

Item: 12.4

PRIMARY CARE COMMISSIONING COMMITTEE MINUTES OF THE MEETING HELD ON FRIDAY 28 JUNE 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)
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)
G Baines, Healthwatch (Delivery Manager)
Simon Barrett, LMC, (Chief Executive)
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 Moutt, 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:

J Dodson, NHS Hull CCG (Director of Integrated Commissioning)
E Latimer, NHS Hull CCG (Chief Officer)
J Weldon, Hull CC, (Director of Public Health and Adults)

Non-Voting Members:

2. MINUTES OF THE MEETING HELD ON 26 APRIL 2019

The minutes of the meeting held on 26 April 2019 were approved.

Resolved

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| (a) | The minutes of the meeting held on 26 April 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 26 April 2019 was not submitted for information as there were no outstanding actions.

Resolved

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| (a) | Members of the Primary Care Commissioning Committee noted that there were no outstanding actions on the Action List from the meeting held on 26 April 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;

| Name | Agenda No | Nature of Interest and Action Taken |
|-----------------|----------------------------------|--|
| Amy Oehring | 7.1, 7.3, 8.2,8.3, 8.4, 8.5, 8.6 | Financial Interest – Partner in Sutton Manor Surgery, The declarations were noted |
| Vince Rawcliffe | 7.1, 7.2, 7.3, 8.2 | Personal Interest – Member of family works within the Modality – Hull Division – The declaration was noted |
| Vince Rawcliffe | 8.4 | Financial Interest |
| Mark Whittaker | 7.1,7.3,8.2, 8.4, 8.6, 9.1 | Personal Interest – works at Newland Health Centre, the declaration was noted |
| Dan Roper | 7.2 | Financial Interest – Part owner of Springhead Medical Centre, The declaration was noted. |
| James Crick | 7.3 | Personal Self |

| Name | Agenda No | Nature of Interest and Action Taken |
|----------------|--------------------------------------|--|
| James Crick | 7.3 | Personal (Partner or close associate) |
| James Moulton | 7.1,7.2, 7.3,8.2,8.4, 8.5, 8.6 | Financial Interest – Partner at Modality Partnership Hull, The declarations were noted |
| Bushra Ali | 7.1, 7.2,7.3, 8.2, 8.4, 8.5 | Financial Interest – Partner at Modality Partnership Hull, The declarations were noted |
| Masood Balouch | 7.3, 8.2 | Financial Interest – works at Haxby Group the declaration was noted |

Resolved

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| (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 James Moulton, Dr Amy Oehring and Dr Bushra Ali declared a financial interest in agenda item 7.1 which was noted. Mark Whittaker declared a personal (self) interest in agenda item 7.1 which was noted, Dr Vince Rawcliffe declared a personal (partner or close associate) interest in agenda item 7.1 which was noted. All stayed in the room for the agenda item.

The Assistant Primary Care Contracts Manager 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.

Contract Changes

Dr Malczewski – B81080 – it was stated that an application had been received for Dr Malczewski's practice to merge with East Hull Family Practice (EHFP) to facilitate the retirement of Dr Malczewski.

The merger would follow the below staged approach:

A contract variation had been drawn up to allow one of the GP partners from EHFP to be added onto the contract of Dr Malczewski as at 31/5/19.

Dr Malczewski retired on 31/5/19.

On 1/6/19, the remaining GP partners from EHFP would go onto the contract and the contract would be known as EHFP (M).

The final stage was for the contracts and clinical system to merge at which point the GMS contract of Dr Malczewski (EHFP (M)) would be terminated. The clinical system merge date had been confirmed as 1st July 2019. It was requested that the Committee approve the final stage of the merge.

Dr G M Chowdhury – B81066 – it was stated that an application had been received for Dr G M Chowdhury to merge with East Hull Family Practice (EHFP).

The Merger would follow the below staged approach:

A contract variation had been drawn up to allow one of the GP partners from EHFP to go onto the contract of Dr GM Chowdhury as at 26/4/19.

