

Item: 12.4

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

PART 1

PRESENT:

Voting Members:

J Stamp, NHS Hull CCG (Lay Representative) Chair
J Crick, NHS Hull, (Consultant in Public Health Medicine and Associate Medical Director)
J Dodson, NHS Hull CCG (Director of Integrated Commissioning)
E Latimer, NHS Hull CCG (Chief Officer)
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)

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)
I Goode, NHS Hull (Lay Representative)
S Lee, NHS Hull CCG (Associate Director of Communications and Engagement)
D Lowe, NHS Hull CCG (Deputy Director of Quality and Clinical Governance / Lead Nurse)
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)
M Whitaker, NHS Hull CCG (Practice Manager Representative)

IN ATTENDANCE:

D Robinson, NHS Hull CCG (Minute Taker)
V Anand, GP Fellow

Dialled in

H Patterson, NHS England, (Assistant Primary Care Contracts Manager)
Saskia Roberts, LMC

WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

1. APOLOGIES FOR ABSENCE

Voting Members:

J Weldon, Hull CC, (Director of Public Health and Adults)

Non-Voting Members:

Simon Barrett, LMC, (Chief Executive)
G Day, NHS England (Head of Co-Commissioning)

M Harrison, Healthwatch (Delivery Manager)
 Cllr G Lunn, (Health and Wellbeing Board Representative/Elected Member)
 Dr V Rawcliffe, NHS Hull CCG (GP Member)

2. 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
James Moulton	4.1	Financial Interest – Partner at Modality Partnership Hull PCN which may take on extra patients, the declaration was noted
Bushra Ali	4.1	Financial Interest – Partner at Modality Partnership Hull PCN which may take on extra patients, the declaration was noted
Masood Balouch	4.1	Financial Interest – works at Haxby Group GP partner which may take on extra patients, the declaration was noted
Karen Marshall	4.1	Personal (self) patient at Kingston Health, the declaration was noted.

Resolved

(a)	The above declarations of interest were noted.
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It was stated that the extraordinary Primary Care Commissioning Committee had been called as every practice list closure had to be heard within 21 days of application.

3. GOVERNANCE

3.1 There were no items of Governance to discuss.

4. STRATEGY

4.1 STRATEGIC COMMISSIONING PLAN FOR PRIMARY CARE AND PRIMARY CARE UPDATE

James Moulton declared a Financial Interest in agenda Item 4.1 as a GP Partner at Modality Partnership - Hull Division which may take on extra patients; the declaration

was noted. Bushra Ali declared a Financial Interest in agenda Item 4.1 as a GP Partner at Modality Partnership - Hull Division which may take on extra patients; the declaration was noted. Masood Balouch declared a Financial Interest in agenda item 4.1 as a GP Partner at Haxby Group which may take on extra patients; the declaration was noted. Karen Marshall declared a Personal Interest in agenda item 4.1 as a patient at Kingston Health, the declaration was noted.

The Assistant Primary Care Contracts Manager provided a report to update the Committee on primary medical care matters including contract issues within Hull and to provide national updates around primary medical care.

Contract Change

Kingston Health List Closure Application

Kingston Health (Hull) (Practice Code – B81011) had applied to temporarily close its list for a period of 12 months. This initial application was discussed at Primary Care Commissioning Committee on 25th October 2019. The outcome of this discussion was to request an action plan from the practice and to offer support in relation to resubmitting the application to close their list. Kingston Health (Hull) were made aware of the committee's decision and had been asked for additional information and an action plan. An offer of a visit, comprising CCG, NHS England and LMC representatives, was given to the practice to work through the required information. The practice confirmed that they were happy to submit an action plan and would seek further guidance via email rather than a face to face meeting.

A wide ranging discussion took place in relation to the action plan. Committee members noted that the DNA information was out of date (2015) and more up to date information was required although it was noted that there had been a 26% reduction in total DNA's over a two year period.

The churn report advised that Kingston Health (Hull) had seen a 3.9% growth in list size which was ranked 14th highest across the city and was ranked 11th in terms of new registrations.

Committee members discussed and acknowledged that there are numerous reasons as to why practices request to close their list and this is not limited to list size increase but the wider issues currently being experienced in primary care.

It was acknowledged that there had been an improvement in the distribution of workload and the use of the practice pharmacist as identified within the action plan.

It was noted that a new practice manager had been recruited who was 2 months into a 4 month induction period.

Concern was raised around the knock on effect on practices in the locality of Kingston Health (Hull). Committee members suggested that further support could be offered by the CCG as part of a "resilience package". The practice should also be encouraged to further engage with their PCN to explore what additional support could be given.

The Committee voted and 6 out of 7 voting members declined the request to close the list.

It was stated that Kingston Health (Hull) would be provided with written rationale around the Committees decision to not support their application to close the practice list.

Dr Cook List Closure Application

Dr B F Cook's practice (Practice Code – B81095) had applied to temporarily close its list for a period of 12 months.

Workforce at present consisted of 1 x GP employed with a WTE of 1.12, 1 x Practice Nurse with a WTE of 0.96, 1 x Health Care Assistant with a WTE of 0.75 and 2 x Locums with a WTE of 0.27.

It was stated that over the last 12 months the list size had increased by 14.2% which was the second highest increase in the CCG.

Members were advised that a practice visit had occurred with the Chair of NHS Hull CCG, Assistant Primary Care Contracts Manager, NHS England and Head of Commissioning - Integrated Delivery, Hull CCG, Dr Cook and the Practice Manager in attendance

It was stated that Dr Cook's practice had received a large number of requests to join the practice after the patients registered with Modality Hull who accessed services at Faith House Surgery received a communication stating that they would need to access services from alternative Modality Hull sites from August 2019. The patients were advised that they could remain registered with Modality Hull or were able to register at an alternative practice.

It was acknowledged that Dr Cook had implemented new measures within the practice to attempt to accommodate requests. Building alterations were being undertaken to add additional clinical rooms.

The LMC had been in conversation with Dr Cook in relation to the significant rise in patient numbers.

A comprehensive action plan had been submitted along with the application to close the list.

Work is being undertaken with the Patient Engagement Group to promote the revamped Facebook page to direct patients in the appropriate way.

Concern was raised in relation to length of the list closure and the impact this could potentially have on GP practices in the locality.

It was stated that practices in the area had been informed of the potential list closure and no adverse responses had been received.

Committee Members approved the list closure application for 12 months with regular reviews being undertaken in 4 and 8 months.

Resolved

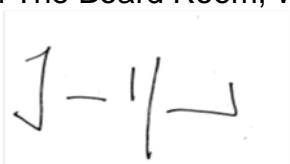
(a)	Members of the Primary Care Commissioning Committee considered and declined the list closure application from Kingston Health (Hull).
(b)	Members of the Primary Care Commissioning Committee considered and approved the list closure application from Dr Cook for 12 months with regular reviews being undertaken in 2 and 4 months.

5. SYSTEM DEVELOPMENT & IMPLEMENTATION

5.1 There were no System Development and Implementation items to discuss.

6. DATE AND TIME OF NEXT MEETING

The next meeting would be held on **Friday 13 December 2019** at 9.30 am – 11.30 am The Board Room, Wilberforce Court, Alfred Gelder Street, Hull, HU1 1UY



Signed:
Chair of the Primary Care Commissioning Committee)

Date: 13 December 2019

Abbreviations

DNA	Did Not Attend
LMC	Local Medical Committee
WTE	Whole Time Equivalent