

**Item: 11.4**

**PRIMARY CARE COMMISSIONING COMMITTEE  
MINUTES OF THE MEETING HELD ON FRIDAY 28<sup>th</sup> FEBRUARY 2020,  
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)  
Dr D Roper, NHS Hull CCG (Chair of NHS Hull CCG)  
P Davis, NHS Hull CCG (Strategic Lead - Primary Care) deputising for Joy Dodson  
Director of Integrated Commissioning  
R Thompson, NHS Hull CCG (Head of Nursing and Quality) deputising for D Lowe, Deputy  
Director of Quality and Clinical Governance / Lead Nurse)

**Non-Voting Attendees:**

Simon Barrett, LMC, (Chief Executive)  
Dr M Balouch, NHS Hull CCG (GP Member)  
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)  
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)

**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:**

E Latimer, NHS Hull CCG (Chief Officer)  
Joy Dodson Director of Integrated Commissioning  
J Weldon, Hull CC, (Director of Public Health and Adults)  
K Marshall, NHS Hull CCG (Lay Representative)  
D Lowe, NHS Hull CCG (Deputy Director of Quality and Clinical Governance / Lead  
Nurse)

**Non-Voting Members:**

Dr B Ali, NHS Hull CCG (GP Member)

M Harrison, Healthwatch (Delivery Manager)

M Whitaker, NHS Hull CCG (Practice Manager Representative)

S Lee, NHS Hull CCG (Associate Director of Communications and Engagement)

**2. MINUTES OF THE MEETINGS HELD ON 13 December 2019**

The minutes of the meetings held on 13 December 2019 were approved after minor typos had been amended.

**Resolved**

(a)	The minutes of the meetings held on 13 December 2019 were approved as a true and accurate record of the meetings and would be formally signed by the Chair.
-----	---

**3. MATTERS ARISING FROM THE MEETING**

The Action List from the meeting held on 13 December 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 13 December 2019.
-----	--

**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, 8.3	Financial Interest – Partner in Sutton Manor

<b>Name</b>	<b>Agenda No</b>	<b>Nature of Interest and Action Taken</b>
		Surgery, The declarations were noted
Vince Rawcliffe	8.3	Personal Interest – Member of family works within the Modality – Hull Division – The declaration was noted
James Moulton	7.1, 8.3	Financial Interest – Partner at Modality Partnership Hull, The declarations were noted
Masood Balouch	7.1, 8.3	Financial Interest – works at Haxby Group the declaration was noted

## **Resolved**

(a)	The above declarations of interest were noted.
-----	--

## **6. GOVERNANCE**

### **6.1 PRIMARY MEDICAL CARE COMMISSIONING – FINAL INTERNAL AUDIT REPORT**

The Strategic Lead – Primary Care provided the Primary Care Commissioning Committee with an overview of the final Internal Audit Report.

Following agreement with Audit One it was agreed that the audit to be undertaken in 2019/20 would be Contract Oversight and Management Function.

It was stated that the audit report had been presented to the Integrated Audit and Governance Committee where the conclusion was as follows:

“Governance, risk managements and control arrangements provided substantial assurance that the risks identified were managed effectively. Compliance with the control framework was found to be taking place.”

Assurance was received with the information within the report with the following recommendations being identified with completion dates.

The Primary Care Commissioning Committee should receive a report relating to the Annual GP practice Self Declaration (e-Dec) submissions to NHS England on an annual basis. (29/2/20)

The CCG should formally review on an annual basis any outsourced assurances that it receives from Capita, NHS Digital and NHS England around list management and Special Allocation Scheme (SAS) to ensure that such assurance was sufficient. Where gaps in assurance were identified, the CCG should liaise with outsourced providers to address these. In addition, the CCG should ensure that any reports that have been received were presented to the relevant CCG Committees. (31/3/20)

Any decisions in respect of whether action plans should not be brought to the Primary Care Quality & Performance Sub-committee meeting for monitoring should be formally minuted and include detailed rationale for the decision. (31/1/20)

The Committee noted that the two actions for completion by 29/2/20 and 31/1/20 respectively have been completed.

The final two audits, covering Primary Care Finance and Governance were expected to be undertaken by Audit One during 2020/21.

## Resolved

(a)	Members of the Primary Care Commissioning Committee noted the contents of the report.
(b)	Members of the Primary Care Commissioning Committee noted the actions identified within the Audit Report for completion by the end of February 2020 had been completed.

