

**Item: 2**

**PRIMARY CARE COMMISSIONING COMMITTEE  
MINUTES OF THE MEETING HELD ON FRIDAY 28<sup>th</sup> August 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 CCG (Lay Representative)  
K Marshall, NHS Hull CCG (Lay Representative)  
J Crick, Hull City Council (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)  
C Linley, NHS Hull CCG (Interim Director of Nursing and Quality)  
E Daley, NHS Hull CCG, (Interim Chief Operating Officer)

**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)  
Dr J Moulton, NHS Hull CCG (GP Member)  
M Napier, NHS Hull CCG (Associate Director of Corporate Affairs)  
H Patterson, NHS England & NHS Improvement, (Primary Care Contracts Manager)  
Dr V Rawcliffe, NHS Hull CCG (GP Member)  
M Whitaker, NHS Hull CCG (Practice Manager Representative)  
Cllr G Lunn, (Health and Wellbeing Board Representative/Elected Member)  
Dr A Oehring, NHS Hull CCG (GP Member)  
C Clarke, NHS England (General Practice Development Lead), deputising for G Day (Head of Primary Care - NY and Humber)

**IN ATTENDANCE:**

D Robinson, NHS Hull CCG (Minute Taker)  
Z Norris, LMC, (Medical Director)

**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 City Council, (Director of Public Health and Adults)

J Dodson, NHS Hull CCG (Director of Integrated Commissioning)

**Non-Voting Members:**

M Harrison, Healthwatch (Delivery Manager)

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

G Day, NHS England & NHS improvement (Head of Primary Care - NY and Humber)

**2. MINUTES OF THE MEETING HELD ON 26 June 2020**

The minutes of the meeting held on 26 June 2020 were approved after minor typos had been amended.

Post Meeting Note. Item 6.2 Chairs Repot.

It was stated that a meeting had been held to formulate a more accurate way of recording representation and attendance at Committees. Further information would be cascaded when approved.

**Resolved**

(a)	The minutes of the meeting held on 26 June 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 26 June 2020 was provided for information, and the following updates were provided:

**Resolved**

(a)	Members of the Primary Care Commissioning Committee noted the update that there were no outstanding actions on the Action List from the meeting held on 26 June 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;

<b>Name</b>	<b>Agenda No</b>	<b>Nature of Interest and Action Taken</b>
Vince Rawcliffe	7.1	Personal Interest – Member of family works within the Modality – Hull Division – The declaration was noted
James Moulton	7.1	Financial Interest – Partner at Modality Partnership Hull, The declaration was noted
Masood Balouch	7.1	Financial Interest – Partner at Haxby Group the declaration was noted
Bushra Ali	7.1	Financial Interest – Partner at Modality Partnership Hull and member of Modality PCN with Dr Cook , The declaration was noted
Amy Oehring	7.1	Financial Interest – Partner at Sutton Manor Surgery, the declaration was noted

### **Resolved**

(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 Bushra Ali Dr Masood Balouch and Dr Oehring declared financial interests in agenda item 7.1 as partners in GP practices. Dr V Rawcliffe declared a financial interest in agenda item 7.1as close associate works within a PCN. The declarations were noted. All remained 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.

Committee Members were advised that NHS England had received no requests for contract changes since the last meeting.

It was stated that the PCN workforce return which was due on 30<sup>th</sup> June 2020 had been deferred and was now due on 31<sup>st</sup> August 2020. All PCN's were in the process of completing.

It was acknowledged that during the COVID pandemic there had been 2 GP returners, one supporting NHS Hull CCG and one within general practice.

A wide and varied discuss occurred around PCN's being able to drawn down as much of their share of ARRS funding for 2020/21 as possible. Clarification was requested as to what would happen to the funding if PCN's were unable to fill positions and who would be responsible for the money. The Chief Finance Office advised that conflicting guidance had been received and further information would be shared when more explicit guidance had been produced.

Committee Members were advised that International Recruitment had been placed on hold due to the COVID pandemic. The programme has now recommenced and has 9 candidates in the pipeline who were working through their OAT's. Nationally it had been agreed to end the programme in December 2020. It was clarified that no local funding for this Programme was available and that current costs associated with this were being reimbursed nationally.

The Vocational Training Scheme for Hull and East Riding was Full at present. Work was ongoing on the "new to practice scheme".

A letter had been received by PCNs on 11<sup>th</sup> August 2020 around recruiting to roles and looking to bring the roles in early. NHS Hull CCG had been providing support to PCN's.

#### Extended Primary Care Medical Services (EPCMS)

At its meeting on 13<sup>th</sup> December 2019 the Primary Care Commissioning Committee approved the commissioning of EPCMS at PCN level from 1<sup>st</sup> April 2020.

Due to the COVID pandemic, the delivery of these services at PCN level was put on hold and practices had continued to deliver as per previous arrangements.

