

## Item: 2

### PRIMARY CARE COMMISSIONING COMMITTEE MINUTES OF THE MEETING HELD ON FRIDAY 26 APRIL 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 (Consultant in Public Health Medicine/Associate Medical Director)  
J Dodson, Director of Integrated Commissioning (NHS Hull CCG)  
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)

##### Non-Voting Attendees:

Dr B Ali, NHS Hull CCG (GP Member)  
Dr M Balouch, NHS Hull CCG (GP Member)  
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 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 V Rawcliffe, 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 Latimer, NHS Hull CCG (Chief Officer)  
E Daley, NHS Hull (Director of Integrated Commissioning)  
P Jackson, NHS Hull CCG (Lay Representative)

##### Non-Voting Members:

Simon Barrett, LMC, (Chief Executive)  
G Baines, Healthwatch (Delivery Manager)

## 2. MINUTES OF THE MEETING HELD ON 22 FEBRUARY 2019

The minutes of the meeting held on 22 February 2019 were approved.

### Resolved

(a)	The minutes of the meeting held on 22 February 2019 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 22 February 2019 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

**26.04.19 - Status Update** – It was stated that all practices had been offered social media training with training being underway. - **The Status of this action was “Closed “**

### 22.02.19 – 7.1 - BOUNDARY CHANGES FOR DR COOK

**26.04.19 – Status Update** - It was stated that an update would be provided within the Strategic Commissioning Plan update. - **The Status of this action was “Closed “**

### Resolved

(a)	Members of the Primary Care Commissioning Committee noted the completed Action List from the meeting held on 22 February 2019
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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;

<b>Name</b>	<b>Agenda No</b>	<b>Nature of Interest and Action Taken</b>
James Moulton	6.1, 7.1, 8.1,	Financial Interest – Partner at Faith House Surgery, The declarations were noted
Jason Stamp	7.1, 8.4	Financial Interest – Chief Officer of North Bank Forum, which is a sub-contractor for the Connect Well Hull Social Prescribing Service and the Host Organisation for Healthwatch Hull
Amy Oehring	7.1, 8.1	Financial Interest – Partner in Sutton Manor Surgery, The declarations were noted
Bushra Ali	7.1, 8.1	Financial Interest – Partner in Springhead Surgery, The declarations were noted
Bushra Ali	8.3	Personal Interest - Partner in Springhead Surgery, The declarations were noted
Masood Balouch	8.1	Personal Interest (self) – works at Haxby Group the declaration was noted
Masood Balouch	8.1	Personal Interest (partner – or close associate) – works at Haxby Group the declaration was noted
Vince Rawcliffe	7.1,8.1	Personal Interest – Member of family works within the Modality – Hull Division – The declaration was noted

#### **Resolved**

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

### **6.1 PRIMARY CARE COMMISSIONING AUDIT**

Dr James Moulton declared a financial interest in agenda item 6.1 which was noted and stayed in the room for the agenda item.

The Strategic Lead Primary Care NHS Hull CCG provided a report to update the committee on the Primary Medical Care Commissioning Final Internal Audit Report.

In August 2018 NHS England published *Primary Medical Care Commissioning and Contracting: Internal Audit Framework for delegated Clinical Commissioning Groups*. The document provided the framework for delegated Clinical Commissioning Groups undertaking internal audit of their primary medical care commissioning arrangements.

The scope of the audit framework mirrors the Delegation Agreement entered into between NHS England and Clinical Commissioning Groups and covers the following functions of the commissioning cycle:

1. Commissioning and procurement of services
2. Contract Oversight and Management Functions
3. Primary Care Finance
4. Governance (common to each of the above areas)

Clinical Commissioning Groups were required to incorporate primary medical care commissioning within 2018/19 audit plans where possible and where this had been possible the full set of audits, must be completed by March 2021.

It was stated that the audit results were presented to the NHS Hull CCG Integrated Audit and Governance Committee the conclusion was:

Governance, risk management and control arrangements provide **substantial assurance** that the risks identified were managed effectively.

It was noted that 3 actions had been recommended:

1. A Communication and Engagement Strategy should be in place.
2. The Programme delivery Board Terms of Reference should include a planned review period.
3. The CCG should ensure that the newly developed Business Continuity Plan Policy (BCM) was approved and cascaded to practices in a timely manner.

All 3 actions had been completed and Integrated Audit and Governance Committee had received a final report from Audit One.

