

Item: 2

**PRIMARY CARE COMMISSIONING COMMITTEE
MINUTES OF THE MEETING HELD ON FRIDAY 29 JUNE 2018,
THE BOARD ROOM, WILBERFORCE COURT, HULL, HU1 1UY
Part 1**

PRESENT:

Voting Members:

P Jackson, NHS Hull CCG (Lay Representative) Chair
K Marshall, NHS Hull CCG (Lay Representative)
Dr D Roper, NHS Hull CCG (Chair of NHS Hull CCG)
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 Attendees:

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)
Councillor G Lunn, (Health and Wellbeing Board Representative/Elected Member)
Dr J Mout, 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)
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)
E Latimer, NHS Hull CCG (Chief Officer)
E Sayner, NHS Hull CCG (Chief Finance Officer)

2. MINUTES OF THE MEETING HELD ON 27 April 2018

The minutes of the meeting held on 27 April 2018 were submitted for approval and agreed and signed as a true and accurate record subject to the following being added to the minutes under item 7.2:

“The lay Member asked for clarification as to whether the practice was legally obliged to inform patients of the proposed arrangements. The NHS England representative agreed to clarify for the next meeting.”

Resolved

(a)	The minutes of the meeting held on 27 April 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 27 April 2018 was submitted for information. There were no items arising on the action list to discuss.

Resolved

(a)	There were not items on the action list to discuss.
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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	7.1	Financial Interest – GP Partner Faith House (Modality – Hull Division)
	7.2	Financial Interest – GP Partner Faith House (Modality – Hull Division)
	8.4	Financial Interest – GP Partner Faith House (Modality – Hull Division)
Amy Oehring	7.1	Financial Interest – GP Partner Sutton Manor
	7.2	Financial Interest – GP Partner Sutton Manor
	8.4	Financial Interest – GP Partner Sutton Manor

Name	Agenda No	Nature of Interest
Vince Rawcliffe	7.1	Financial Interest – GP Partner Newhall Surgery (Modality – Hull Division)
	8.1	Financial Interest – GP Partner Newhall Surgery (Modality – Hull Division)
	8.4	Financial Interest – GP Partner Newhall Surgery (Modality – Hull Division)
Raghu Raghunath	7.1	Financial Interest – GP Partner James Alexander
	8.1	Financial Interest – GP Partner James Alexander
	8.4	Financial Interest – GP Partner James Alexander
Scot Richardson	7.1	Financial Interest – GP Partner James Alexander (Chair of Hull GP Collaborative)
	8.1	Financial Interest – GP Partner James Alexander (Chair of Hull GP Collaborative)
	8.4	Financial Interest – GP Partner James Alexander (Chair of Hull GP Collaborative)
Mark Whitaker	7.1	Personal Interest – Practice Manager Dr Nayar – Newland Health Centre
	8.1	Personal Interest – Practice Manager Dr Nayar – Newland Health Centre
	8.4	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 Primary Care Commissioning Terms of Reference

The Head of Primary Care provided a report updating the terms of reference for the Primary Care Commissioning Committee for approval and submission to the NHS Hull CGG Board.

The areas agreed to be amended had been tracked within the attached Terms of Reference and covered :



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- Due regard would be given to Planning and Commissioning Committee work on items of mutual interest.
- Assurance reports would be received from the Primary Care Quality & Performance Sub-Committee.
- Attendance would be monitored throughout the year with areas of concern being raised by the Chair.

- Titles not roles of attendees to be altered.
- The process for decision making when meetings where not quorate.

Resolved

(a)	The Primary Care Commissioning Committee approved the Terms of Reference.
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6.2 CHAIR'S ANNUAL REPORT

The Chair provided the Committee with the annual report for approval prior to submission to NHS Hull CCG Board.

It was stated that the attendance record of Dr D Roper, NHS Hull CCG (Chair of NHS Hull CCG) was missing from the report and would be added along with the following narrative;

“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.”

Resolved

(a)	The Primary Care Commissioning Committee approved the Annual Report.
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6.3 PRIMARY CARE QUALITY AND PERFORMANCE SUB COMMITTEE TERMS OF REFERENCE

The Director of Quality & Clinical Governance/Executive Nurse provided a report updating the terms of reference for the Primary Care Commissioning Committee for approval and submission to the NHS Hull CCG Board.

The areas agreed to be amended had been tracked within the attached Terms of Reference covering.

