

Item: 9.1

PRIMARY CARE QUALITY & PERFORMANCE SUB COMMITTEE

**MINUTES OF THE MEETING HELD ON WEDNESDAY 20 MARCH 2019,
2.00PM – 4.00PM, BOARD ROOM, WILBERFORCE COURT,
ALFRED GELDER STREET, HULL, HU1 1UY**

PART 1

PRESENT:

S Smyth, Director of Quality & Clinical Governance/Executive Nurse, Hull CCG (Chair)
E Butters, Head of Performance and Programme Delivery, Hull CCG
P Davis, Strategic Lead – Primary Care
S Gill, Screening and Immunisation Coordinator (Clinical), Public Health England
K Memluks, Commissioning Lead - Quality, Hull CCG
H Patterson, Primary Care Contracts Manager, NHS England
R Thompson, Head of Nursing and Quality, Hull CCG, Hull CCG

IN ATTENDANCE:

Jade Adams, Personal Assistant, Hull CCG - (*Minute Taker*)
Jo Raper, Infection Prevention & Control Lead Nurse, NHS East Riding of Yorkshire
Clinical Commissioning Group

WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting and those present introduced themselves.

1. APOLOGIES FOR ABSENCE

J Crick, Associate Medical Director, Hull CCG
N Dunlop, Head of Commissioning – Integrated Delivery, Hull CCG
C Hurst, Engagement Manager, Hull CCG
K Martin, Deputy Director of Quality & Clinical Governance/Lead Nurse, Hull CCG
E Opare-Sakyi, NECS Medicines Optimisation Pharmacist, North of England
Commissioning Support

2. MINUTES OF THE MEETING HELD ON 29 JANUARY 2019

The minutes held on the 29 January 2019 were approved as a true and accurate record.

Resolved

(a)	The minutes of the meeting held on 29 January 2019 be taken as a true and accurate record.
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3. MATTERS ARISING / ACTION LIST

All actions were marked as closed.

All actions under 29/01/19 with the exception of item 7 – CQC Self-assessment tool and project plan which was pushed back to May 19.

All other actions were marked as complete.

Resolved

(a)	All Actions were marked as closed.
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4. NOTIFICATION OF ANY OTHER BUSINESS

Any proposed items 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.

Resolved

(a)	There were no items of any other business to be discussed at this meeting.
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5. DECLARATIONS OF INTEREST

In relation to any item on the agenda of the meeting members are 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 item number to which the interest relates;
- (iii) the nature of the interest;
- (iv) be declared under this section and at the top of the agenda item which it relates to;

Name	Agenda Item No	Nature of Interest

Resolved

(a)	There were no declarations of interest noted.
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6. Q3 INFECTION PREVENTION AND CONTROL REPORT

The Infection Prevention & Control Lead Nurse presented the Q3 Infection, Prevention and Control report to note.

Clostridium difficile

The stretch objective for 2018/19 is <55 cases and currently the CCG is one case over the stretch target at the end of Quarter 3 objective. 30 cases have been attributed to primary care this is an increase of seven cases compared to the end of Q3 2017/18.

It was reported that from April 2019 the case attribution categories will be changing from 2 to 4.

MSSA BSI

86 CCG attributed cases have been reported at the end of Quarter 3. In 2017/18 56 CCG attributed cases were reported at the end of Quarter 3. This is increase of 30 cases across both primary and secondary and represents an increase of 14 primary care cases based on the end of Q3 2017/18.

HUTHT are undertaking a review of the MSSA cases as it is believed that the increase may be linked to an increase in cases of iGAS cases in the IVDU population who were identified as having dual infections of iGAS and MSSA.

E Coli BSI

189 cases of Escherichia coli (E.coli) were attributed to Hull CCG at the end of Quarter 3 in 2018/19. The objective for 2018/19 is 209 cases and currently the CCG is 22 cases over at the end of Quarter 3 objective.

Figure 7 within the report shows the number of E. coli cases broken down by GP grouping based on the primary care attributed cases. The Committee suggested the practices would be set a threshold to trigger when a practice within the grouping is an outlier.

It was agreed from the May 2019 meeting the Infection, Prevention and Control report would no longer be reported separately and reported within the Primary Care Quality Report.

Resolved

(a)	The Primary Care and Performance Sub Committee Members noted the Q3 Infection, prevention and control report.
(b)	The Infection, Prevention and Control report would no longer be reported separately and reported within the Primary Care Quality Report.

7. DRAFT SEPSIS IMPLEMENTATION PLAN

The Commissioning Lead – Quality presented draft Sepsis Implementation Plan to discuss.

The Committee noted the draft Sepsis Implementation plan, the Committee suggested the Commissioning Lead – Quality and the Associate Medical Director meet outside of the meeting as the plan needs further work.

Resolved

(a)	The Primary Care and Performance Sub Committee Members
(b)	The Commissioning Lead – Quality and the Associate Medical Director meet outside of the meeting as the draft sepsis implementation plan needs further work.

8. DRAFT HULL SILIP

The Commissioning Lead- Quality presented the Draft Hull SILIP report to discuss.

The Committee noted the Draft Hull SILIP, clarification was sought if the outcomes from the previous 2018 – 2019 Hull SLIP was incorporated within the 2019- 20 version. The Screening and Immunisation Coordinator (Clinical), Public Health

England would look at incorporating this within this year's plan and resubmit to the next meeting.

Resolved

(a)	The Primary Care Quality and Performance Sub Committee Members noted and agreed the terms of reference.
(b)	The Screening and Immunisation Coordinator (Clinical), Public Health England would look at incorporating the outcomes from previous year 18/ 19 within this year's plan and resubmit to the next meeting.

9. FOR INFORMATION

PRIMARY CARE JOINT COMMISSIONING COMMITTEE MINUTES

10. ANY OTHER BUSINESS

No other business was discussed

11. DATE AND TIME OF NEXT MEETING

Wednesday 15 May 2019, 11.00am – 1.00pm, Board Room, Wilberforce Court, Hull, HU1 1UY

Abbreviations

CHCP	City Health Care Partnership
CoM	Council of Members
CQC	Care Quality Commission
FFT	Friends & Family Test
HUTHT	Hull University Teaching Hospital Trust
HSCIC	Health and Social Care Information Centre
Hull CCG	Hull Clinical Commissioning Group
Humber TFT	Humber Teaching NHS Foundation Trust
NHSE	NHS England
PAG	Professional Advisory Group
PALS	Patient Relations
PCJCC	Primary Care Joint Commissioning Committee
PCQ&PSC	Primary Care Quality & Performance Sub Committee
QSG	Quality Surveillance Group