## 7. STRATEGY

### 7.1 STRATEGIC COMMISSIONING PLAN FOR PRIMARY CARE AND PRIMARY CARE UPDATE

Dr James Moulton (section 5 and 6), Dr Amy Oehring (section 6) and Dr Masood Balouch (section 3.2, 5 and 6), declared financial interest as partners in GP practices in agenda item 7.1. The declarations were noted. All left the room for that agenda item.

The Assistant Primary Care Contracts Manager NHSE, Strategic Lead Primary Care NHS Hull CCG and Head of Commissioning NHS Hull CCG 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 and to provide national updates around primary medical care.

#### **Sydenham House (B81058)**

A contract change from partnership to a single-handed contract had been received with effect from 31/01/2020. In addition as at 31/01/2020 an application had been received for Dr Caldwell to remain in Sydenham House practice on the retained GP Scheme, this application was with NHS England for approval. These issues were noted.

*Dr Balouch left the meeting whilst section 3.2 was discussed.*

The current Haxby APMS contract for Orchard Park and Kingswood has an option to extend for a further 5 years from March 2020, it was stated that this would be the last extension to the current contract and in 2025 a re-procurement would need to be undertaken.

A wide and varied discussion occurred around the monetary value of the contract and it was acknowledged that the risk was similar to the previous contract as the extension was for a time limited period and all the figures within the contract had been reached by negotiation.

The contract extension for the Haxby APMS contract was noted.

*Dr Balouch entered the meeting room after section 3.2 was discussed.*

### **3.3 Delta Healthcare - Novation of Contract**

On the 19th December 2019 the CCG received a request from Dr Igoche, Delta Healthcare to novate his GMS contract from Delta Healthcare to Delta Healthcare and Cosmetics Clinic Ltd. Dr Igoche was the sole contractor on a single-handed contract.

The application was reviewed by NHS England referring to Primary Medical Care Policy and Guidance Manual. It was noted there was no express right for a contractor to transfer their contract and that agreement was required from the Commissioner (NHS Hull CCG) to novate.

Upon receipt of a request to novate/incorporate a contract, the CCG should first consider whether the proposed new contractor was eligible to enter into the contract. Where the proposed contractor was eligible, the CCG should consider a number of further matters as identified within the Policy and Guidance Manual.

NHS England was currently undertaking the necessary checks to ensure that Delta Healthcare and Cosmetic Clinics Ltd was eligible to hold a GMS contract.

Concern and clarity was requested in relation to the following areas:

- Whether Delta Healthcare was providing private cosmetic surgery for patients.
- Whether private GP services were being provided.
- There could possibly be a risk for the CCG as a new contract could be challenged.

A comprehensive discussion occurred around the risks involved with approving the application and it agreed that if the application be approved there could possibly be a risk of procurement challenge and reputational impact on the CCG.

A vote was undertaken and no voting members approved the application.

#### **4. Extended Primary Care Medical Services - update**

At the October 2019 meeting members received a paper outlining the commissioning intentions for Extended Primary Care Medical Services (EPCMS) and subsequently approved the intention to commission EPCMS from the Primary Care Networks (PCNs) from April 2020. At the December 2019 meeting members approved the service specifications in relation to the EPCMS subject to a few minor changes.

In January 2020, all 5 PCNs within Hull were invited to submit proposals to deliver the EPCMS as supplementary services to the Network Contract DES with a submission date of 14th February 2020. Two submissions were received from Nexus and Medicas.

On the 17th February 2020, CCG managers met with representatives from all 5 PCNs. The meeting was convened to give the PCNs an opportunity to discuss any issues/concerns they had in relation to the submissions and for the CCG team to respond to any further clarification questions regarding delivery of the services. Whilst only 2 submissions were received by the closing date, during the meeting a further 2 PCNs indicated their intention to deliver the EPCMS, Symphonie and Bevan Ltd. The CCG is currently awaiting their submissions.

It was stated the Modality were not in a position to sign up at present, and conversations were taking place to understand their intention to deliver the EPCMS to ensure that there were no gaps in service provision.

If Modality PCN did not come on board the CCG would have to re-consider future options and further discussions would take place around access.

*Dr Moulton and Dr Balouch left the meeting room whilst sections 5 and 6 were discussed*

## **5. Minor Surgery**

At the October 2019 meeting, members received a paper in relation to the commissioning intentions for minor surgery. The committee considered the paper and resolved the following:

- noted the extension of the current minor surgery provision until March 2020;
- 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);
- approved the CCG to request the Primary Care Networks to confirm intentions to deliver minor surgery services from April 2020 and to confirm accreditation status of GPs who would undertake minor surgery;
- approved the accredited GPs be assessed for any changes which may affect their skills.

