

Item: 2

PRIMARY CARE COMMISSIONING COMMITTEE MINUTES OF THE MEETING HELD ON FRIDAY 13 DECEMBER 2019, THE BOARDROOM, WILBERFORCE COURT, HULL, HU1 1UY

PART 1

PRESENT:

Voting Members:

J Stamp, NHS Hull CCG (Lay Representative) Chair
E Sayner, NHS Hull CCG (Chief Finance Officer)
I Goode, NHS Hull (Lay Representative)
J Crick, NHS Hull, (Consultant in Public Health Medicine, deputising for Julia Weldon)
J Dodson, NHS Hull CCG (Director of Integrated Commissioning)
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)
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)
Cllr G Lunn, (Health and Wellbeing Board Representative/Elected Member)
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

WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

1. APOLOGIES FOR ABSENCE

Voting Members:

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

Non-Voting Members:

Simon Barrett, LMC, (Chief Executive)

2. MINUTES OF THE MEETINGS HELD ON 25 October 2019 & 22 November 2019

The minutes of the meetings held on 25 October and 22 November 2019 were approved after minor typos had been amended.

Resolved

(a)	The minutes of the meetings held on 25 October and 22 November 2019 were approved as a true and accurate record of the meetings 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 25 October 2019 was not submitted for information as there were no outstanding actions.

It was stated that action 26.4.19 – 6.2 relating to the movement of decisions around committees would be addressed as part of the review of the CCG Constitution.

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 25 October 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, 8.2, 8.3,	Financial Interest – Partner in Sutton Manor Surgery, The declarations were noted

Name	Agenda No	Nature of Interest and Action Taken
Vince Rawcliffe	7.1, 8.2, 8.3	Personal Interest – Member of family works within the Modality – Hull Division – The declaration was noted
Mark Whittaker	7.1, 8.2,8.3	Personal Interest – works at Newland Health Centre, the declaration was noted
James Mout	7.1, 8.2, 8.3,	Financial Interest – Partner at Modality Partnership Hull, The declarations were noted
Bushra Ali	7.1, 8.2, 8.3,	Financial Interest – Partner at Modality Partnership Hull, The declarations were noted
Masood Balouch	7.1, ,8.2,8.3,	Financial Interest – works at Haxby Group the declaration was noted
Jason Stamp	7.1	Declared a Personal Interest, Chief Officer North Bank Forum, a local voluntary organisation sub contracted for the delivery of the social prescribing service. Member of Building Health Partnerships.

Resolved

(a)	The above declarations of interest were noted.
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6. GOVERNANCE

6.1 PRIMARY CARE ENGAGEMENT FRAMEWORK

The Associate Director of Communications and Engagement provided a report describing the engagement and formal consultation assurance framework and approach.

This Engagement and Formal Consultation Assurance Framework had been developed for use with commissioners and providers in both primary and secondary care.

The goal of the framework was to ensure that NHS Hull CCG was fulfilling the Engagement and Consultation requirements outlined in the NHS Act, and NHS Constitution; and to support due diligence of service providers the CCG commissions and co-commissions.

In response to the Primary Care Blueprint a number of changes within primary care had taken place, some could be considered material change that would require formal consultation. However this was not a straightforward decision and was based on a number of factors. The CCG Communications and Engagement Team had historically given advice and guidance to providers, including primary medical care providers, regarding best practice and legal requirements in respect of engagement and consultation.

There are four documents that make up the assurance framework:

- Engagement and Consultation Assurance Framework Guidance - This was to support commissioners and providers to identify their requirements to engage or consult.

- Engagement or Consultation Assessment - This form would be completed by commissioners or providers with the support of the Communications and Engagement Team to help determine what engagement or consultation would be proportionate.
- Engagement or Consultation Plan Review - Following the Engagement or Consultation Assessment, an engagement or consultation plan would be developed.
- Engagement or Consultation Report Review - The report review checks that what was set out in the engagement or consultation plan was undertaken and delivered the required information to support and influence decision making.

It was acknowledged that the framework was comprehensive and aligns with statutory requirements.

The Communication and Engagement Team would offer support throughout the process to practices required to undertake engagement or formal consultation.

It was stated that the framework had been piloted and the approval of the framework via the Primary Care Commissioning Committee would formalise the process.

It was agreed to review the documentation in twelve months to ensure it was fit for purpose and include any learning identified during implementation.

Resolved

(a)	Members of the Primary Care Commissioning Committee approved the proposed assurance approach.
(b)	Members of the Primary Care Commissioning Committee approved the proposed review timescales.

