

Item: 2

**PRIMARY CARE COMMISSIONING COMMITTEE
MINUTES OF THE MEETING HELD ON FRIDAY 22 FEBRUARY 2019,
THE BOARDROOM, WILBERFORCE COURT, HULL, HU1 1UY**

PART 1

PRESENT:

Voting Members:

J Stamp, NHS Hull CCG (Lay Representative) Chair
J Crick, Associate Medical Director (representing Director of Public Health)
E Latimer, NHS Hull CCG (Chief Officer)
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)

Non-Voting Attendees:

Simon Barrett, LMC, (Chief Executive)
G Baines, Healthwatch (Delivery Manager)
P Davis, NHS Hull CCG (Strategic Lead - Primary Care)
N Dunlop, NHS Hull CCG (Head of Commissioning - Integrated Delivery)
G Day, NHS England (Head of Co-Commissioning)
S Lee, NHS Hull CCG (Associate Director of Communications and Engagement)
Cllr G Lunn, (Health and Wellbeing Board Representative/Elected Member)
Dr R Raghunath, NHS Hull CCG (GP Member)
M Napier, NHS Hull CCG (Associate Director of Corporate Affairs)
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 (Minute 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)
P Jackson, NHS Hull CCG (Lay Representative)
K Marshall, NHS Hull CCG (Lay Representative)

Non-Voting Members:

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)

Committee Members were advised that the meeting was not quorate, discussions and any decisions would be shared with the Lay representatives not able to attend for final approval.

2. MINUTES OF THE MEETING HELD ON 14 DECEMBER 2018

The minutes of the meeting held on 14 December 2018 were approved.

Resolved

(a)	The minutes of the meeting held on 14 December 2018 were approved as a true and accurate record of the meeting and would be formally signed by the Chair.
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3. MATTERS ARISING FROM THE MEETING

The Action List from the meeting held on 14 December 2018 was submitted for information and it was noted that all actions had now been closed.

14.12.18 – 9.1 - MY CITY MY HEALTH MY CARE WINTER 2018 EDITION

22.02.19 - Status Update – It was stated that GP practice social media training was on track - **The Status of this action was “To be Actioned but date not yet due “**

Resolved

(a)	Members of the Primary Care Commissioning Committee noted the completed Action List from the meeting held on 14 December 2018
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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 to;

Name	Agenda No	Nature of Interest and Action Taken
Raghu Raghunath	7.1,7.3,	Personal Interest – GP Partner James Alexander - The declarations were noted.
Raghu Raghunath	8.2,	Financial Interest - GP Partner James Alexander - The declarations were noted.
Scot Richardson	7.1,7.3,	Personal Interest – GP Partner James Alexander - The declaration was noted.
Scot Richardson	8.2,	Financial Interest – GP Partner James Alexander - The declaration was noted.
Mark Whitaker	7.1, 7.3, 8.2, 8.5	Personal Interest – Practice Manager, Dr Nayar – Newland Health Centre – The declarations were noted.
Emma Sayner	7.2	Personal, - Member of City care Board
Vince Rawcliffe	7.2	Personal Interest – Member of family works within the Modality – Hull Division – The declaration was noted
Gail Baines	8.4	Personal, A lay member for NHSE on the performance advisory group, the declaration was noted

Resolved

(a)	The above declarations of interest were noted.
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6. GOVERNANCE

There were no items of Governance to be discussed.

7. STRATEGY

7.1 STRATEGIC COMMISSIONING PLAN FOR PRIMARY CARE AND PRIMARY CARE UPDATE

Dr Raghu Raghunath, Dr Scot Richardson and Mark Whitaker declared personal interests in agenda item 7.1 which were noted. All stayed in the room for the agenda item.

The Head of Commissioning – Integrated Delivery provided a report to update the Committee on the Strategic Commissioning Plan for Primary Care and to present primary medical care matters including contract issues within Hull.

Members were requested to consider three contract change applications which had been submitted for approval:

Dr Cook - Application received to expand the practice boundary - Dr Cook had experienced an influx of patients requesting to register with the surgery since the commencement of the Modality Group engagement work around practice reconfiguration in the area. The practice was reporting that they were handing out between 20-30 registration packs per day. Some patients that were requesting to register with Dr Cook were currently outside of the current practice boundary.