On 1/7/19, the remaining GP partners from EHFP would go onto the contract, both Dr GM and Dr R Chowdhury would come off the contract and the practice would be known as EHFP (Park HC).

The final stage was for the contracts and clinical system to merge at which point the GMS contract of Dr GM Chowdhury (EHFP (Park HC)) would be terminated. The clinical system merge date had been confirmed as 29th July 2019. It was requested that the Committee approve the final stage of the merge.

A vote took place and the Committee approved the mergers of both Dr Malczewski and EHFP and Dr GM Chowdhury and EHFP.

NHS Updates

MJOG

MJOG was currently being rolled out across Hull with training taking place in those practices where it had been installed.

General Practice Funding View (GPFV) Funding programme 2019/20

Funding for four of the Primary Care Transformation Fund Programme budgets would be allocated directly to Humber Coast and Vale (HCV) Health and Care Partnership for 2019/20 rather than directly to CCGs or NHS England.

Primary Care Activity Report (PCAR)

It was stated that the PCAR completed by NHS England was being taken to Humberside LMC meeting on 2nd July 2019. The question was posed on how it would be ensured that practices receive what was anticipated, it was stated that a memorandum of understanding had been completed with HCV and hosted by Hull CCG.

West Hull Development

Approval had been received from NHS England to move to Stage 1 Business Case development for the new primary care facility in the West of the city. A number of queries and issues were being addressed and a draft was expected to be completed.

Resolved

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| (a) | Members of the Primary Care Commissioning Committee noted the “for information” stages of the merges below and approved the final stages: Mergers of Dr Malczewski and East Hull Family Practice; and merger of Dr GM Chowdhury and East Hull Family Practice. |
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| (b) | Members of the Primary Care Commissioning Committee noted the NHS England updates in relation to; MJOG Implementation Primary Care Activity Report GPFV Funding |
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7.2 MODALITY PARTNERSHIP HULL - PROPOSAL ON RELOCATION AND CONSOLIDATION OF GP SERVICES

Dr James Moulton, Dr Dan Roper and Dr Bushra Ali declared a financial interest in agenda item 7.2 which was noted. Dr Vince Rawcliffe declared a personal (partner or close associate) interest in agenda item 7.2 which was noted. Dr Moulton and Dr Ali left the room, Dr Rawcliffe stayed in the room but was unable to speak.

The Associate Director of Communications and Engagement and the Strategic Lead for Primary Care provided a report on the outcome of the public engagement process undertaken by Modality Partnership Hull with respect to their proposal to relocate and consolidate GP services currently provided from 3 sites in the North of the city. In light of their report, the Modality Partnership Hull duly requests approval from the Committee to relocate and consolidate GP services currently provided at Faith House to Alexandra Health Centre and New Hall Surgery from 1st August 2019.

It was stated that the agenda item would be taken in two parts

- 1 – Engagement Report
- 2 – Proposal on Relocation and Consolidation of GP Practices

Engagement Report

In October 2018 Modality Partnership Hull advised the CCG that, following a review of service delivery from the three sites of New Hall Surgery, Alexandra Health Centre and Faith House Surgery, they were proposing to consolidate primary care medical services on to two of these three sites and that Faith House Surgery had been identified as potentially the least suitable due to its deteriorating condition and limited ability for re-development and expansion.

Modality Partnership Hull was advised that proactive involvement and engagement was required throughout the process and that they, as provider of the service, would need to lead on the development and execution of an engagement plan, with advice and support from the CCG Communications and Engagement Team. Best practice advice had been sought via the Consultation Institute, whose opinion was that a robust, open and transparent engagement with staff, stakeholders and patients may be an appropriate approach at that point, rather than formal consultation.

The Modality Partnership pro-actively made contact with the CCG’s Communications and Engagement Team at an early stage of developing their engagement plans and advice was given around the appropriate engagement approach.

