

Item: 12.4

PRIMARY CARE COMMISSIONING COMMITTEE MINUTES OF THE MEETING HELD ON FRIDAY 25 OCTOBER 2019, THE BOARDROOM, WILBERFORCE COURT, HULL, HU1 1UY

PART 1

PRESENT:

Voting Members:

J Stamp, NHS Hull CCG (Lay Representative) Chair
D Storr, NHS Hull CCG, (Deputy Chief Finance Officer, Deputising for Emma Sayner)
J Crick, NHS Hull, (Consultant in Public Health Medicine Deputising for Julia Weldon)
Director)
J Dodson, NHS Hull CCG (Director of Integrated Commissioning)
E Latimer, NHS Hull CCG (Chief Officer)
I Goode, NHS Hull (Lay Representative)
K Marshall, NHS Hull CCG (Lay Representative)
Dr D Roper, NHS Hull CCG (Chair of NHS Hull CCG)

Non-Voting Attendees:

Dr B Ali, NHS Hull CCG (GP Member)
Dr M Balouch, NHS Hull CCG (GP Member)
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)
M Harrison, Healthwatch (Delivery Manager)
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 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)
V Anand, GP Fellow
D Storr, NHS Hull CCG (Deputy Chief Finance Officer)

WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

1. APOLOGIES FOR ABSENCE

Voting Members:

E Sayner, NHS Hull CCG (Chief Finance Officer)

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

Non-Voting Members:

Cllr G Lunn, (Health and Wellbeing Board Representative/Elected Member)

2. MINUTES OF THE MEETING HELD ON 28 JUNE 2019

The minutes of the meeting held on 28 June 2019 were approved.

Resolved

(a)	The minutes of the meeting held on 28 June 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 28 June 2019 was not submitted for information as there were no outstanding actions.

Resolved

(a)	Members of the Primary Care Commissioning Committee noted that there were no outstanding actions on the Action List from the meeting held on 28 June 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	6.1, 7.1, 7.2, 7.3, 8.2, 8.3,11	Financial Interest – Partner in Sutton Manor Surgery, The declarations were noted
Vince Rawcliffe	7.1, 7.2, 8.2, 8.3	Personal Interest – Member of family works within the Modality – Hull Division – The declaration was noted

Name	Agenda No	Nature of Interest and Action Taken
Mark Whittaker	6.1, 7.1, 8.2	Personal Interest – works at Newland Health Centre, the declaration was noted
Dan Roper	7.1	Financial Interest – Part owner of Springhead Medical Centre, The declaration was noted.
James Moulton	6.1, 7.1, 7.2, 7.3, 8.2, 8.3, 11	Financial Interest – Partner at Modality Partnership Hull, The declarations were noted
Bushra Ali	6.1, 7.1, 7.2, 7.3, 8.2, 8.3, 11	Financial Interest – Partner at Modality Partnership Hull, The declarations were noted
Masood Balouch	6.1, 7.1, 7.2, 7.3, 8.2, 8.3, 11	Financial Interest – works at Haxby Group the declaration was noted
Nikki Dunlop	6.1, 8.2, 8.3	Personal (self) , Personal (close associate) Patients a practice
Karen Marshall	7.1	Personal (self) patient at Kingston Health, declaration was noted.
Sue Lee	7.1	Personal (close associate) daughter works for Citycare, declaration was noted.

Resolved

(a)	The above declarations of interest were noted.
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It was stated that the following decisions had been made virtually in August 2019 as the meeting had been cancelled due to quoracy not being achieved.

1. Support for PCNs

CCG resource had been approved to be used to support each PCN to have a dedicated Lead Practice Nurse, Lead Clinical Pharmacist and BI Lead for 4 hours per week.

2. Transcribing for Adult Community Services

Implementation of a pilot for CHCP Community Nurses had been approved to transcribe electronically generated prescriptions for the administration of drugs to housebound patients.