7. STRATEGY

7.1 STRATEGIC COMMISSIONING PLAN FOR PRIMARY CARE AND PRIMARY CARE UPDATE

Dr James Moulton, Dr Amy Oehring, Dr Masood Balouch, and Dr Bushra Ali declared a financial interest as partners in GP practices and Mark Whitaker declared a financial interest in agenda item 7.1 which was noted. Dr Vince Rawcliffe declared a personal interest (close associate working for Modality/Citycare) in agenda item 7.1, Jason Stamp declared a Personal Interest as Chief Officer of North Bank Forum, a local voluntary organisation sub contracted for the delivery of the social prescribing service and as a member of Building Health Partnerships. The declaration 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.

ADDITIONAL ROLES MONIES – CLINICAL PHARMACISTS

The Network Contract Directed Enhanced Service (DES) allows for clinical pharmacists employed under the NHS England Clinical Pharmacist in General

Practice Scheme where they worked in practice, to transition into the Additional Roles Reimbursement Scheme as part of the Network Contract DES, where they would work across the PCN. The transition from one scheme to another had to take place by 30th September 2019.

Transition in this context required that the clinical pharmacist was actually working as part of the PCN team delivering the duties outlined in the Network Contract DES Specification, by 30th September. This was irrespective of the detail of the agreed employment arrangements (i.e. they may not be actually employed by the PCN but engaged to work under the terms of the Network Contract DES across the PCN).

NHS England and Improvement had been made aware of a number of scenarios in which the 30th September deadline was not met. Given the importance of this workforce as part of a multi-disciplinary PCN team and the more generous reimbursable arrangements for practices/PCNs, commissioners may, in exceptional circumstances, allow an extension to the transition by no later than **31st March 2020**. This extension was to allow people more time to finalise the arrangements where a transition had been or was being agreed, rather than to allow further time to decide whether or not to transition.

Resolved

(a)	Members of the Primary Care Commissioning Committee noted the updates within the report.
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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 EXTENDED PRIMARY CARE MEDICAL SERVICES – CURRENT AND NEWLY DESIGNED

Dr James Moulton, Dr Amy Oehring, Dr Masood Balouch, Dr Bushra Ali as 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. Dr Vince Rawcliffe declared a personal interest (close associate working for Modality/Citycare) in agenda item 7.1. The interests were noted and all stayed in the room for the agenda item.

The Head of Commissioning – Integrated Delivery provided a report to present the service specifications for the following Extended Primary Care Medical Services to the Primary Care Commissioning Committee for approval.

- Administration of GnRH Analogues
- Secondary Care Phlebotomy Service
- Shared Care Monitoring
- Dementia DES+
- Extended Medicines Management Scheme
- Wound Management Service

It was conveyed that a patient engagement exercise had been undertaken during

November 2019, facilitated by general practice, to ascertain the experience and views of people accessing the currently commissioned services. This identified the valued aspects of services and areas for improvement, to inform the revised service model.

Practices were asked to identify the patients, and send out the resources developed by the CCG. This included both digital and hard copies of a questionnaire, with the CCG co-ordinating the upload of responses and analysing all the data to report findings at city level and PCN level. The engagement model was developed to minimise the resource requirements from individual practices.

Unfortunately, response rates had not been high enough to draw conclusions or intelligence to inform service modelling.

As both the CCG and general practices had a legal and contractual requirement to involve patients in service change, it was proposed, following agreement at the primary care communications sub group, that the engagement exercise be re-run as part of the mobilisation to inform future service models.

Clarity was requested on whether due process was being followed in relation to the approval of service specifications, it was agreed that due to the subject matter the Primary Care Commissioning Committee was the correct forum area to approve/request further information.

It was agreed that the review of terms of reference of committees would ensure the correct protocol were being followed along with a revised commissioning strategy.

Administration of GnRH Analogues

The Commissioner had determined that this was a service that should be provided within a GP practice environment within the Primary Care Network that the patients' registered practice was a member.

The service specification was reviewed with the below areas being highlighted:

- A separate paper would be brought in relation to the tariff element of the service specification.
- Clarity was required on the payment per dosage.
- CHCP would only administer if it was in their case load, it was agreed that a further discussion take place in relation to what CHCP's responsibilities are.
- The administration of drugs to be reviewed

Assurance was provided that all relevant organisations had been included in the service specification review.

The service specification was approved in principle subject to the above minor amendments; this would then be formally approved by the Chief Finance Officer and Consultant in Public Health Medicine and brought back to the February 2020 Committee for information.

Secondary Care Phlebotomy Service

NHS Hull CCG wishes to commission at Primary Care Network level a service which mainstreams the provision of phlebotomy services in General Practice across Hull and would provide a phlebotomy service for secondary care requested pathology for patients registered with Hull GP Practices.