A case for change document was developed setting out the local context including the key challenges for delivery of primary care. The public facing engagement materials explained in general terms about recruitment pressures, and the quality of the premises at Faith House. During the 8 week engagement period a number of local engagement meetings and drop in sessions were convened to allow people to

find out what the possible changes would mean and give them a chance to express their views.

After the exercise was concluded an Engagement Report was submitted and the CCG assessed the engagement exercise against a number of areas. It was felt that the patient feedback as detailed in the engagement report, does focus on the issues around the quality of premises rather than recruitment issues. More detailed information about specific local workforce challenges may have helped to strengthen the case for change. The description of the development of options, and the resulting proposal was not clear; reference was made to a review of service delivery, but it was not clear what other options, if any, were explored or discarded by this review. It was also felt that the benefits to patients could have been more explicit.

NHS Hull CCG did acknowledge that the exercise itself had been extensive and that patients had the opportunity to have their views heard. It was felt that the recommendations made do provide a degree of mitigation against the issues raised in the engagement exercise.

Details of the engagement approach were presented to both the Health and Wellbeing Overview and Scrutiny Commission and to the North Area Committee in November 2018 and the findings in June 2019.

Since the June meeting, correspondence had been received from the Chair of the Health and Wellbeing Overview and Scrutiny Commission stating that he considered that the proposal to close Faith House Surgery would represent a 'substantial variation' and as such, should be subject to formal consultation.

Discussion took place around the difference between engagement and consultation and it was acknowledged that formal consultation should broadly follow the same principles and processes as many engagement exercises, however it legal process and does need to take into account the four key tests and, in some cases, is a more defined and structured process. Engagement would usually be the first stage in any formal consultation and enables the identification of any concerns and issues which can be addressed within the consultation.

It was expressed that although the engagement report was extensive and the reach was impressive, wider stakeholder involvement would have been welcomed.

Committee Members noted the engagement report.

Proposal on Relocation and Consolidation of GP Practices

The proposal to relocate and consolidate GP services recognised that the case to deliver services from modern purpose built facilities was an initial primary driver for change and remained important. However, the Committee was informed that the compounding issue of immediate and serious clinical workforce pressures, recognised as part of the initial case for change, had seriously escalated in the period since the commencement of the engagement work and this had become the primary driving factor for change.

The Committee were informed that since the beginning of the engagement exercise, three GP partners had retired from Modality Partnership Hull, a GP partner had

resigned, a further 5 GP partners had reduced their hours and two more GP partners were retiring in the coming weeks.

A wide ranging discussion occurred around the proposal and rationale of the proposed relocation of GP services within Modality Partnership Hull and subsequent closure of Faith House Surgery with the following points being highlighted, some of which were not in the report circulated:

- Patient safety was paramount along with the health and wellbeing of clinicians
- The issue of the extent of workforce challenges for the Modality Partnership Hull had not been previously raised with the committee. The case for change areas had changed, concern was raised as to the questions the public had been asked and if they were on the correct topics
- The report submitted contained information about the engagement undertaken rather than patient safety
- It was noted that issues around a sustainable primary care workforce were currently impacting all practices across the city. The workforce crisis had been refined within the profession; this now needs to be addressed across the city.

The concerns of the Health and Wellbeing Overview and Scrutiny Commission were noted and the risk of external challenge to the decision was highlighted.

There had been a large amount of political interest in the proposal on relocation and consolidation of GP practices and it was agreed to advise Diana Johnson MP on the outcome of the Committee.

It was agreed that the Communication and Engagement Team would support Modality on the outcome of the Primary Care Commissioning Committee

The Committee Members were asked to vote on the proposal with five approving the decision and one abstaining from the vote to relocate and consolidate GP services currently provided at Faith House to Alexandra Health Centre and New Hall Surgery from 1st August 2019.

It was stated that the decision made reflected on the information contained within the document circulated along with the issues raised during the discussion.