- Names of Committees slightly altered.
- Removal of Lay Member and NHS England Members
- Addition of NHS England Roles/Members
- Addition of a new Vice Chair
- Quorate representation of the meeting (1 member for NHS England and 2 NHS Hull CCG members)
- The following narrative to be added “In exceptional circumstances access to independent primary care advice from NHS neighbouring CCG’s or NHS England”

Resolved

(a)	The Primary Care Commissioning Committee approved the Terms of Reference.
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7. STRATEGY

7.1 Strategic Commissioning Plan for Primary Care and Primary Care Update

Dr James Moulton, Dr Amy Oehring, Dr Vince Rawcliffe, Dr Raghu Raghunath and Dr Scot Richardson declared a Financial Interest, Mark Whitaker declared a Personal Interest as Practice Manager representative.

The Assistant Primary Care Contracts Manager NHS England provided an update on primary medical care matters including contract issues within Hull and national updates around primary medical care.

GP Resilience Programme (GPRP) Funding 2018/19

An indication from the national guidance that was being updated was that there would be some expectations around timescales for how the funding was allocated and passed to practices. These timescales have influenced how NHS England locally would manage applications to the 2018/19 fund.

An email had been sent to all practices and CCG leads and included:

- Letter
- Template for completion
- Case Studies from previous resilience bids
- Timeline

APEX INSIGHT Workforce Tool

The APEX INSIGHT tool comprised of two elements

- Workforce planning
- Capacity planning

The workforce element allows primary care providers to have a better understanding of their current and future clinical skill-mix, workload and patient requirements. Providers are able to explore the impact and opportunities of introducing new workforce and skill groups into primary care, based on a detailed understanding of actual activity within their practice.

The capacity planning element allows practices:

- To manage appointment activity to meet the needs of the population,
- To better utilise capacity and resource within primary care,
- To gain insight into healthcare demand and activity at individual, practice, federation and CCG level,
- To share information amongst local GP federations, which encourages collaborative working,
- To improve patient access and
- To monitor and evaluate services such as Extended Access (use of service utilisation data).

It was noted that there was a £1400 per year cost to practices who would self-fund with the ultimate decision on whether to use being a practice level.

APMS Procurement Update

At the Primary Care Commissioning Committee (Part 2) on 27th April 2018, the members were informed that notice had been given on one of the APMS contracts procured in 2016. The committee approved a re-procurement of this contract with a contract length of 13 years (8 years with an option to extend for a further 5 years). Due to NHS England Standing Financial Instructions (SFIs), a business case for this extended contract length needs to be presented to the NHS England Commercial Executive Group (CEG) for approval. The business case would be considered at the July 2018 meeting of the CEG on 18th July 2018.

Special Allocation Scheme (SAS)

A policy had been drafted to provide guidance to Commissioners and providers of essential primary medical care services in relation to the removal of violent patients from practice lists and the Special Allocation Scheme (SAS) intended to ensure these patients receive primary care services.

It had been requested in the guidance that the Committee nominate a representative to join a panel which could be convened at short notice to comply with process timescales and as such may well be managed by email or telephone conferences. It was agreed that the Head of Mental Health and Vulnerable People be the identified representative from NHS Hull CCG. It was noted that MAPPA patients could fall into the SAS category.

Minor Surgery Provision In Primary Care

A workshop was held in May 2018 to discuss options for the model going forward, the draft service specification and the list of procedures. A further workshop was planned for early August 2018 following a meeting with the consultants at Hull and East Riding Hospital Trust (HEYHT), to understand the next steps re peer support, expansion of GP procedure role and where the model would be delivered. Recommendations would be brought to the August Primary Care Commissioning Committee.

Resolved

(a)	The Primary Care Commissioning Committee noted the update.
(b)	The Primary Care Commissioning Committee nominated a representative to join the Special Allocation System panel
(c)	The Primary Care Commissioning Committee requested clarification on what would occur if patients had been removed from a practice list and how they would be cared for in the future.
(d)	The Primary Care Commissioning Committee agreed that the Minor Surgery Provision in Primary Care be brought to the August 2018 Committee.

7.2 Estate Strategy and Planning Tool

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

The Head of Primary Care and the Chief Operations Officer (Citycare) provided a report to update the Committee on the progress of the Hull Estate Strategy and to advise on how to maintain the datasets behind it.