The below declarations of interest had been made in relation to the above items

Name	Agenda No	Nature of Interest and Action Taken
Amy Oehring	1	Financial Interest – Partner in Sutton Manor Surgery, The declarations were noted
Masood Balouch	1	Financial Interest – works at Haxby Group the declaration was noted

6. GOVERNANCE

6.1 GP PRACTICE VISIT PROCESS

Dr James Moulton, Dr Amy Oehring Dr Masood Balouch, Dr Bushra Ali as GP Partners in various practices and Mark Whitaker declared a financial interest as practice manager in a practice in agenda item 6.1 which was noted. Nikki Dunlop declared a personal (self) and personal (close associate) as members of a practice in agenda item 6.1 which was noted. All stayed in the room for the agenda item.

The Commissioning Lead – Quality provided a report describing the Primary Care Quality Assurance process that the CCG proposes to adopt in order to meet the statutory duty relating to the quality assurance of primary care medical service provision. This includes the introduction of the Primary Care Commissioning Policy on Monitoring and Evaluation.

The approach was designed in such a way as to address quality assurance, support improvement in General Practice and provide a systematic process for managing unwarranted variation across primary care.

The CCG Primary Care Quality Assurance process was designed to operate in tandem with NHS England's quality assurance processes and will provide a robust systematic process for supporting quality improvement in general practice.

Practices, as providers of primary care services, are accountable for the quality of service, and are required to have their own quality monitoring processes in place. The CCG as commissioner has a responsibility for quality assurance. The principle is to be supportive whilst enhancing quality and preventing harm to patients. Through the duty of candour and the contractual relationship with commissioners, practices are required to provide information and assurance to commissioners and engage in system wide approaches to improving quality. The CCG are committed to improving the quality of care for our patients and therefore assessing, measuring and benchmarking quality and supporting general practice to deliver high quality care is a key focus.

The Primary Care Commissioning Policy on Monitoring and Evaluation describes the proposed approach to monitoring and assuring quality and improvement in all Primary Care commissioned medical services. This process was also designed to support improvement in general practice and provide a systematic process for managing unwarranted variation.

The governance arrangements would include the routine monitoring of a primary care quality dashboard by the members of the Primary Care Quality and Performance Committee. This Committee would have membership from across the CCG directorates; Service Redesign and Planning Primary Care Leads, Nursing and Quality, Business Intelligence and NHS England in order to identify potential or actual risks to quality, agree a response and to ensure that concerns about quality were reported to the CCG Clinical Governance Committee and risks were escalated appropriately to the Primary Care Commissioning Committee. In line with sub-committee requirements, any decisions arising from a practice visit would be brought to this committee for a decision on appropriate action.

The Primary Care Commissioning Policy on Monitoring and Evaluation includes routine quality assurance monitoring visits, Quality Surveillance and formal contract action. A two year cycle of routine practice visits would take place alongside any other identified monitoring required. Prior to any practice visit, a Pre-practice visit questionnaire would be sent to the GP practice and requested that it was completed and returned before the visit takes place.

It was stated that the pre-practice visit questionnaire was required to be circulated to practices to ensure all practices were aware of the supportive tool.

A wide and varied discussion occurred with the following topics being addressed:

- The pre-practice visit questionnaire may suggest that the visit was formal and not a supportive/guidance visit.
- The HCV Site visit Policy and Procedure was not exclusive to Primary Care.
- There was an inconsistency in the language used in documents.
- The documents need to be light touch/developed to ensure the documents are corporate.

Prior to the visit, any information already available to the CCG would be utilised and not requested direct from the practices. All information collated during a practice visit would subsequently be shared with the practice and Primary Care Quality and Performance Sub Committee and then escalated to Primary Care Commissioning Committee if required.

It was stated that visits would be scheduled and would be beneficial to practices if a CQC visit was imminent. Those practices with multiple sites would only receive one visit. All visits would be informal and announced to the practice in advance.

The GP Practice Visit Process was agreed in principle, Senior Leadership Team (SLT) would make the final decision after the language within the documents had been reorganised.

Resolved

(a)	Members of the Primary Care Commissioning Committee approved the introduction of the Primary Care Commissioning Policy on Monitoring and Evaluation after minor amendments.
(b)	Members of the Primary Care Commissioning Committee approved the reporting of the policy by the Primary Care Quality and Performance Sub Committee to the Primary Care Commissioning Committee.