The service specification was reviewed and approved by the Primary Care Commissioning Committee.

Shared Care Monitoring

The treatment of several diseases within the fields of medicine, particularly in rheumatology, was increasingly reliant on drugs that, while clinically effective, need regular blood monitoring. This was due to the potentially serious side-effects that these drugs could occasionally cause. It had been shown that the incidence of side-effects could be reduced significantly if this monitoring was carried out in a well-organised way, close to the patient's home. The mechanism for shared care, agreed locally, includes a traffic light system for the classification of drugs. Amber drugs are those classified as appropriate for shared care, with the General Practitioner taking over the responsibility for ongoing care after an agreed period of time.

Since this service was heavily reliant on the shared care arrangements between primary and secondary care in Hull, the Commissioner had determined that this was a service that should be contracted at Primary Care Network level and provided within a GP practice environment by the patient's registered practice.

A wide and varied discussion took place in the relation to the service specification, it was agreed that the various alternations identified be made and be formally approved by the Chief Finance Officer and Consultant in Public Health Medicine and brought back to the February 2020 Committee for information.

Dementia DES+

The aim of this service was to deliver early diagnosis of Dementia and to establish a reviewing process to monitor the development of cognitive impairment. The objectives of the service are to:-

- Promote and facilitate early identification and referral, encouraging eligible patients to attend assessment.
- Ensure that the service was readily accessible and meets the range of needs of the local population, including minority groups.
- Ensure continuity of care across the pathway and integration with other care providers.
- Ensure that the service was delivered in a considered, timely and coordinated manner.

It was stated that there were minor spelling and grammatical errors within the service specification but no major changes, therefore the service specification was approved.

Extended Medicines Management Scheme

This scheme had been developed by Hull Clinical Commissioning Group (CCG) to enable Primary Care Networks to support GPs in Hull to achieve cost-effective and

high quality prescribing of medicines. It builds on the success of previous schemes commissioned through GMS/PMS which had clearly contributed to steady improvements in both the quality and cost-effectiveness of prescribing in recent years. Past experience clearly demonstrates the value of maintaining a similar scheme going forward.

It was stated that a Clinical Pharmacist Lead had been added to the original service specification which goes in line with Hull CCG strategy.

The service specification was reviewed and approved by the Primary Care Commissioning Committee.

Wound Management Service

This service aims to provide an in-house wound management service contracted through the Primary Care Networks and provided by the GP Practices therein, to manage wounds that had been initially treated in secondary care or within an Urgent Treatment Centre. This includes:

- Routine suture, staple, steristrip and clip removal
- Monitoring of wounds as required clinically and/or requested by secondary care teams
- Minor or major operative procedures where wounds had been closed using sutures, staples, steristrip and clips.

This service also includes simple wounds and minor injuries which are treated initially within the practice.

Clarity was requested on why children under 16 years of age were excluded from the service it was agreed that if there was no valid reason for this they were to be incorporated within the service specification.

The service specification was reviewed and approved by the Primary Care Commissioning Committee.

Dr James Moulton, Dr Amy Oehring, Dr Masood Balouch, Dr Bushra Ali and Mark Whitaker left the room for agenda item 8.2vii Extended Primary Care Medical Services Tariff Review.

As part of the recent Extended Primary Care Medical Services review, the tariff for each service had been considered. The information below provides details on the current tariff/payment mechanism for each service and a recommendation for future commissioning.

Extended Primary Care Medical Services Tariff Review EPCMS1 Administration of GnRH Analogues

Practices receive an annual payment of £48.93 per patient receiving treatment in accordance with the specification. Payments are made quarterly in arrears (£12.23 per patient per quarter) following submission of activity by the practice.

Currently practices receive a payment, per patient, per quarter irrespective of the number of injections administered. Upon review, this equates to a considerable

amount of additional activity for the practice for which they do not receive additional payment. The following activity was undertaken during 2018:

No. of patients receiving injections every 3 months: 1143

No. of patients receiving injections monthly: 727

Total amount paid in 2018 based on payment per patient per quarter (actual cost):
£22,284.48

Total amount paid in 2018 based on payment per patient per injection (forecast cost):
£28,060.83

Following review, it was considered that the £12.23 was an adequate payment for the administration of the treatment and recall of the patient. However, it was recommended that this payment should be made per injection given to each patient rather than per patient per quarter.

It was acknowledged that the data for EPCMS1 Administration of GnRH Analogues should be reviewed on a quarterly basis to ascertain if there had been a shift in pattern after the tariff change.

EPCMS2 Secondary Care Phlebotomy Service

Practices that are contracted to provide this service currently receive an annual payment of £312.34 multiplied by the practices Contractor Price Index (CPI). The Contractor Price Index was calculated by dividing the practice list size (taken as at 31 December prior to the new financial year) by 5,891 (national average practice list size).