Work had been underway to review the current service specification, but to ensure that the provision of minor surgery was delivered effectively and equitably across the city, an extension of 6 months was requested until 30th September 2020. This would enable sufficient time to ensure that the service specification was fit for purpose and relevant for the services to be commissioned at PCN level rather than from individual GP practices.

It was agreed that the service specification should incorporate evidence bases, Dr Crick agreed to assist to ensure the correct requirements were with the document.

*Dr Oehring left the meeting room whilst section 6 was discussed*

## **6. Patient Check-In Screens/Electronic Information Boards**

As part of NHS England Capital Programme, NHS England and NHS Improvement (NHS E/I) had been able to secure funding to purchase Patient Check-In Screens and/or Electronic information Boards for every practice in the Humber, Coast and Vale.

A sum of £1,500 would be made available to each practice towards the cost of a patient check-in screen/electronic information board. Practices which would like to receive the funding would receive a Memorandum of Understanding and be asked to submit an invoice to their respective CCG before the end of March to draw down the funding. Practices would then have a further 6 months to purchase a check-in screen

or electronic information board and provide evidence of expenditure to NHS England. Where practices have recently purchased check-in screens/electronic information boards (since 1st April 2019) the cost for these could be claimed. Where a Practice had not spent the funding by October 2020 the monies would be recovered.

*Dr Moulton, Dr Balouch and Dr Oehring entered the meeting after section 5 and 6 had been discussed.*

### **GP Practice Self Declaration (eDEC)**

Practices have to complete an annual GP Practice Self Declaration (eDec) where they had to declare if they were:

- Closed for half a day
- Closed for more than 7.5hrs
- Open less than 45hrs per week

NHS England had verified the return for two Hull practices who had declared they had been closed for half a day. On investigation one practice had completed the return incorrectly and the other had a valid reason as to why the data may have been taken as incorrect.

### **West Hull Primary Care Development**

The West Hull Primary Care Development business had been approved at the exceptional Board in December 2019.

### **Resolved**

(a)	Members of the Primary Care Commissioning Committee noted the following updates within the report. <ul style="list-style-type: none"> <li>• Contract changes for Sydenham from partnership to single handed</li> <li>• Haxby Business Group 5 year extension to APMS contract</li> <li>• Extended Primary Care Medical Services – update</li> <li>• 2018 -19 eDEC submission</li> <li>• West Hull Primary Care Development</li> <li>• Update on Additional Roles Reimbursement Scheme (ARRS)</li> </ul>
(b)	Members of the Primary Care Commissioning Committee declined the contract novation from Delta Healthcare to Delta Healthcare and Cosmetics Clinics Ltd
(c)	Members of the Primary Care Commissioning Committee approved the extension to Minor Surgery Service for 6 months.
(d)	Members of the Primary Care Commissioning Committee approved the utilisation of PMS Premium funding to purchase patient check-in screens/electronic information boards.

## **8. SYSTEM DEVELOPMENT & IMPLEMENTATION**

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

There were no newly designed enhanced services to discuss.

## **8.2 EXTENDED PRIMARY CARE MEDICAL SERVICES – CURRENT AND NEWLY DESIGNED**

This item was discussed within item 7.1.

## **8.3 UPDATE TO THE GP CONTRACT AGREEMENT 2020/21 – 2023/24 LOCAL QUALITY SCHEME FOR PRIMARY CARE NETWORKS – COPD**

Dr James Moulton, Dr Amy Oehring and Dr Masood Balouch declared a financial interest as partners in GP practices in agenda item 8.3 the declaration was noted. Dr Rawcliffe declared a personal interest in item 8.3 the declaration was noted. All stayed in the room.

The Strategic Lead Primary Care provided a report advising Committee Members of the changes to the GP contract for the period 2020/21 to 2023/24 and to highlight actions required of CCGs to support Primary Care Networks (PCNs) in delivery.

In December a draft set of five service specifications for delivery by PCNs from 2020/21 were published for consultation. Following extensive feedback and negotiation between the British Medical Association (BMA) General Practitioners Committee England (GPC) and NHS England and NHS Improvement, a revised deal had been agreed and was published on 6th February 2020. The over-riding priority in 2020/21 was to expand the size of the general practice workforce by making full use of the investment guaranteed under the agreement.