7. STRATEGY

7.1 STRATEGIC COMMISSIONING PLAN FOR PRIMARY CARE AND PRIMARY CARE UPDATE

Dr D Roper declared a financial interest as part owner of premises, the declaration was noted, Dr James Moulton, Dr Amy Oehring, Dr Masood Balouch, Dr Bushra Ali are partners in GP practices and Mark Whitaker declared a financial interest as practice manager in a practice in agenda item 7.1 which was noted. Karen Marshall (patient at practice) and Sue Lee and Dr Vince Rawcliffe declared personal (close associate due to relation working for Citycare/Modality/) in agenda item 7.1 which was noted all stayed in the room for the agenda item apart from Dr Amy Oehring who left the room when the committee was discussing the agenda item on the Sutton Manor Contract.

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 Change

It was stated that the merger of the clinical systems between Dr Malczewski - B81080 and East Hull Family Practice, was now complete.

The merger of the clinical systems between Dr Chowdhury – B81066 and East Hull Family Practice, was now complete.

Committee Members approved the request from Sutton Manor Surgery B81020 to return to a GMS contract from a PMS contract with effect from 01/04/2020.

Kingston Health List Closure Application

Kingston Health (Hull) (Practice Code – B81011) had applied to temporarily close its list for a period of 12 months.

At present there were 5 GPs employed within the practice with a WTE of 3.7. A further GP vacancy is currently being advertised.

The list size had increased by 326 patients (3.58%) in the last 12 months although in relation to patient turnover, the practice was not deemed an outlier.

Concern had been raised by the practice in relation to an influx of high need patients requesting to join the practice from care homes in the local area.

It was agreed that the application received did not have sufficient information to make a decision.

It was stated that the practice require further guidance (which would be offered) on what was expected in an application to close a practice list. It was agreed that the application requires further development along with an action plan identifying the steps the practice would take in order to re-open their list should a closure be approved and should contain clear timescales and identified leads. An amended application and action plan should be resubmitted to a future committee meeting.

Faith House Update

At the June 2019 Committee Members had approved the closure of Faith House. A three month update had been requested by the Hull City Council, Health and Social Wellbeing Overview and Scrutiny Committee, which took

Primary Care Networks (PCNs)

Across Humber, Coast & Vale (HCV) there is £1,057,021 available funding for PCNs to utilise for organisational development. Some of this would be allocated specifically to Clinical Director development and the remainder was for development of the PCNs.

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

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

The four programme areas included in the allocation are:

- General Practice Resilience Programme

- GP Recruitment and Retention Programme
- Reception and Clerical Staff Training
- Online Consultation

Primary Medical Care Contract Documentation

As part of the NHS England and NHS Improvement merger, the North East and Yorkshire Regional Team have been reviewing processes with a view to achieving consistency of approach across the patch.

Currently, NHS England's business office manage all primary medical care contract documentation on behalf of delegated CCGs, including arranging for these to be signed off by Regional Directors. To bring the process in-line with how this duty was managed for the other CCGs across North East and Yorkshire, delegated CCGs would be required to sign off contract documentation with effect from 1st October 2019.

All medical contracts and contract variations, including nationally instructed variations would require sign off by the CCG Chief Officer and Chief Finance Officer.

West Hull Development

The West Hull Primary Care facility development would not be approved for delivery through LIFT. Citycare are progressing the scheme as a Third Party Development (3PD). Citycare are working alongside the lead GP Practice reviewing capacity requirements to progress the scheme.

The project had been progressing through the LIFT Stage 1 Business Case development, targeting Financial Close being reached by March 2020 with construction on site anticipated to commence in April 2020 and completion anticipated by April 2021. Commencement of the construction was subject to completing the highways works, which were currently programmed to run through to the end of April 2020.

Primary Care Commissioning Audit

Each CCG had to compile 4 audits, these being

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)

At present the Contract Oversight and Management Functions audit was underway and an update would be brought to a future meeting.

Integrated Delivery

Two schemes in relation to Chronic Obstructive Pulmonary Disease (COPD) were currently being developed. The schemes would enable Primary Care to support delivery of the Respiratory Programme for the city and would contribute towards keeping patients out of hospital as part of the Winter Plan. These scheme would be brought to and extra ordinary Primary Care Commissioning Committee on 22 November 2019.

