

Item: 11.4

**PRIMARY CARE COMMISSIONING COMMITTEE
MINUTES OF THE MEETING HELD ON FRIDAY 24th APRIL 2020.**

GoToMeeting

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)
K Marshall, NHS Hull CCG (Lay Representative)
J Crick, NHS Hull (Consultant in Public Health Medicine) deputising for J Weldon (Hull City Council Director of Public Health)
Dr D Roper, NHS Hull CCG (Chair of NHS Hull CCG)
J Dodson, NHS Hull (Director of Integrated Commissioning)
R Thompson, NHS Hull CCG (Head of Nursing and Quality) deputising for Deborah Lowe (Deputy Director of Quality and Clinical Governance / Lead Nurse)

Non-Voting Attendees:

Dr B Ali, NHS Hull CCG (GP Member)
S Barrett, LMC, (Chief Executive)
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)
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)

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)
D Lowe, NHS Hull CCG (Deputy Director of Quality and Clinical Governance / Lead Nurse)

Non-Voting Members:

M Harrison, Healthwatch (Delivery Manager)

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

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

2. MINUTES OF THE MEETINGS HELD ON 28 February 2020

The minutes of the meetings held on 28 February 2020 were approved after minor typos had been amended.

Resolved

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| (a) | The minutes of the meetings held on 28 February 2020 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 28 February 2020 was not submitted for information as there were no outstanding actions.

Resolved

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| (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 February 2020. |
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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, 8.3 | Financial Interest – Partner in Sutton Manor Surgery, The declarations were noted |
| Vince Rawcliffe | 7.1, 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 |
| Bushra Ali | 7.1, 8.3 | Financial Interest – Partner at Modality Partnership Hull and member of Modality PCN with Dr Cook , The declarations were noted |

Resolved

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

There were no items of Governance to discuss.

7. STRATEGY

7.1 STRATEGIC COMMISSIONING PLAN FOR PRIMARY CARE AND PRIMARY CARE UPDATE

Dr James Moulton, Dr Amy Oehring, Dr Bushra Ali and Dr Masood Balouch declared financial interest as partners in GP practices in agenda item 7.1. The declarations were noted. All stay on the call 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.

Dr Gopal (B81688) and Goodheart Surgery (B81119)

An application had been received for Dr Gopal to undertake a staged approach merger with Goodheart Surgery.

A contract variation had been drawn up to allow a GP from Goodheart Surgery to go on to the contract of Dr Gopal, from 1st April 2020 Dr Gopal's contract would be known as Goodheart Surgery (Dr G).

The final stage was for the contracts and clinical system to merge at which point the GMS contract of Dr Gopal would be terminated. The date of the clinical system merge was awaited.

Dr Cook (B81095)

Dr Cook had applied for an extension to his list closure for a further 6 months.

It was stated that due to the COVID 19 pandemic the opportunity for Dr Cook to recruit workforce was not an option. It therefore agreed to extend the list closure for a further 6 months.

Online Consulting

It was stated that 33 out of 38 GP practices in Hull were undertaking online consulting.

The 5 remain practices had plans to commence online consulting in the near future.

The question was posed as to whether practices should be given a deadline to implement online consulting. It was stated that all practices had video consultation services so patients would always have access to an online service. It was agreed the Primary Care Commissioning Manager would contact the 5 remaining practices who do not have online consulting to agree implementation dates and thereafter support practices to ensure this had been completed and no contract breach notices would be issued at this stage.

Resolved

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| (a) | Members of the Primary Care Commissioning Committee noted and approved the updates in relation to the merge of Dr Gopal and Goodheart Surgery. |
| (b) | Members of the Primary Care Commissioning Committee approved a 6 month extension of list closure for Dr Cook. |

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

There were no extended Primary Care Medical Services to discuss.

8.3 COVID-19 PRIMARY CARE RESPONSE

Dr James Moulton, Dr Amy Oehring, Dr B Ali and Dr Masood Balouch declared a financial interest as partners in GP practices in agenda item 8.3. The declarations were noted. Dr Rawcliffe declared a personal interest in item 8.3 and the declaration was noted. All stayed on the call.

The Strategic Lead Primary Care and Head of Commissioning provided a report to provide the Committee with information in regard to the provision of primary care medical services in the context of the COVID 19 pandemic.

A Hull and East Riding incident management structure had been put in place in response to the incident. In respect of primary care services a COVID 19 Tactical Co-ordination Group had been set up to formulate and coordinate the primary care response in line with national guidance.

General Practice had received 3 preparedness letters highlighting key elements, service implications and priorities. A further letter was received confirming the GMS and PMS Regulations and APMS Directions.

A letter had been sent to general practices advising them of the shielding process for patients at the highest clinical risk of mortality and severe morbidity from COVID 19.