### **Resolved**

(a)	Members of the Primary Care Commissioning Committee noted the contents of the report.
(b)	Members of the Primary Care Commissioning Committee noted the actions identified within the Audit Report had been completed.

## **6.2 PRIMARY CARE COMMISSIONING COMMITTEE TERMS OF REFERENCE**

The Strategic Lead Primary Care NHS Hull CCG provided an updated Terms of Reference for the Primary Care Commissioning Committee to approve prior to submission to the NHS Hull CCG Board.

It was noted that the Primary Care Commissioning Committee would need to endorse the Terms of Reference (ToR) which would then be referred to the Integrated Audit and Governance Committee for approval.

It was noted that changes and new additions to the ToR had been undertaken utilising track changes and comment boxes.

Concern was raised around the addition of item 3.7 “decision making responsibility” it was requested that further narrative be added to clarify which meeting would hold the final decision making responsibility.

It was agreed that reference to workforce should be included and that the wording on the Membership voting for Hull City Council representative should be changed to Hull City Council Director of Public Health (or senior representative) from Hull City Council Director of Public Health (or immediate deputy).

It was stated that the ToR approved by the Integrated Audit and Governance would be escalated to NHS England for approval.

It was requested that how decisions were moved around the committees be discussed and a formal process be devised.

### **Resolved**

(a)	Members of the Primary Care Commissioning Committee considered and endorsed the revised Terms of Reference.
(b)	Members of the Primary Care Commissioning Committee requested that a process be formalised for the movement of decisions around committees

## 7. STRATEGY

### 7.1 STRATEGIC COMMISSIONING PLAN FOR PRIMARY CARE AND PRIMARY CARE UPDATE

Dr James Moulton, Jason Stamp, Dr Amy Oehring and Dr Bushra Ali declared a financial interest in agenda item 7.1 which was noted. Dr Vince Rawcliffe declared a personal (self) interest in agenda item 7.1 which was 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.

#### **Dr Cook – Extension of the Current Practice Boundary**

The Primary Care Commissioning Committee had been informed in February 2019 that Dr Cook had submitted an application to extend the current practice boundary for his practice to include Sutton and Kingswood. A decision was deferred pending further information in relation to capacity – both workforce and clinical rooms.

A practice visit was undertaken on 8<sup>th</sup> April 2019 to explore the concerns raised. In relation to workforce, the GP who was providing 2 hours of additional capacity on a Monday had now retired. The practice was covering these with another GP with a view to them taking these on and additional hours more permanently. It was stated and evidenced at the practice visit that the list size growth had slowed down since the initial influx.

In relation to clinical accommodation, the practice had bid for Estates and Technology Transformation Fund (ETTF) monies for the refurbishment of the downstairs GP consulting rooms to include the following work:

Both rooms to be stripped, plastered and painted appropriately  
Both rooms to be fitted with the appropriate medical flooring

It was confirmed that the practice had withdrawn their current application and would monitor the situation re-submitting their application should this become necessary.

#### **Early List Re-Opening of Wolseley Medical Centre**

In October 2018, the Committee had been asked to make a decision in relation to a list closure application for Wolseley Medical Centre. A decision around the list closure was deferred pending more information around what would be done should the list closure application be supported.

A plan was brought back to the committee in December 2018 and a list closure was supported for the period of 3 months with a review against the plan brought back to the next committee. This review came back on 22<sup>nd</sup> February 2019 along with an application from the practice to extend their temporary list closure for a further 3

months. The practice felt that the extension would allow them to consolidate, further progress and embed the work they had done in the past 3 months, allow the new salaried GP to be fully inducted and be up to speed with their Standard Operating Procedures and allow them to prepare for the list re-opening. This 3 month extension was supported again with a review in 2 months.

An email was received from the practice on 19<sup>th</sup> March 2019 to inform NHS England that the practice felt able to re-open their practice list early. This was due to the workload feeling more manageable and roles being filled. Therefore, the practice would re-open from 15<sup>th</sup> April 2019 rather than 21<sup>st</sup> June 2019.

**Merger of Springhead Medical Centre (B81056) and Diadem Medical Practice (B81053) with Newland Group Practice (B81048)**

An application had been received for a merger which would complete the larger scale planned change. This was to merge Newland Group Practice (B81048), Springhead Medical Centre (B81056) and Diadem Medical Practice (B81053).

