | Latimer | Chief Officer | 5 | 62.5% |
| Emma | Sayner | Chief Finance Officer | 4 | 50% |
| Erica | Daley | Director of Integrated Commissioning | 5 | 62.5% |
| Sarah | Smyth | Director of Quality and Clinical Governance / Executive Nurse | 4 | 50% |
| Karen | Marshall | Lay Member | 7 | 87.5% |
| Julia | Weldon | Director of Public Health | 4 | 50% |
| Dan | Roper | Governing Body GP Member without pecuniary interest | 7 | 87.5% |

In addition, 5 NHS Hull CCG Governing Body GP Members, the NHS Hull CCG Governing Body Practice Manager, two NHS England officers, a number of NHS Hull CCG officers, and representatives from Humberside LMCs, Healthwatch Hull and the Hull Health and Wellbeing Board attend the Committee as non-voting members.

- 2.4 The agendas of the meeting are managed under 3 discrete areas as follows:
- Governance
 - Strategy
 - System Development and Implementation

3. Governance

- 3.1 The terms of reference for the Committee were revised to reflect the move to Level 3 fully delegated arrangements for the commissioning of primary medical care services. NHS England representatives continue to attend the Committee in an advisory capacity. The Committee also approved a timetable for a further review of the Committee's terms of reference to ensure any changes could be considered by the July 2018 CCG Board meeting.
- 3.2 The Committee received a work-plan setting out the anticipated work of the Committee for the period to December 2018.
- 3.3 The Committee approved a process for practices to request reimbursement of costs associated with renewing/agreeing new leases for practice premises.

4. Strategy

- 4.1 In terms of Strategy the Committee received regular updates on progress in implementing the CCG's Strategic Commissioning Plan for Primary Care (Hull Primary Care Blueprint) including various practice changes and mergers and requests to close practice lists, and progress in developing the 5 practice groupings.
- 4.2 The Committee considered the potential role of Physician Associates as part of the primary care workforce and approved CCG resources to support additional posts within the preceptorship scheme developed through the Humber Coast and Vale Sustainability & Transformation Partnership.
- 4.3 The Committee received reports on estates issues and prioritised schemes for submission to the NHS England Estates and Technology Transformation Fund (ETTF).
- 4.4 The Committee approved a refresh of the CCG strategic approach to communications and engagement in relation to primary care developments.
- 4.5 The Committee considered the CCG's approach to the commissioning of extended access to primary care, as required by NHS England, including the procurement route and service model.

5. System development and implementation

- 5.1 The Committee received at each meeting risk update reports covering the CCG corporate risks associated with the work of the committee.
- 5.2 The Committee received regular reports from the Primary Care Quality and Performance Sub-Committee.
- 5.3 The Committee approved the allocation of primary care transformation monies to practice groupings working at scale (>30,000 patients).
- 5.4 The Committee approved the commissioning of the MJOG messaging system for all practice within the CCG
- 5.5 As part of the CCG Integrated Delivery Framework the Committee considered and approved a Local Quality Premium Scheme to be offered to practice groupings working at scale.
- 5.6 The Committee approved a template to be used when considering practice applications to close their lists.

6. Summary

The Primary Care Commissioning Committee can confirm from evidence provided throughout the year and in this annual report that the CCG Board can be assured that the Committee has fulfilled its functions as set out in the terms of reference for the Committee.

Paul Jackson
Chair
Primary Care Commissioning Committee 2017-18
June 2018

APPENDIX 1

MEMBERSHIP OF PRIMARY CARE COMMISSIONING COMMITTEE

The membership will meet the requirements of NHS Hull Clinical Commissioning Group's constitution.

The Chair of the Committee shall be a Lay Representative of the NHS Hull CCG Governing Body.

The Vice Chair of the Committee shall be a Lay Representative of the NHS Hull CCG Governing Body.

There will be a standing invitation to Healthwatch, the Local Medical Committee and the Health and Wellbeing Board.

Membership of the Committee is determined and approved by NHS Hull CCG governing body and will comprise:

Member (Voting)

NHS Hull CCG

- NHS Hull CCG Governing Body, Lay Representative Strategic Change - Chair
- NHS Hull CCG Governing Body, Lay Representative Patient and Public Involvement - Vice Chair
- NHS Hull CCG Chief Officer
- NHS Hull CCG Chief Finance Officer (or immediate deputy)
- NHS Hull CCG Director of Integrated Commissioning (or immediate deputy)
- NHS Hull CCG Director of New Models of Care (or immediate deputy)
- NHS Hull CCG Director of Quality and Clinical Governance/Executive Nurse (or immediate deputy)
- NHS Hull CCG Governing Body Lay Representative Audit, Remuneration and Conflict of Interest Matters
- NHS Hull CCG Governing Body GP Member(s) without a pecuniary interest
- NHS Hull CCG Governing Body Registered Nurse

Hull City Council

- Hull City Council Director of Public Health (or immediate deputy)

Non-voting attendees

- NHS England Representative, Head of Co-Commissioning (Localities) (or immediate deputy)
- NHS England Representative, Deputy Director of Nursing (or immediate deputy)
- NHS Hull CCG Governing Body GP Members
- Healthwatch Hull Representative - Delivery Manager
- LMC Representative
- NHS Hull Associate Director of Corporate Affairs
- NHS Hull CCG Head of Primary Care
- NHS Hull CCG Commissioning Lead - Primary Care
- NHS Hull CCG Governing Body Practice Manager Representative
- Health and Wellbeing Board Representative – Elected Member

In attendance as and when required

- Commissioning Support Representatives
- Other Officers of the CCG
- Other Officers of NHS England