List size 31st December 2018 - 3576

List size 24th January 2019 - 3672

The practice would like to take this as an opportunity to extend their current practice boundary into Sutton and Kingswood.

A practice visit had been undertaken on 24th January 2019 to discuss the rationale behind the request. At the visit it was specified that the Practice was looking to recruit a new GP to commence employment in March 2019 as a salaried GP rather than a locum.

It was stated that if the extension was granted the practice would be obliged to register anyone from within the extended practice area thereby removing the practice's ability to say decline patient registration requests.

It was agreed that further clarification was required on the benefits of the proposed extension, workforce and clinical room capacity, prior to a decision being made.

Wolseley Medical Centre - list closure application - The current list closure was approved in December 2018 for 3 months with a review being requested to be brought back to the February 2019 Primary Care Commissioning Committee.

A visit had taken place to discuss the situation in general and progression against the action plan. During the list closure a GP had been recruited to commence work in April 2019 for 6 sessions per week with additional regular locum cover.

The practice had upskilled nursing staff to deal with some blood results and the Foundation Year 2 doctor (FY2) was screening routine communications. Both of these initiatives have resulted in a reduction of demand on the GPs time. The practice was continuing to upskill the admin team to perform non-clinical tasks on behalf of the GPs along with completing the existing action plan.

The current list had reduced by 30 patients since closing and the practice had expressed concern that there would be an influx if the list was opened at this present time prior to the new GP commencing employment.

It was felt that the extension would allow further progression of the work undertaken over the last 3 months and allow the new salaried GP to be fully inducted and brought up to speed with the Standard Operating Procedures and prepare fully for the list re-opening.

Calvert / Newington – re-definition of the current practice boundary - following an open procurement APMS contract for the registered patients at the Calvert & Newington Practice had been awarded to the Haxby Group (HBG Ltd) commencing 1st April 2019. Haxby Group were applying for a redefinition of the existing two current boundaries into a single boundary area. The proposed boundary was coterminous with Hull City Council (HCC) boundary and therefore was likely to meet future Primary Care Network (PCN) requirements.

It was noted that no GP Practices within Hull and East Riding had objected to the boundary application and the change would not affect existing patients who lived outside the proposed new boundary unless they subsequently move home to an address outside of the new boundary. The Committee approved the proposed boundary change.

NHS ENGLAND & CCG UPDATES

PMS Letter Update – A letter had been circulated to all PMS practices incorporating a proposal which aligns the price per patient of the GMS and PMS contracts as mandated by NHS England by 2020/21.

GMS Contract Update

There had been a number of documents released in relation to the future of the NHS and significant changes for primary care.

Resolved

(a)	Members of the Primary Care Commissioning Committee requested further information prior to approving the boundary change for Dr Cook.
(b)	Members of the Primary Care Commissioning Committee approved the 3 month extension to the application for a list closure for Wolseley Medical Centre;
(c)	Members of the Primary Care Commissioning Committee approved the boundary change for Calvert/Newington.

7.2 FAITH HOUSE, NEWLAND GROUP & NEW HALL SURGERIES ENGAGEMENT

Dr Vincent Rawcliffe declared a personal interest as a member of his family worked for Modality – Hull Division, Emma Sayner declared a person interest as a member of Citycare Board, declarations were noted but stayed in the room.

The Strategic Lead Primary Care NHS Hull CCG, provided a report to update the Committee on the outcome of the engagement work undertaken by Modality Hull in relation to a proposal to reconfigure services delivered from Faith House, Newland Group and New Hall Surgeries.

The Strategic Lead Primary Care advised that Modality Hull had contacted NHS Hull CCG to notify that further consultation work would be undertaken after receiving the patient engagement information.

Resolved

(a)	Members of the Primary Care Commissioning Committee noted the outcome of the engagement work and the proposed next steps to be undertaken by Modality Hull.
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7.3 NHS LONG TERM PLAN – PRIMARY CARE NETWORKS

Dr Raghu Raghunath, Dr Scot Richardson and Mark Whitaker declared personal interests in agenda item 7.3 which were noted, These members left the room.