General Practices were completing a daily situation report (SITREP), providing CCG's with assurance and to monitor the impact of the COVID 19 pandemic on delivery of primary care services. The SITREP reports the current situation at practice and PCN level.

The key focus of the SITREP was workforce and an initial baseline confirming site utilisation. However practices and PCN's could raise any issued that affects the delivery of their services. The SITREP was completed each day by 12.00pm by either the Practice Manager or nominated lead within the PCN in conjunction with the PCN's CCG Link Manager.

The delivery models for practices had been reviewed and altered in response to the COVID 19 pandemic.

It was stated that some premises had been closed although no practices had been closed. Hot and warm sites had been established and appointments were being provided in an alternative way through telephone and video consultations due to the need to reduce face:face contacts..

Committee Members were informed that services were being delivered in line with national guidance and that primary care medical services were operational across the city.

The CCG Chair thanked the Strategic Lead Primary Care and the Head of Commissioning (Integrated Delivery) for an exceptional paper which had provided a clear, comprehensive position and an overview of the activity which was occurring. It was suggested that the paper be taken to Council of Members in May 2020 to ensure all practices had sight of the information.

The Chief Finance Officer informed Committee Members that a fair and consistent approached had been taken on COVID 19 resources. It was acknowledged that guidance had been circulated and would be re-circulated to practices in relation to COVID 19 finances and which costs were reimbursable.

Resolved

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| (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. |
| (b) | Members of the Primary Care Commissioning Committee agreed the COVID-19 Primary Care Response paper be taken to the May Council of Members. |
| (c) | Member of the Primary Care Commissioning Committee agreed the Finance guidance to be circulated to all GP practices. |
| (d) | Members of the Primary Care Commissioning Committee agreed that the reimbursement list of what practices could claim for should be circulated. |

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 37 risks on the CCG Risk Register, 6 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.

915 - In light of COVID-19 all practices following national guidance were to implement telephone triage, telephone and video consultation, and electronic prescribing to minimise face to face activity. National and local communications supporting this approach had been received by all practices.

942 – Each PCN had been allocated a CCG support manager. Due to COVID-19 the focus had been on developing operational response including Hot/Cold sites. Work had been undertaken with ICC Frailty Team and PCNs to allocate care homes in Hull to PCNs to support COVID-19 response and in anticipation of the delivery of the requirements of the Enhanced Care in Care Homes service specification in 2020/21.

902 - COVID-19 presents a considerable challenge to all practices regarding workforce through risks of illness and/or self-isolation reducing staff availability and hence service provision. Practices had taken steps to address challenges and reduce risk by moving to triage based systems and utilisation of telephone/video and online consultation. Where face to face consultations need to take place either separate Hot/Cold sites had been established or arrangements to triage externally and utilisation of dedicated rooms had been put in place. Practices and PCNs had consolidated sites from where services were delivered and were working collaboratively to minimise risk. As plans were further developed for the availability of testing for staff the number absent from work may reduce. A daily SITREP process was in place to understand current status of practices in terms of staff absences and impacts upon services, and any other challenges practices face. A RAG rating was provided by each practice and to date the vast majority had been Green i.e. "No concerns, expecting challenges but confident contingency plans could be effective."

The Primary Care Commissioning Committee may wish to consider whether a separate COVID-19 risk needed to be added to the Risk Register.

A wide and varied discussion occurred around the reporting of risks during the COVID-19 pandemic. Following discussions with the CCG's Audit Chair and the Associate Director of Corporate Affairs, it was stated that it may not be possible to give full updates to all of the risks set out within either the BAF or Corporate Risk Register.

That said, we were expected to still show that we maintain good control of our risks through this period and so the following approach to risk register and BAF reporting had been agreed.

It was proposed that a lighter touch to the review process would be adopted by the Integrated Audit and Governance Committee (IAGC), with primary focus given to existing or new risks (either in the Risk Register or BAF) which relate to the pandemic.

For the remaining existing risks, individual risk owners were still asked to highlight / update any of their risks where they believe there was a deterioration in the controls, assurances or risk rating of the risk.

This approach would be kept under review in advance of the subsequent IAGC meeting in July 2020.

Resolved

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| (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

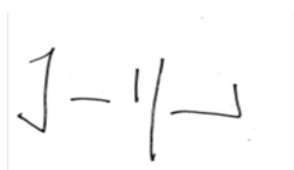
There were no Primary Care Quality & Performance Subcommittee minutes for circulation.

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 26 June 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: 26 June 2020

Abbreviations

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| 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- |

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|------|--|
| | Committee (PCQPSC). |
| PMS | Personal Medical Service |
| PPG | Patient Participation Group |
| Q&PC | Quality & Performance Committee |
| STP | Sustainability and Transformation Partnerships |
| ToR | Terms of Reference |