The following areas were particularly highlighted to the Committee:

### **Enhancing the Additional Roles Reimbursement Scheme**

Current roles included in the scheme were as follows:

- clinical pharmacists and social prescribing link workers (from July 2019)
- physician associates and first contact physiotherapists (from 2020/21)
- community paramedics (from 2021/22)

More roles have been added to the Scheme from April 2020:

- pharmacy technicians
- care co-ordinators
- health coaches
- dietitians
- podiatrists and occupational therapist

GPC England and NHS England and NHS Improvement were clear that in respect of the additional roles funding should be fully used each year, rather than lost to general practice. This means taking action as soon as possible (including in the remainder of this financial year), aided by a clear and simple workforce planning process, with explicit support from CCGs and systems. PCNs were encouraged to spend time now to think through their longer-term recruitment plans, aided by the extra certainty provided by this deal document, as well as firming up their intentions for 2020/21.

As part of the DES, all PCNs would be expected to seek to utilise 100% of their available funding. CCGs would be placed under a corresponding duty to support their PCNs in doing so. A CCG-wide plan to use the available Additional Roles.



The reimbursement for all additional roles increases from the current 70% to 100% (currently 100% reimbursement only applies to social prescribing link workers). This change frees up the existing PCN £1.50/head payment to contribute to management support for PCNs.

For the average PCN in 2020/2021, this equates to around 7 Full Time Equivalent (FTE) staff, through an average reimbursement pot of £344,000. This rises to 20 FTE staff and an average reimbursement pot of £1.13 million in 2023/24. PCNs were encouraged to take immediate action to recruit, with additional support from their CCG,

### **Improving access for patients**

- An improved appointments dataset will be introduced in 2020, alongside a new, as close to real-time as possible, measure of patient experience.
- At least £30m of the £150m PCN Investment and Impact Fund in 2021/22 will support improved access for patients, rising to at least £100m of the £300m Fund in 2023/24.
- A new GP Access Improvement Programme will identify and spread proven methods of improving access including cutting waiting times for routine appointments.
- Every PCN and practice will be offering a core digital service offer to all its patients from April 2021.

### **National service specifications**

Five draft service specifications previously developed and engaged upon resulting in high levels of concern in relation to:

- the workforce and workload implications
- the resources to support the work;
- the level of specificity of the implied performance management approach

There was subsequently a significantly revised approach – the final requirements for three service specifications to be delivered in 2020/21 have been rewritten:

- Structured Medication Review and Medicines Optimisation
- Enhanced Health in Care Homes
- Supporting Early Cancer Diagnosis

and two service specifications deferred until 2021/22:

- Anticipatory Care
- Personalised Care

CVD Prevention and Tackling Health Inequalities service specifications also to be introduced in 2021/22 as planned.

The GP contract was reviewed with the following points being identified.

- The contract was very prescriptive as to where resources go

- The only way the contract would fully work was if providers worked closely together.
- A workforce had to be established
- You would need to be creative on how to use the workforce.
- The contract needed to be taken to NHS Hull CCG Senior Leadership Team for formal approval.
- The contract was a collaborative contract across NHS Hull CCG and ER CCG.

### **Investment and Impact Fund**

The Investment and Impact Fund is to be introduced as part of the Network DES in 2020/21 with rewards to PCNs for delivering objectives set out in the NHS Long Term Plan and the five year agreement document.

### **CCG roles**

CCGs to support PCNs with workforce planning and ensuring utilisation of the funding available for additional roles.

### **Resolved**

(a)	Members of the Primary Care Commissioning Committee noted the summary of the update to the GP Contract Agreement 2020/21 – 2023/24 and the associated requirements of CCGs and PCNs.
-----	--

## **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.

It was stated that there were no changes in the risk rating within the document which had been provided.

It was stated that PTL's may not be able to go ahead as 111 were not providing GP out of hours cover.

A general risk for Primary Care was to be added to the risk register in relation to the capacity within the system and the potential risk to other services.

### **Resolved**

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

## **9. FOR INFORMATION**

### **9.1 PRIMARY CARE QUALITY & PERFORMANCE SUB COMMITTEE**

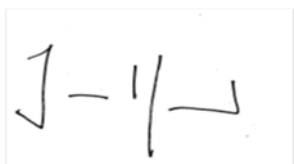
The Primary Care Quality & Performance Subcommittee minutes for 6 November 2019 were circulated for information.

**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 24 April 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: 24 April 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