The Strategic Lead Primary Care NHS Hull CCG, provided a report to update the Committee on the development of Primary Care Networks as set out in the NHS Long Term Plan and to approve a proposed allocation of resources for Primary Care Network development.

A significant amount of work had been undertaken to support and develop practices to work collaboratively in the 3 ½ years since the adoption of the CCG's Strategic Commissioning Plan for Primary Care (Primary Care Blueprint). This work had

resulted in all CCG member practices being part of one of the five practice groupings that have been established.

The NHS Long Term Plan published in January 2019 identified £4.5 billion of new investment to fund expanded community multidisciplinary teams aligned with new primary care networks based on neighbouring GP practices that work together typically covering 30-50,000 people. As part of a set of multi-year contract changes individual practices in a local area would enter into a network contract, as an extension of their current contract, and have a designated single fund through which all network resources would flow.

Further detail on the GP contract reform was published at the end of January 2019 in a joint NHS England and British Medical Association publication. CCGs, through delegated functions from NHS England, would be required to offer the Network Contract DES to all practices.

The Network contract DES would have three main parts:

- a. The national **Network Service Specifications**. These sections set out what all networks had to deliver to ensure National investment and services grow in tandem.
- b. The national schedule of **Network Financial Entitlements**, akin to the existing Statement of Financial Entitlements for the practice contract. National entitlement increases financial certainty for everyone. Alongside these entitlements come clear transparency requirements, including for subcontracting arrangements.
- c. The **Supplementary Network Services**. CCGs and Primary Care Networks may develop local schemes, and add these as an agreed supplement to the Network Contract, supported by additional local resources.

It was discussed that there would be a large amount of work to be conducted prior to May 2019 to be eligible for the Network Contract DES. A Primary Care Network needs to submit a completed registration form to their CCG no later than 15 May 2019. CCG's would then be responsible for confirming that the registration requirements had been met by no later than 31 May 2019.

A Clinical Director would be appointed by each Primary Care Network and be named as the accountable leader responsible for delivery. It was agreed that consideration would need to be undertaken in relation to the quality of the Clinical Leadership.

An allocation of £294,000, broadly equivalent to £1 per registered patient, had been received by the CCG in month 9 for Primary Care Network development. A Primary Care Networks Planning & Support Tool had also been provided by NHS England.

It was proposed that the 2018/19 allocation of £294,000 was allocated to support Primary Care Networks complete the Planning & Support Tool and develop for agreement with the CCG a Network Development Plan in response to the Planning & Support Tool.

Resolved

(a)	Members of the Primary Care Commissioning Committee noted the requirements in relation to Primary Care Network development as set out in the NHS Long Term Plan
(b)	Member of the Primary Care Commissioning Committee approved the utilisation of the 2018/19 Primary Care Networks funding allocation to support the Hull practice groupings to: <ul style="list-style-type: none">• undertake a self-assessment against the Primary Care Networks Planning & Support Tool;• Develop for agreement with the CCG a Network Development Plan in response to the Planning & Support Tool.

Dr Raghu Raghunath, Dr Scot Richardson and Mark Whitaker returned to the room.

8. SYSTEM DEVELOPMENT & IMPLEMENTATION

8.1 NEWLY DESIGNED ENHANCED SERVICES

There were no newly designed enhanced services to discuss.

Resolved

(a)	Members of the Primary Care Commissioning Committee noted the update;
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8.2 EXTENDED PRIMARY CARE MEDICAL SERVICES & MINOR SURGERY – PROPOSED FUTURE ARRANGEMENTS

Dr Raghu Raghunath and Dr Scot Richardson declared a financial interest in agenda item 8.2 which was noted Mark Whitaker declared a Personal Interest in agenda item 8.2 which was noted. Members left the room

The Strategic Lead - Primary Care NHS Hull CCG, provided a report on the proposed way forward for commissioning of the Extended Primary Care Medical Services and Minor Surgery services in the light of the development of Primary Care Networks and the Network DES.

