



## PRIMARY CARE COMMISSIONING COMMITTEE

## FRIDAY 22 NOVEMBER 2019 AT 16.00PM – 16.30 PM THE BOARDROOM, WILBERFORCE COURT, ALFRED GELDER STREET, HULL, HU1 1UY

ltem no	Item	Led by	Action required	Enclosed/ Verbal	Time
1.	Apologies for Absence Vince Rawcliffe Mark Whitaker Moria Harrison	Chair	To Note	Verbal	16.00 pm
2.	<ul> <li>Declarations of Interest</li> <li>In relation to any item on the agenda of the meeting members are reminded of the need to declare:</li> <li>(i) any interests which are relevant or material to the CCG;</li> <li>(ii) any changes in interest previously declared; or</li> <li>(iii) any financial interest (direct or indirect) on any item on the agenda.</li> <li>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:</li> <li>(i) the name of the person declaring the interest;</li> <li>(ii) the nature of the interest;</li> <li>(iii) the nature of the interest;</li> <li>(iv) be declared under this section and at the top of the agenda item which</li> </ul>	Chair	For Completion: Please email: Donna Robinson with your declarations of interest including a nil return where applicable donna.robinson6@nhs.net		16.01 pm
3.	it relates too; GOVERNANCE				
3.1 4.	There were no items of Governance to discuss				
4.1	STRATEGY Strategic Commissioning Plan for Primary Care and Primary Care Update: Contract Variations, Practice Mergers, List Closures (Standing Item)	Assistant Primary Care Contracts Manager (HP) Head of Commissioning – Intregrated Delivery (ND)	To Approve	Enclosed	16.05 pm
5.	SYSTEM DEVELOPMENT & IMPLEMENTATION				

Item no	Item	Led by	Action required	Enclosed/ Verbal	Time	
5.1	There were no items of System Development & Implementation to discus					
6.	Date and Time of Next Meeting: The next meeting will be held on Friday 13 December 2019 at 9.30am – 11.30 am, The Boardroom, Wilberforce Court, Alfred Gelder Street, Hull, HU1 1UY					

## COMMISSIONING CYCLE AND POTENTIAL CONFLICTS OF INTEREST

Notes:

- The illustrations given below should not be considered to be prescriptive in every instance.
- These are guidelines and both the materiality of the conflict and the significance of the issue should be considered carefully by the Chair in deciding on how to manage the conflict.
- It is the responsibility of the Chair to review the agenda and operate caution in terms of deferment or referral if necessary.
- Chairs to also consider potential conflicts of interest arising from verbal reports.
- Links should be considered to strategy direction e.g. is the introduction of a Local Enhanced Service in line with the strategy?
- If significant/complete conflict of interest at a locality level the matter could be referred to the CCG for decision.

Interest	Financial (Self, partner or close associate)	Personal (Self)	Personal (Partner or close associate)	Competing Loyalties
Needs assessment	Fully participate	Fully participate	Fully participate	Fully participate
Decide priorities	Discuss but cannot vote	Discuss and vote	Discuss and vote	Discuss and vote
Review commissioning proposals	Remain but cannot speak or vote	Remain but cannot speak or vote	Remain but cannot speak or vote	Discuss and vote
Design services (ensure a fully inclusive process)	Discuss and vote	Discuss and vote	Discuss and vote	Discuss and vote
Review prioritised business cases	Leave the room	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Discuss and vote
Procurement/ contracting	Leave the room	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Discuss and vote
Performance Management	Remain but cannot speak or vote (unless significant and then leave the room)	Remain but cannot speak or vote (unless significant and then leave the room)	Remain but cannot speak or vote (unless significant and then leave the room)	Discuss and vote
Review Health Outcomes	Fully participate	Fully participate	Fully participate	Fully participate