Resolved

(a)	Members of the Primary Care Commissioning Committee noted the updates in relation to Dr Malczewski and Dr GM Chowdhury Practice.
(b)	Members of the Primary Care Commissioning Committee approved the return to GMS from PMS for Sutton Manor Surgery from 01/04/20.
(c)	Members for the Primary Care Commissioning Committee note the Faith House update.
(d)	Members for the Primary Care Commissioning Committee considered and advised further information was required for the list closure application from Kingston Health.

7.2 Targetted Lung Health Check (TLHC) Programme

Dr James Moulton, Dr Amy Oehring, Dr Masood Balouch, and Dr Bushra Ali declared a financial interest in agenda item 7.2 as partners in GP Practice which was noted, Dr Vince Rawcliffe declared a personal (self) as doing work for an organisation in agenda item 7.2 which was noted and all stayed in the room for the agenda item.

The Primary Care Clinical Lead TLHC provided a report to update on the implementation of the Targetted Lung Health Check Programme in Hull.

Hull had been selected as one of ten pilot sites having a high population of smokers to implement the TLHC. The aim of the health check was to identify lung cancer early, at a more treatable stage and thereby increasing years of survival following diagnosis.

The programme was due to commence in October 2019 but had been postponed until January 2020 due to recruitment issues.

LHCs would be offered to all Hull GP Practice eligible populations based on a phased schedule. Practices would be asked to participate in the project for a finite amount of time - all lung health checks must be completed by end of March 2021. The programme would start in West Hull.

It was stated that the programme was a structured instruction from NHS England with no scope for movement.

Patients who live in East Riding who were registered with a GP in Hull were unable to take part in the programme and would be contacted to avoid challenging conversations.

Hull University Teaching Hospital NHS Trust (HUTHT) were recruiting to a Cardiothoracic Surgeon to offset the increase in patients needing surgery. HUTHT were looking for additional funding from Specialised Commissioning and NHS Hull CCG.

A further update would be provided at the December 2019 Committee where issues would be addressed and dealt with including any issues raised by Primary Care.

Resolved

(a)	Members of the Primary Care Commissioning Committee noted the contents of the report.
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7.3 CESSATION OF MANAGED REPEAT PRESCRIPTIONS

Dr James Moulton, Dr Amy Oehring, Dr Masood Balouch and Dr Bushra Ali declared a financial interest in agenda item 7.3 as partners in GP practices which was noted all stayed in the room for the agenda item.

The Chair of the Primary Care Commissioning Committee provided a report updating the committee that the Planning and Commissioning Committee (6th of September 2019) approved the following regarding the Cessation of Managed Repeat prescriptions across the whole CCG.

- Agreed the principle that the cessation of managed repeats should happen.
- Agreed that a detailed communication and engagement plan needed to be generated to support this approach and should involve all stakeholders.
- Agreed that an implementation plan needed to be formulated taking into account feedback from the engagement undertaken working towards a date of 1 April 2020.

It was stated that a Task and Finish group was being developed across the 4 Humber CCGs and involving relevant CCG members, Local Medical Committee, Local Pharmaceutical Committee and other key stakeholders.

The Communication and Engagement Group would support the four CCG's to take the engagement work for managed repeat prescriptions forward.

Resolved

(a)	Members of the Primary Care Commissioning Committee noted the content of the paper and the decision made by the Planning and Commissioning Committee.
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8. SYSTEM DEVELOPMENT & IMPLEMENTATION

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

There were no newly designed enhanced services to discuss.

8.2 EPCMS – COMMISSIONING INTENTIONS

Dr James Moulton, Dr Amy Oehring, Dr Masood Balouch, Dr Bushra Ali as partners in GP practices and Mark Whitaker declared a financial interest in agenda item 8.2 as practice manager which was noted. Nikki Dunlop patient at a practice and Dr Vince Rawcliffe relation works for modality declared a personal (self) in agenda item 8.2 which was noted, Nikki Dunlop declared a personal (close associate) family member

patient of a practice interest in agenda item 8.2 which was noted, all stayed in the room for the agenda item but GPs here not allowed to speak.