The Primary Care Joint Commissioning Committee considered a proposal to commission Extended Primary Care Medical Services at scale in October 2016. However at that stage it was not considered that practices were ready for such a change. Minor surgery services were currently provided by 10 practices within the CCG. Each of the 5 current practice groupings had at least 1 practice delivering minor surgery, of which 7 also provide minor surgery to patients registered at other practices. At the October 2018 Primary Care Commissioning Committee it had been agreed to commission Minor Surgery from practice groupings from April 2019.

The Network DES provides the vehicle to commission Extended Primary Care Medical Services and Minor Surgery at scale from Primary Care Networks through the category of Supplementary Network Services whereby CCGs and Primary Care Networks may develop local schemes, and add these as an agreed supplement to the Network Contract, supported by additional local resources.

It was therefore proposed to utilise the Network DES for Extended Primary Care Medical Services and Minor Surgery. In order to do this it was necessary to extend the current Extended Primary Care Medical Services contracts with practices by 12 months from April 2019 to enable the incorporation of these services into the Network DES's during 2019/20; and to extend the current Minor Surgery contracts with practices by 6 months from April 2019 to enable the incorporation of Minor Surgery services in the Network DES's from July 2019.

The committee were advised that GP Practices had been made aware of the minor surgery contract extension and were willing to continue.

Resolved

(a)	Members of the Primary Care Commissioning Committee noted the content of the report.
(b)	Members of the Primary Care Commissioning Committee approved the extension of current Extended Primary Care Medical Services contracts with practices by 12 months from April 2019
(c)	Members of the Primary Care Commissioning Committee approved the principle of including Extended Primary Care Medical Services as part of the Network DES during 2019/20.
(d)	Members of the Primary Care Commissioning Committee approved the extension of current Minor Surgery contracts with practices by 6 months from April 2019
(e)	Members of the Primary Care Commissioning Committee approved the principle of including Minor Surgery services as part of the Network DES from July 2019

Members returned to the room.

8.3 RISK REPORT

The Strategic Lead - Primary Care NHS Hull CCG, provided the risk report with regard to the primary care related risks on the corporate risk register.

It was noted that there were currently 27 risks on the CCG Risk Register, 5 of which were related to primary care.

Updates to the risks provided were noted and further discussion took place in relation to the following risk:

Risk – 915 – There was significant patient and public opposition to plans for the development of new models of care including primary care at scale. It was requested that the risk be re-assessed as an initial engagement plan had been undertaken by Modality for proposed changes to services, the results were now being analysed. An NHS Hull CCG engagement assurance process had been developed to support future engagement activity in relation to primary care services.

Resolved

(a)	Members of the Primary Care Commissioning Committee noted the updates provided in the Risk Register
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8.4 HANDLING OF PALS AND COMPLAINTS FOR PRIMARY CARE

Gail Baines declared a personal interest in agenda item 8.4 which was noted but stayed in the room.

The Associate Director of Communications and Engagement provided a report to outline the delegation options for complaints handling in relation to primary care commissioning, and made a recommendation for a delegated arrangement to be sought from NHS England.

The NHS Hull CCG Patient Relations Service officially transferred, on Monday 25th July 2016, from North Yorkshire and Humber Commissioning Support Unit (NYHCSU). The Patient Relations Service had a Patient Advice and Liaison (PALS) function, complaints function and manages MP correspondence. For issues relating to general practice, the service only supports PALS contacts i.e. dealing with compliments, concerns, comments and enquiries. Formal complaints were handled by NHS England.

Since the transfer in house, the level of service received by people calling the CCG's Patient Relations Service had been maintained with some improvements. When a person contacts CCG's Patient Relations Service, full details were taken in order for the CCG to fully understand the nature of the issue. In some instances this could be a lengthy process as the issue could be complex, involve several providers and often callers were upset and distressed. On occasions when the nature of the concern relates to a service provider, the Patient Relations Service seeks consent from the caller to share the concern with the provider(s) to investigate, with the CCG acting in a coordinating capacity.

