



Item: 9.1

PRIMARY CARE QUALITY & PERFORMANCE SUB COMMITTEE

MINUTES OF THE MEETING HELD ON WEDNESDAY 6 NOVEMBER 2019, 2.30PM – 4.30PM, BOARD ROOM, WILBERFORCE COURT, ALFRED GELDER STREET, HULL, HU1 1UY

PART 1

PRESENT:

Debbie Lowe, Deputy Director of Quality & Clinical Governance/Lead Nurse, Hull CCG (Chair)

E Butters, Head of Performance and Programme Delivery, Hull CCG

P Davis, Strategic Lead - Primary Care, Hull CCG

K Memluks, Commissioning Lead - Quality, Hull CCG

H Patterson, Primary Care Contracts Manager, NHS England

R Thompson, Head of Nursing and Quality, Hull CCG, Hull CCG

J Crick, Associate Medical Director, Hull CCG

E Opare-Sakyi, NECS Medicines Optimisation Pharmacist, North of England

IN ATTENDANCE:

J Adams, Personal Assistant, Hull CCG - (Minute Taker)

WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting and those present introduced themselves.

1. APOLOGIES FOR ABSENCE

C Hurst, Engagement Manager, Hull CCG

2. MINUTES OF THE MEETING HELD ON 15 MAY 2019

The minutes held on the 15 May 2019 were approved as a true and accurate record with the exception of:

Resolved

(a) The minutes of the meeting held on 15 May 2019 amendments to be completed.

3. MATTERS ARISING / ACTION LIST

All actions were marked as closed.

15/05/19 – 6 – CCG support information for GP practice – pre CQC visit – this was done and the documents have been shared with GP Practices for them to use prior to a CQC inspection is happening, marked as complete

20/03/19 – 8 – Draft Hull SILIP – James C met with the new coordinator and PHE Y&H have a draft plan that is awaiting sign off, this will cover all the requirements previously in the SILIP, keep on action list – January 20.

All other actions were marked as complete.

Resolved

(a) All Actions were marked as closed.

4. NOTIFICATION OF ANY OTHER BUSINESS

Any proposed items 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.

Resolved

(a) There were no items of any other business to be discussed at this meeting.

5. DECLARATIONS OF INTEREST

In relation to any item on the agenda of the meeting members are 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 item number to which the interest relates;
- (iii) the nature of the interest;
- (iv) be declared under this section and at the top of the agenda item which it relates too;

Name	Agenda Item No	Nature of Interest

Resolved

(a) There were no declarations of interest noted.

6. PRACTICE VISIT PROCESS AND PROGRAMME

The Commissioning Manager – Quality presented the Practice Visit Process and Programme to approve.

The document would be a supportive document for the Practices not a questioning exercise.

The Practice Visits Process had been seen by the Primary Care Commissioning Committee and requested the language be changed to supportive rather than assurance and for SLT to sign off.

Resolved

(a) The Primary Care and Performance Sub Committee Members approved

	the Practice Visit Process and Programme.
(b)	The Practice Visit Process and Programme would be presented to the SLT
	Team.

7. PRIMARY CARE QUALITY AND PERFORMANCE SUB COMMITTEE TERMS OF REFERENCE

The Commissioning Lead – Quality presented the Primary Care Quality and Performance Sub Committee Terms of Reference to discuss.

At the last IAGC meeting it was requested that some changes would be made to the Primary Care Quality and Performance Sub Committee Terms of reference.

The below changes were discussed and updated within the Terms of Reference

- The Deputy Director of Quality and Clinical Governance/ Lead Nurse and the Associate Medical Director would be made vice chairs
- The Director of Quality and Clinical Governance/ Executive Nurse role would be removed in January 2020

A discussion took place around where the Community Pharmacists within the Committee's would fit, would it be within the Quality and Performance Committee or PPCQPSC. The Strategic Lead – Primary Care would have a conversation with the Director of Integrated Commissioning and the Associate Director of Corporate Affairs regarding these discussion, it was agreed to keep this off the TOR until agreed.

Resolved

(a)	The Primary Care and Performance Sub Committee Members noted the
	changes to the Term of Reference.
(b)	The Strategic Lead - Primary Care would have a conversation with the
	Director of Integrated Commissioning and the Associate Director of
	Corporate Affairs regarding the discussions around where Community
	Pharmacists fit within the Governance structure.

8. SUPPORTING CARERS IN GENERAL PRACTICE

The Head of Nursing and Quality presented the Supporting Carers in general practice report to discuss.

The document sets out six areas of work to encourage practices to work with carers and support their individual needs. The Head of Nursing and Quality asked if this was a piece of work that the Committee would want to support going forward. A discussion took place and some members felt that this work was already covered in other areas.

It was agreed that the document would be circulated to practices as guidance and good practice and to the PCN's through GP contact us and through the portal. It was also requested to be shared with the Practice Nurse Forum.

Resolved

(a)	The Primary (Care Quality	v and Perf	ormance Sul	h (Committee Members noted

	and agreed the supporting carers in general practice.
(b)	The supporting carers in general practice would be shared with the practices
	through the GP contact us and portal.
(c)	The supporting carers in general practice document would be shared at the
	practice Nurses forum.

9. FOR INFORMATION

PRIMARY CARE JOINT COMMISSIONING COMMITTEE MINUTES 26 APRIL TO BE NOTED.

10. ANY OTHER BUSINESS

Summary of Project Aura

The BI team within HUTHT had shared data with Entia regarding Chronic Kidney Disease. It was raised that there was a big gap in this area and some further work needs to be done, Practices aren't actively looking for CKD. The Associate Medical Director and the Head of Performance and Programme Delivery would meet outside of this meeting to look at the thinking around this.

Revised directive from PHE, NHSE/I, HEE – the practice of cervical cytology by registered Nursing associates

The purpose of this paper coming to the committee was due to legal changes that had been made to the registered nursing associates training in cervical sample taking. Nurse Associates will now be allowed to take cervical sample's within a practice, this was to ensure Nurse Associates can work in General Practice. The question was raised whether Physician Associates are able to take Cervical Samples? The Head of Nursing and Quality would find this out.

Resolved

(a)	The Head of Nursing and Quality would find out if Physician Associates can
	take Cervical samples.

11. DATE AND TIME OF NEXT MEETING

Wednesday 15 January 2020, 14.30pm – 16.30pm, Board Room, Wilberforce Court, Hull, HU1 1UY.

Abbreviations

CHCP	City Health Care Partnership
CKD	Chronic Kidney Disease
CoM	Council of Members
CQC	Care Quality Commission
FFT	Friends & Family Test
HUTHT	Hull University Teaching Hospital Trust
HSCIC	Health and Social Care Information Centre
Hull CCG	Hull Clinical Commissioning Group
Humber	Humber Teaching NHS Foundation Trust
TFT	
IAGC	Integrated Audit and Governance Committee
NHSE	NHS England
PAG	Professional Advisory Group
PALS	Patient Relations
PCCC	Primary Care Commissioning Committee
PCQPSC	Primary Care Quality & Performance Sub Committee
QSG	Quality Surveillance Group
SLT	Senior Leadership Team
TOR	Terms Of Reference