Community Healthcare Partnerships, on behalf of the CCG were undertaking a strategic estate review of the health estate within the NHS Hull CCG area to provide an update on the 2015 Hull CCG Estate Plan and produce an updated Hull Health Estate Strategy which consolidates into one single document all the previous estate planning commissions and updates the estate planning to align with the latest Hull Health and Care Place Plan 2018-19. This would align and direct the estate infrastructure decisions to provide a coherent strategy that aligns with both the Hull Place Plan and the Humber Coast and Vale Health and Care Partnership (formerly STP) plans.

In order to achieve maximum output from the Estates Strategy ongoing maintenance of the locally controlled SHAPE estates tool (database and mapping toolset) was required. This would support the development of the ongoing service and estate planning in Hull, provide an up to date live database and retain a single ongoing health asset and service distribution data source. This would prevent sporadic data collections, duplications and inaccuracies, and would enable integrated service and property planning and analytics across public sector boundaries. The access to the database allows not only geographical presentation of the data, but allows you to query the data to produce tables, figures, network diagrams and charts.

The scope of this service would include:

- Continued lead and collaboration with all providers and commissioners to ensure the central dataset was up to date and consistent.
- Meeting attendance, collection, uploading and updating central dataset. Estimate: 28hrs per month
- Providing reports, tables, maps, charts as required for out of hospital service distribution and estate data. Estimate: 8hrs per month.

Therefore, it was estimated that a 36hrs per month service would have an annual cost of in the region of £20,000+VAT to maintain Hull's data.

SHAPE would pull together the National and Local data sets into the estate information, it was agreed that further work was required behind the scene with the possibility of a business plan.

It was stated that the allocation of the funding be further discussed with the Sustainability and Transformation Partnerships (STP) with the formal approval being sought from the Chief Finance Officer.

Resolved

(a)	That the Committee Members approved the maintenance of a single consistent health estate dataset.
(b)	Committee Members considered commissioning an annual contract for the leadership and management of the health property and service distribution data management service from our estate partners.

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 6 were related to primary care.

The updates to the risks were highlighted in red. The Committee agreed the following:

The rating for risk 901 would be reduced from 12 to 8 after additional project support roles were put into place within the CCG to support delivery of Integrated Delivery work programme.

The risk rating for 913 had previously been reduced to 4 and was now recommended for closure since all practices are now working as part of one of the 5 practice groupings that have been established: City Health Federation; Hull GP Collaborative; Hull Health Forward; Medicas; Modality.

A new risk 930 had been created as practices may not remain part of a grouping and thereby become vulnerable/unsustainable and as a result do not support delivery of the CCG Strategic Commissioning Plan for Primary Care and are unable to access General Practice Forward View and other funding streams which require working at scale.

Resolved

(a)	Members of the Primary Care Commissioning Committee noted the report.
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8.4 Integrated Delivery Framework - Local Quality Premium Scheme 2018/19

Dr James Moulton, Dr Amy Oehring, Dr Vince Rawcliffe, Dr Raghu Raghunath Dr Scot Richardson declared a Financial Interest, Mark Whitaker declared a Personal Interest as Practice Manager representative.

The Head of Primary Care provided a report advising the Primary Care Commissioning Committee.

Following the implementation of the local quality premium schemes implemented on 1 June, a further scheme was presented for the Primary Care Commissioning Committee to approve to support the Community Frailty Pathway which would aim to commence on 25 June 2018.

The scheme would support patients that had received an integrated assessment in the Jean Bishop Integrated Care Centre by providing a follow up appointment with a GP within the patient's own practice to ensure needs continue to be met. The scheme recognises that whilst the care of frail patients in the community was broadly within the scope of core general practice the new Community Frailty Pathway represents a new more pro-active/anticipatory way of working in primary care and a change in culture.

A wide and varied discussion took place in relation to follow up patient appointments, and it was agreed that the scheme should be called Primary Care MDT care plan review as follow up appointments could involve Practice Nurses or Nurse Practitioners and not just GPs.

Concern was raised in relation to monitoring the quality of the review and social care element of reviews and responsibilities for undertaking them, it was agreed that further work be undertaken outside of the meeting to clarify the position and the role of Care Co-ordinators in MDT organisation.

Information of treatments received at the Integrated Care Centre would be cascaded to GP practice via Systmone from the care co-ordinator.

It was requested that review data be received at future meetings for information.

Resolved

(a)	Members of the Primary Care Commissioning Committee considered and approved the revised Local Quality Premium scheme proposed for 2018/19 subject to minor amendment.
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9. FOR INFORMATION

9.1 Primary Care Quality & Performance Sub Committee

The Minutes of the meeting held on 14 March 2018 were submitted for information.

9.2 Chairs Update Report – 27 April 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 24 August 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