The current delegation arrangements mean that the NHS Hull CCG does not have the full picture of issues in Primary Care as some issues were dealt with by NHS England. Although some data was shared with the CCG relating to the contacts NHS England had with Hull patients, it lacks a level of detail and there was a data lag making it difficult to be responsive to issues. Although NHS England do share basic intelligence it was not at a level that was meaningful to influence the CCG's commissioning processes.

The proposed full delegation arrangement for primary care complaints was that NHS Hull CCG becomes responsible and accountable for the:

- Investigation
- Compiling a response
- Signing off the response

Though NHS England as co-commissioner would still be supportive, consulted and informed.

In practical terms this would mean that if an issue cannot be resolved by the practice it would be dealt with by the Patient Relations Service provided by the CCG, who would investigate the issue working alongside the practice, then compose and send the complainant's written response.

Although there would be an increase in activity for the NHS Hull CCG patient relations service, it would not be significant i.e. outside the expected variation of contacts seen week to week or annual growth.

It was stated that capacity would be monitored and reported at the Primary Care Quality and Performance Group.

It was agreed that discussion would be held with NHS England in relation to NHS Hull obtaining full delegation handling PALS and complaints for Primary Care.

Resolved

(a)	Members of the Primary Care Commissioning Committee supported option 2 for full delegation of primary care complaints.
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8.5 INTEGRATED DELIVERY FRAMEWORK - LOCAL QUALITY PREMIUM SCHEME 2018/19 AND 2019/20

Mark Whitaker declared a Personal Interest in agenda item 8.5 which was noted but stayed in the room.

The Strategic Lead Primary Care NHS Hull CCG, provided a report to update the Committee on the Local Quality Premium Scheme for 2018/19 and initial plans for 2019/20 for approval.

The Primary Care Commissioning Committee held in April 2018 approved the Local Quality Premium Scheme for general practice groupings for 2018/19. There were three schemes as follows:

- Managing Need
- Chronic Disease Management
- Community Frailty/Primary Care Data Quality

The schemes and associated documentation were distributed to groupings in June 2018 with work expected to begin in delivering schemes from 1st July. Each of the five practice groupings signed up to deliver all schemes and each grouping signed a Memorandum of Understanding with the CCG. Groupings have been required to develop project plans and submit progress reports against specified deadlines with payments linked to submission of returns.

Each grouping had also attended a meeting of the CCG Programme Delivery Board to present progress in delivering the schemes, the final presentation was received at the February 8th 2019 meeting of the CCG Programme Delivery Board.

Internal discussions were held between the Integrated Delivery Support Team, Chief Finance Officer and CCG Chair to consider potential options for schemes for 2019/20. It was recognised that not all schemes would be fully completed by 31 March 2019. In addition the NHS Long Term Plan's requirements for general practices in relation to the development of Primary Care Networks were noted and the potential for change in the current configuration of general practice grouping as Primary Care Networks are established.

It was therefore proposed to:

- Carry forward the timeframe for completion of 2018/19 schemes to end June 2019;

- Make no additional resource available for 2018/19 schemes over and above that already approved in April and June 2018;
- Make the associated payments in 2019/20 where achievement of 2018/19 scheme requirements occurs in 2019/20;
- Undertake further work to develop 2019/20 schemes – to include roll-over of 2018/19 schemes where appropriate and development of new schemes.

Resolved

(a)	Member of the Primary Care Commissioning Committee approved the proposed initial plan for 2019/20
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9. FOR INFORMATION

9.1 PRIMARY CARE QUALITY & PERFORMANCE SUB COMMITTEE

The Minutes of the meeting held on 20 November 2018 were submitted for information and taken as read.

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 26 April 2019** at 12.15am – 2.00pm, The Board Room, Wilberforce Court, Alfred Gelder Street, Hull, HU1 1UY

Signed: _____
(Chair of the Primary Care Commissioning Committee)

Date: 22 February 2019

Abbreviations

APMS	Alternative Provider Medical Services
CHCP	City Health Care Partnership
CoM	Council of Members
ECP	Emergency Care Practitioner
GPRP	GP Resilience Programme
HEE	Health Education England
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