Resolved

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| (a) | Members of the Primary Care Commissioning Committee considered the report submitted by Modality Partnership Hull and also considered and approved the request to relocate and consolidate GP services currently provided at Faith House to Alexandra Health Centre and New Hall Surgery from 1 st August 2019. |
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7.3 Humber Coast and Vale Primary Care Strategy

Dr James Moulton, Dr Amy Oehring, Dr Masood Balouch and Dr Bushra Ali declared a financial interest in agenda item 7.3 which was noted. Mark Whittaker and Dr James Crick declared a personal (self) interest in agenda item 7.3 which was noted, Dr James Crick declared a personal (partner or close associate) interest in agenda item 7.3 which was noted. All stayed in the room for the agenda item.

The Head of Commissioning, NHSE and NHSI provided a Humber Coast & Vale Primary Care Strategy report for consideration.

It was stated that Humber Coast and Vale (HCV) Health and Care Partnership required a Primary Care Strategy to ensure primary care was able to act as a system leader to deliver the best outcomes for patients, provide a foundation on which to build a clear purpose and vision and to ensure we have a resilient, robust and vibrant primary care sector working together to meeting the needs of the local population.

The aim was for CCG's to work across HCV to develop a capital pipeline that would aim to secure sufficient funding to ensure emerging service models could be delivered in an appropriate setting along with CCG's reviewing their strategies.

It was stated that the vision was that Patients and Service users were fully involved in decisions with services commissioned at CCG and HCV level and the means by which the services were delivered to them.

Resolved

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| (a) | Members of the Primary Care Commissioning Committee considered the Humber Coast and Vale Primary Care Strategy. |
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8. SYSTEM DEVELOPMENT & IMPLEMENTATION

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

Mark Whittaker declared a financial interest in agenda item 8.1 which was noted and stayed in the room.

There were no newly designed enhanced services to discuss.

8.2 PRIMARY CARE NETWORK APPROVAL

Dr James Moulton, Dr Amy Oehring Dr Masood Balouch and Dr Bushra Ali declared a financial interest in agenda item 8.2 which was noted. Mark Whittaker declared a personal interest in agenda item 8.2 which was noted. All stayed in the room for the agenda item.

The Strategic Lead for Primary Care NHS Hull CCG provided an update report on the approval of Primary Care Networks.

The Committee were advised that the two practices within Hull that were not part of a Primary Care Network (PCN) had received offers and accepted them.

A meeting of the Humber Coast and Vale Primary Care Programme Board on 30th May 2019 subsequently considered the Primary Care Networks across all 6 CCGs and approved all proposed Primary Care Networks.

Resolved

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| (a) | Members of the Primary Care Commissioning Committee noted the approval of the Primary Care Networks in Hull. |
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8.3 EXTENDED PRIMARY CARE MEDICAL SERVICES – CURRENT AND NEWLY DESIGNED

Dr Amy Oehring declared a financial interest in agenda item 8.3 which was noted. Mark Whittaker declared a personal interest in agenda item 8.3 which was noted. All stayed in the room for the agenda item.

There were no extended Primary Care Medical services to discuss.

8.4 CLINICAL DECISION SUPPORT SYSTEM TOOL

Dr James Moulton, Dr Amy Oehring, Dr Vince Rawcliffe and Dr Bushra Ali declared a financial interest in agenda item 8.4 which was noted. Mark Whittaker declared a personal (self) interest in agenda item 8.4 which was noted. All stayed in the room for the agenda item.

The Head of Performance & Programme Delivery provided a report to request that the Primary Care Commissioning Committee approve the proposal to fund the supply of a Clinical Decision Support System (CDSS) tool for primary medical care providers for 2 financial years (2019/21) to assist healthcare professionals deliver optimised patient care.

The CCG had also been working with primary care to support the reduction of variation in GP referrals and data quality, improving knowledge of pathways and efficiency within primary care.