The contract merger date was 1<sup>st</sup> April 2019 which would allow the clinical system mergers to take place on 24<sup>th</sup> and 30<sup>th</sup> April respectively.

**NHS ENGLAND & CCG UPDATES**

**PMS Letter Update –**

Following discussion with both the CCGs and LMC, an initial letter was distributed to the PMS practices on 9<sup>th</sup> February 2019 alerting them to the fact that it would not be possible to continue to pay a differential rate to PMS practices compared to the practices holding an equivalent GMS contract.

The national contract agreement had now been finalised and so another letter was distributed to practices on 12<sup>th</sup> April 2019 which included a financial statement for each practice and outlined the next steps.

**Primary Care Networks (PCN) Update**

Further guidance had been received in relation to the development of PCNs including a definite timetable of deadlines.

**Resolved**

(a)	Members of the Primary Care Commissioning Committee noted the updates in relation to Boundary Change to Dr Cook. Early List Re-Opening for Wolseley Medical Centre Merge of Springhead and Diadem with Medical Centre PMS Letter Update Other NHS England Updates
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**8. SYSTEM DEVELOPMENT & IMPLEMENTATION**

**8.1 NEWLY DESIGNED ENHANCED SERVICES – PRIMARY CARE NETWORK & THE NETWORK CONTRACT DES**

Dr James Moulton, Dr Amy Oehring and Dr Bushra Ali declared a financial interest in agenda item 8.1 which was noted. Dr Vince Rawcliffe and Dr Masood Balouch declared a personal (self) interest in agenda item 8.1 which was noted. Dr Masood Balouch declared a personal (partner) interest in the agenda item which was noted. All stayed in the room for the agenda item.

The Strategic Lead – Primary Care NHS Hull CCG provided a report to advise the Primary Care Commissioning Committee with further information in relation to the establishment of Primary Care Networks and the Network Contract Directed Enhanced Service (DES).

A national Network Agreement had been developed to support the Network contract DES and PCNs would be required to use this.

PCNs would be required to submit an initial Network Agreement by 15 May 2019, as part of the registration process for the Network Contract DES these would be reviewed on the 20<sup>th</sup> May 2019 by NHS Hull CCG Senior Leadership Team.

A wide and varied conversation took place with the following areas being identified:

**Workforce** – The Network Contract DES covers 5 roles – clinical pharmacists, social prescribing link workers, physiotherapists, physician associates and paramedics. PCNs would be able to claim reimbursement for these roles (clinical pharmacists and social prescribing link workers only in 2019/20) where they were additional to the staff baseline as at 31 March 2019.

**Financial** – The Financial entitlements amounts, allocations and timings were reviewed.

**Network Service Specifications** – the service specification would evolve over time and would support delivery of specific primary care goals out of the NHS Long Term Plan.

The seven specifications were as follows:

1. Structured Medications Reviews and Optimisation
2. Enhanced Health in Care Homes
3. Anticipatory Care
4. Supporting Early Cancer Diagnosis
5. Personalised Care (as part of the NHS Comprehensive Model)
6. CVD Prevention and Diagnosis
7. Tackling Neighbourhood Inequalities

Service specifications 1-5 would be undertaken from April 2020 with 6 and 7 being undertaken from April 2021.

It was stated that Clinical Director who should be a practicing clinician for each PCN had to be named and appointed by 15<sup>th</sup> May 2019 but would not commence formally until July 2019.

If necessary CCG's had responsibility for securing Network services for patients registered with practices which were not within a PCN thereby ensuring patients were not disadvantaged.

It was stated that there was a financial implication for practices who were not involved in a PCN, the CCG and LMC should hold discussions any practices in this situation.

It was acknowledged there could be 2 localities within a PCN or multiple PCN within a single area.

Patients who were registered with a Hull GP but live outside of the city would still have access to Network services.

**Resolved**

(a)	Members of the Primary Care Commissioning Committee considered the recently published further guidance in relation to Primary Care Networks and the Network Contract DES.
(b)	Members of the Primary Care Commissioning Committee approved the proposal for the CCG Senior Leadership Team and Primary Care Commissioning Vice Chair to review submissions to ensure the Primary Care Network registration requirements were met.
(c)	Members of the Primary Care Commissioning Committee requested a risk to be added to the risk register highlighting practices who were not involved in a PCN

**8.2 EXTENDED PRIMARY CARE MEDICAL SERVICES – CURRENT AND NEWLY DESIGNED**

There was no report assigned to this item.