When this service was reviewed in 2013 (for implementation in 2014) no activity was available at that time. Since the service was commissioned in 2014, as part of the reporting requirements, practices had been submitting quarterly activity to the CCG. There was huge variation across practices in relation to activity, which was potentially due to coding but it was expected that actual activity compared to coded activity was significantly higher.

East Riding of Yorkshire CCG had a similar “enhanced service” for phlebotomy which operates the following payment model:

- a. £21.32 per month per 1,000 registered patients
- b. £63.96 per quarter per 1,000 registered patients
- c. £255.87 per year per 1,000 registered patients

Using this payment model would result in an increased cost for this service, however it was felt that this service had been significantly underfunded for some time and a revised payment mechanism would better reflect activity levels and workload. As well as performing phlebotomy, as part of this service, practices must liaise with secondary care in relation to ongoing patient care.

It was proposed and agreed to adopt the payment model off an annual payment of £255.87 per 1000 registered patients which was approximately 25p per registered patient.

It was stated that the activity on EPCMS2 Secondary Care Phlebotomy Service could be tracked to review activity.

EPCMS3 Shared Care Monitoring

There was no proposed change to the tariff.

EPCMS4 Dementia DES+

There was no proposed change to the tariff.

EPCMS 5 Extended Medicines Management Scheme

There was no proposed change to the tariff. **EPCMS7 Wound Management Service**

Practices receive payments for the following activities:

- Sutures, staples, clips and steristrip removal
- Simple wound dressing
- Review of wound

A payment of £6.75 was paid per wound per consultation for this service and was based on one intervention per wound but often, more than one intervention was carried out.

The payment currently includes both the cost for the Health Care Professionals time and also the cost of any consumables used for simple wounds. It was estimated that appointments for simple wounds vary from 15mins to 45mins. Using 30mins as an average for wound care appointments and estimating costs for 0.5hrs of a Band 6 Nurse, a minimum tariff would be £10.74.

It was stated that Band 6 nurse do not regularly undertaken wound management services a lower grade undertakes this therefore £10.74 would cover the costs of a Band 4 nurse and consumables.

Committee Members approved the increase from £6.75 to £10.74 for Wound Management Services.

A query had been submitted by email from the LMC in relation to the proposed commissioning arrangements for the services. It was stated that the new GP contract framework provided "The ability to commission local services from a PCN as a supplement to the Network Contract DES."

These were to be called Supplementary Network Services whereby CCGs and Primary Care Networks may develop local schemes, and add these as an agreed supplement to the Network Contract, supported by additional local resources.

These services have the advantage of ensuring that services are available to all patients not only those registered with a practice that currently provides a service albeit that they may need to attend another practice within the PCN.

Dr James Mould, Dr Amy Oehring Dr Masood Balouch, Dr Bushra Ali and Mark Whitaker returned to the room.

Resolved

(a)	Members of the Primary Care Commissioning Committee noted the contents of the report.
(b)	Members of the Primary Care Commissioning Committee approved the service specifications, subject to changes and clarifications, for the Extended Primary Care Medical Services.

(c)	Members of the Primary Care Commissioning Committee approved the proposed tariffs for the Extended Primary Care Medical Services.
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8.3 LOCAL QUALITY SCHEME FOR PRIMARY CARE NETWORKS - COPD

Dr James Moulton, Dr Amy Oehring, Dr Masood Balouch, Dr Bushra Ali as 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. Dr Vince Rawcliffe declared personal (close associate due to relation working for Modality/Citycare) in agenda item 7.1 which was noted all stayed in the room for the agenda item.

The Head of Commissioning – Integrated Delivery advised members that two incentive schemes for COPD were being reviewed.

It was stated that a pilot scheme with frail patients with COPD would be undertaken by 18 practices across the City. Patients with COPD are at present under the tele health service and would be given additional support.

It was acknowledged that a full system review was required of the full pathway to deliver a more effective service.

Resolved

(a)	Members of the Primary Care Commissioning Committee noted the update.
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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 930 – Clarity was requested on whether risk 930 was still a high risk - it was agreed that a piece of work in relation practices not remaining as part of a PCN to be undertaken prior to the February 2020 meeting.

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

Primary Care Quality & Performance subcommittee minutes for 18 December 2019 were circulated for information.

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 28 February 2020** at 12.15 pm – 14.00 pm The Board Room, Wilberforce Court, Alfred Gelder Street, Hull, HU1 1UY

Signed: _____
(Chair of the Primary Care Commissioning Committee)

Date: 28 February 2020

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