The Head of Commissioning – Integrated Delivery provided a report to

- Provide some background to the current commissioning arrangements of the following Extended Primary Care Medical Services;
 - Administration of GnRH Analogues
 - Secondary Care Phlebotomy
 - Shared Care Monitoring
 - Dementia DES+
 - Extended Medicines Management Scheme
 - Wound Care Monitoring
 - Stable Prostate Cancer / Urology Service
- Summarise each of the services listed above.
- Provide high level data regarding activity and cost for each service.
- Identify next steps in determining future commissioning arrangements.

During 2013/14 NHS Hull Clinical Commissioning Group (CCG) undertook a review of Local Enhanced Services. These services subsequently became known as EPCMS. The extended services specifications outline the more specialised services to be provided within Primary Care and were designed to cover the extended aspects of clinical care of the patients, all of which are beyond the scope of essential services within the GMS/PMS/APMS contracts. Furthermore, these services ease pressures on acute services. The review concluded that the CCG would invite tenders for the provision of the following services:

- Administration of GnRH analogues
- Secondary Care Phlebotomy
- Shared Care Monitoring
- Dementia DES+
- Extended Medicines Management
- Wound Management
- Oral Glucose Tolerance Testing (ceased)
- Prostate Cancer Urology Service in Primary Care
- Stable Prostate Cancer / Urology Service in Primary Care (iQudos)

Following a successful tender process the CCG issued contracts to successful bidders in the form of the NHS Standard Contract, commencing 1 April 2014 to 31 March 2021. There were currently 33 GP Practices in Hull, all of which provide some or all of the EPCMS. With the exception of the Prostate Cancer Urology Service in Primary Care, each of the Primary Care Networks (PCNs) were currently providing EPCMS from at least one of their practices.

Each of service specifications was under review and would be brought to the December 2019 Primary Care Commissioning Committee.

As part of the development of the service specifications and future delivery model, the following patient groups have been identified to engage with:

- Recent users of service
- Condition specific patient groups

The primary group of people to be engaged with were recent users of service, these would be identified by practices and contacted via email or text message in the first instance, with a link to completing an online questionnaire.

A list of 5 possible options to take the commissioning intentions forward was discussed

1. To decommission all of the EPCMS.
2. To continue to commission the EPCMS at individual practice level.
3. To commission all of the EPCMS at Primary Care Network Level.
(This option would still allow for practices to individually deliver the service to their own patients but the contract would be managed via the PCN).
4. To commission some of the services at practice level and some at Primary Care Network level.
5. To undertake an open procurement exercise and invite other providers to deliver the services.

The benefits and dis-benefits were highlighted and discussed with Committee Members being advised that Option 3 was the preferred option with the new commissioning arrangements being in place with PCNs from April 2020.

It was highlighted that the suggested outline timeline was tight but Committee Members were assured that these would be achievable and would be met.

It was stated that there would be 5 contracts and payment would be made to PCN's.

Resolved

(a)	Members of the Primary Care Commissioning Committee noted the contents of the report.
(b)	Members of the Primary Care Commissioning Committee approved Option 3 of the 5 future commissioning of the EPCMS presented.

8.3 MINOR SURGERY – COMMISSIONING INTENTIONS

Dr James Moulton, Dr Amy Oehring, Dr Masood Balouch and Dr Bushra Ali declared a financial interest in agenda item 8.3 as partners in GP practices which was noted. Nikki Dunlop as patient at a practice and Dr Vince Rawcliffe declared a personal (self) in agenda item 8.3 which was noted, Nikki Dunlop declared a personal (close associate) interest as member of family is a patient at the practice in agenda item 8.3 which was noted, all stayed in the room for the agenda item but GPs were not allowed to speak.

The Commissioning Lead – Quality provided a report which proposed a way forward for commissioning of the Minor Surgery services in the light of the development of Primary Care Networks and the Network DES.

Minor surgery services were currently provided by 10 practices within the CCG. Each of the 5 former Practice Groupings had at least 1 practice delivering minor surgery, of which 7 also provide minor surgery to patients registered at other practices.

The Primary Care Commissioning Committee considered both the Extended Primary Care Medical Services and Minor Surgery in February 2019. It was agreed to extend the current arrangements for minor surgery until 30 September 2019. A discussion

took place outside of the Committee to agree to extend the current arrangements further until 31 March 2020. All practices providing minor surgery were made aware of the minor surgery contract extension and were willing to continue providing the service.