**8.3 RISK REPORT**

Dr Masood Balouch declared a personal interest (self) in agenda item 8.3 which was noted and stayed in the room for the agenda item.

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 26 risks on the CCG Risk Register, 4 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. The risk rating had increased from a risk rating of 8 to a 12.

Risk 930 – 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 were unable to access General Practice Forward View and other funding streams which require working at scale. This risk had increased from a moderate risk 6 to a high risk 12 and is therefore included within the attached report.



It was requested that further narrative be added to risks wherever possible.

It was stated that the Integrated Audit and Governance Committee only receive risks that were 8 and above.

## Resolved

(a)	Members of the Primary Care Commissioning Committee noted the updates provided in the Risk Register
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### 8.4 PATIENT PARTICIPATION GROUP SUPPORT

James Stamp declared a financial interest in agenda item 8.4 which was noted and stayed in the room for the agenda item.

The Engagement Manager provided a report to update the Primary Care Commissioning Committee on the work delivered jointly by NHS Hull CCG and Healthwatch Hull to support practices' Patient Participation Groups and the next steps to ensure equality and quality of PPGs across Hull.

During the past 12 months, discussions between Healthwatch, NHS Hull CCG and practice managers revealed difficulties in maintaining PPGs and that some practices were struggling to recruit and engage the practice populations in PPGs as they had in the past. Reasons for the difficulties were attributed to changes in practice staff and increased workload as well as the advancing age and failing health of existing PPG members.

Subsequently Healthwatch led a piece of work, supported by the CCG, to work alongside practices to refresh the PPG offer and hosted a series of events designed to support those practices that had experienced difficulties and to provide expertise around effectiveness and practical tools to help with recruitment and retention.

It was stated that following the citywide event in February 2019 Healthwatch Hull contacted practices again to ascertain the position regarding PPGs. Responses were received from 32 of 39..

Issues had been raised by both PPG members and practices about how PPGs currently work. These issues included that administration of PPGs can be time consuming for the practice manager and that they were unsure of what to do with a PPG. In addition, there were concerns from PPG members that they had no influence on the agenda and felt that they were having no input into meetings that had become information sessions led by the practice. Both PPG members and practice staff felt that recruitment of PPG members was an issue.

Given that primary care continues to face service change in order to deliver the primary care blueprint and Primary Care Networks (PCNs), the following next steps were recommended:

1. Healthwatch Hull and NHS Hull CCG continue to support PPGs.
2. Following a period of time for implementation of the "PPG in a box", Healthwatch Hull and NHS Hull CCG review PPGs in Hull in line with the National Association Patient Participation (NAPP) framework, to ensure PPGs were fit for purpose and able to support the changes in primary care.

3. Given that one of the areas identified for development by Primary Care Networks (PCNs) was 'Empowering People and Communities' it would be advantageous for Practices to have strong PPGs to support them in achieving this element. It was recommended that a specific requirement for patient participation form part of the checklist for the development of PCNs.

It was stated point 3 be changed to that the suggested requirement for patient participation form part of the check list for the development of PCNs was not in the committees gift, and so the requirement should form part of the maturity matrix for PCNs instead.

**Resolved**

(a)	Members of the Primary Care Commissioning Committee noted the update.
(b)	Members of the Primary Care Commissioning Committee supported further work to ensure equity and quality of PPGs across Hull.
(c)	Members of the Primary Care Commissioning Committee supported the principle that PPGs were fundamental in the development of patient participation in primary care networks.

**9. FOR INFORMATION**

**9.1 PRIMARY CARE QUALITY & PERFORMANCE SUB COMMITTEE**

The Minutes of the meeting held on 29 January 2019 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 28 June 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
DES	Direct Enhanced Service
ECP	Emergency Care Practitioner
ETTF	Estates & Technology Transformation Fund
GPRP	GP Resilience Programme
GMS	General Medical Service
HEE	Health Education England
NAPP	National Associated Patient Participation

NHSE	NHS England
PCN	Primary Care Network
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).
PMS	Personal Medical Service
PPG	Patient Participation Group
Q&PC	Quality & Performance Committee
SoPs	Standard Operating Procedure
STP	Sustainability and Transformation Partnerships
ToR	Terms of Reference

DRAFT