The Tool

- Provides easy access to relevant diagnostics
- Provides easy access to treatment and referral resources
- Supports improved decision making to occur effectively and efficiently

The reporting functionality of the tool also enables organisations to use business intelligence reports for accurate service evaluation and planning.

A number of GP practices had been trialling a CDSS tool. Qualitative feedback gained from participating GP practices around use and service improvements had been positive.

The financial benefits to a practice following the trial of the CDSS and ongoing funding of the system for a further year would include additional QOF and enhanced service income, a reduction in clinical and admin/management costs through a more streamlined, efficient service delivery.

The estimated costs for the first two years use of CDS Stool was based upon a set-up fee per practice (determined by the number of patients on a practice list)

Procurement of a tool, at scale, utilising NHS frameworks offers the opportunity for significant savings and it was anticipated that the resource required to implement across the CCG would be as follows:

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| Year 1: set up plus licence | £ 115,000 |
| Year 2: licence fee only | £ 75,000 |

It was proposed to fund the supply of a CDSS tool for 2 financial years utilising unallocated PMS premium resources within the CCG primary care medical budget.

It was stated that after the initial 2 years, practices would be required to fund the tool themselves.

Resolved

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| (a) | Members of the Primary Care Commissioning Committee considered the contents of the report. |
| (b) | Members of the Primary Care Commissioning Committee approved the use of unallocated PMS premium resources to fund the tool for a 2 year period. |

8.5 RISK REPORT

Dr James Moulton and Dr Bushra Ali declared a financial interest in agenda item 8.5 which was noted. All 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, 6 of which were related to primary care.

Updates to the risks provided were noted and further discussion took place in relation to;

Risk 930 Practices may not remain part of a grouping – Additional wording had to be agreed and added to this risk so it fully articulates the situation.

Risk 902 CCG practices unable to maintain a resilient primary care workforce – It was suggested that this generic risk should be supported by specific assessment of each practice. . It was agreed that this piece of work should be undertaken outside of the risk register.

Resolved

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| (a) | Members of the Primary Care Commissioning Committee noted the updates provided in the Risk Register. |
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8.6 INTEGRATED DELIVERY FRAMEWORK - LOCAL QUALITY PREMIUM SCHEME

Dr James Moulton, Dr Amy Oehring and Mark Whittaker declared a financial interest in agenda item 8.6 which was noted. All stayed in the room for the agenda item.

The Strategic Lead – Primary Care NHS Hull CCG provided an update to the Committee on the Local Quality Premium Scheme for 2019/20.

With PCN's emerging a review had taken place proposing 3 local quality premium schemes (Managing Need, Chronic Disease Management and Community Frailty/Primary Care Data Quality) end in June 2019. The Community Frailty Pathway would continue for a further three months and additional schemes would be worked up and introduced from August 2019.

It was requested that homeless discharge be reviewed and incorporated into a new scheme.

Resolved

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

9.1 PRIMARY CARE QUALITY & PERFORMANCE SUB COMMITTEE

Mark Whittaker declared a personal (self) interest in agenda item 9.1 which was noted and stayed in the room.

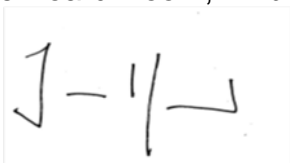
The Minutes of the meeting held on 20 March 2019 were submitted for information and taken as read.

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 23 August 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: 25 October 2019

Abbreviations

| | |
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| APMS | Alternative Provider Medical Services |
| CHCP | City Health Care Partnership |
| CDSS | Clinical Decision Support System |
| CoM | Council of Members |
| DES | Direct Enhanced Service |
| ECP | Emergency Care Practitioner |
| EHFP | East Hull Family Practice |
| 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 |
| PCAR | Primary Care Activity Report |
| PCCC | Primary Care Commissioning Committee |
| PCJCC | Primary Care Joint Commissioning Committee |
| PCMSPF | Primary Care Medical Services Provider Forum |

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| 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 |
| TCP | Transforming Care Partnerships |
| ToR | Terms of Reference |