It was proposed to commission minor surgery from PCNs from April 2020, using the existing specification which was working extremely well, with each PCN being invited to confirm intentions to continue to provide minor surgery and confirm compliance of practitioners/practices delivering the service as per the requirements of the service specification. Funding flow would be to the PCN nominated payee with subsequent resource allocation to individual practices managed by the PCN.

Committee Members were advised that no 'skin cancer' biopsies had occurred in Primary Care since the notification in 2015.

Resolved

(a)	Members of the Primary Care Commissioning Committee noted the extension of the current minor surgery provision until March 2020.
(b)	Members of the Primary Care Commissioning Committee approved allowing the accredited GPs to continue to deliver minor surgery as there were no change in procedures, no expansion on scope. (Specification remains the same)
(c)	Members of the Primary Care Commissioning Committee approved the CCG to request the Primary Care Networks to confirm intentions to deliver minor surgery services from April 2020 and to confirm accreditations status of GPs who would undertake minor surgery.
(d)	Members of the Primary Care Commissioning Committee approved the accredited GPs be assessed for any changes which may affect their skills.

8.4 RISK REPORT

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 30 risks on the CCG Risk Register, 5 of which were related to primary care. All of the risks included within the report were rated as high risk and score 8 or above.

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

Risk 901 – Additional CCG workforce to support the primary care programme had been received and the risk had been reframed. It was agreed that the risk should be closed with the approval of the Integrated Audit and Governance Committee and a new risk opened for the remaining issues.

Risk 902 – work had increased on maintaining a resilient primary care workforce.

Risk 933 – a discussion took place in relation to the lack of trained staff to deliver cervical screening. It was agreed for the risk to stay on the register at present as training was in the process of being undertaken.

Committee Members advised that Committees recommend an action for a risk to be removed and the Integrated Audit and Governance Committee approve removal.

Resolved

(a)	Members of the Primary Care Commissioning Committee noted the updates provided in the Risk Register.
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9. FOR INFORMATION

9.1 PRIMARY CARE QUALITY & PERFORMANCE SUB COMMITTEE

There were no minutes to be circulated for information.

10. ANY OTHER BUSINESS

There were no items of Any other Business.

11. COMMUNITY FRAILTY PROGRAMME

Dr James Moulton, Dr Amy Oehring Dr Masood Balouch and Dr Bushra Ali declared a financial interest in agenda item 11 as partners in various GP practices which was noted, all stayed in the room for the agenda item.

The Strategic Lead – Primary Care NHS Hull CCG provided a report to request the Community Frailty follow up scheme be extended to the end of March 2020 to allow further GP practices to complete the initiative.

Following the completion of the 2018/19 local quality premium schemes in June 2019, an extension to 'Scheme 4: Primary Care Follow-up Assessment post Comprehensive Geriatric Assessment (CGA) at the Jean Bishop Integrated Care Centre', was approved to continue until September 2019. This was to ensure practices had the opportunity to follow up their patients 3 months post CGA, as it was recognised that there was significant benefit to the patient being followed-up in a primary care setting.

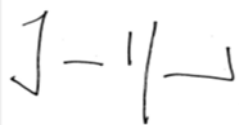
The funding would be sourced through uncommitted PMS Premium funding. It was anticipated that based on a cost of £23 per patient and on a trajectory of patients who would be assessed between 1st October 2019 and 31st December 2019 (and therefore reviewed by 31st March 2020),

Resolved

(a)	Members of the Primary Care Commissioning Committee approved the continuation of the Local Quality Premium scheme 4: Primary Care Follow-up Assessment post Comprehensive Geriatric Assessment until the end of the financial year (31st March 2020).
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12. 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

APMS	Alternative Provider Medical Services
DES	Direct Enhanced Service
GPRP	GP Resilience Programme
GMS	General Medical Service
HUTHT	Hull University Hospital NHS Trust
NHSE	NHS England
PCN	Primary Care Network
P&CC	Planning & Commissioning Committee
PCCC	Primary Care Commissioning Committee
PCQPSC	Primary Care Quality & Performance Sub-Committee (PCQPSC).
PMS	Personal Medical Service
PPG	Patient Participation Group
Q&PC	Quality & Performance Committee
STP	Sustainability and Transformation Partnerships
ToR	Terms of Reference