As practices continue to restore services and increase levels of activity, it was recommended that EPCMS continue to be commissioned through and delivered by individual practices until 1<sup>st</sup> April 2021.

Additional services were being considered for commissioning from Primary Care that could be delivered in future via EPCMS at PCN level. It is proposed that a full report would be brought to the October 2020 Committee for review and approval.

#### Target Lung Health Check restart

It was reported that the Targeted Lung Health programme would re-commence in October 2020 for 2 days a week initially, with consultations being undertaken over the telephone and people only being required to attend if requiring a CT scan. Referrals would continue to be made to stop smoking support.

In light of the COVID pandemic, NHS England would extend the length of the programme to ensure the same cohort of individuals who were eligible would be able to access the service.

## Resolved

(a)	Members of the Primary Care Commissioning Committee noted the NHS England and CCG updates.
(b)	Members of the Primary Care Commissioning Committee approved delaying the delivery of EPCMS at PCN level until 1 <sup>st</sup> April 2021.
(c)	The Chief Finance Officer would provide further clarity on the PCNs being able to draw down their share of ARRS for workforce when further guidance had been received.
(d)	Members of the Primary Care Commissioning Committee would be advised of the additional services EPCMS at the October 2020 meeting.

## 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 was no report assigned to this item.

### 8.3 RISK REGISTER

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 40 risks on the CCG Risk Register, 7 of which related to primary care. All of the risks included within the report were rated as high risk and score 8 or above.

Committee Members were advised that a new risk had been added (957) around risk assessments of staff within general practice. A piece of work was being undertaken on these as there was a little ambiguity on how some questions were being answered.

Risk 902 – the narrative indicates that the risk rating had reduced although it had the same score as the previous report circulated. It was agreed that this would be reviewed on Datix ensuring the whole risk was reviewed and the narrative reflects the risk. If any alteration indicates the risk would need to be reduced, this would be taken to the Integrated Audit and Governance Committee for approval.

## Resolved

(a)	Members of the Primary Care Commissioning Committee noted the updates provided in the Risk Register.
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### 8.4 PRIMARY CARE DELEGATED FINANCE REPORT TO JULY 2020

The Chief Finance Officer presented a report to brief the Primary Care Commissioning Committee on the financial position within the Primary Care delegated budgets.

Committee Members were advised that NHS Hull CCG were on a claim basis for actual spend with the allocation of actual cost in relation to all CCG expenditure with a variance of £162k which would come through as an allocation change.

The Chief Finance Officer acknowledged that Primary Care and the Out of Hospital environment are the biggest area of focus and priority. A resilient and appropriately resourced Primary Care and Out of Hospital environment would assist acute and mental health services to be successful.

Concern was raised around the reported £162K over spend. The Chief Finance Officer assured the Committee Members this was not the case and the £162k had been allocated and would flow in the usual way and there had been no distortional costs.

### **Resolved**

(a)	Members of the Primary Care Commissioning Committee noted the Finance Report as at the end of July 2020.
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### **8.5 National and Local Flu Campaign 2020/21**

The Consultant in Public Health Medicine presented a report to provide the Primary Care Commissioning Committee with the changes to this year's influenza Campaign in response to the COVID 19 pandemic and the Hull City Council/Hull CCG joint plan in response to the challenges posed by the campaign.

It was acknowledged that in previous years there had been 2 broad cohorts of individuals that were invited to partake in having a flu vaccination

- under 65 at risk
- over 65 cohort

In 2020 the following additional cohorts would be invited to partake in the flu vaccination

- Household contacts of those on the NHS Shielded Patient List. Specifically, individuals who expect to share living accommodation with a shielded person on most days over the winter and therefore for whom continuing close contact is unavoidable.
- Children of school Year 7 age in secondary schools (those aged 11 on 31 August 2020).
- Health and social care workers employed through Direct Payment (personal budgets) and/or Personal Health Budgets, such as Personal Assistants, to deliver domiciliary care to patients and service users

Further extension to the vaccine programme is aimed for November and December to include the 50-64-year-old age group subject to vaccine supply. This extension was being phased to allow providers to prioritise those in at risk groups first.

Concern was expressed around BAME groups and health inequalities and the need to undertake a targeted piece of engagement with these groups.

Due to the potential increase in uptake of vaccinations, Humber Coast and Vale were having conversations with providers to ensure there is adequate personnel to cover demand.

Concern was raised around the amount of vaccine that would be available. It was stated that conversations had taken place across communities to communicate as to who was eligible and that the vulnerable should be vaccinated in the first instance.

The LMC and LPC had also been holding conversations to ascertain how they can support Primary Care in administering flu vaccinations.

Providers would be expected to deliver the programme according to guidelines on social distancing that are current at the time. Standard operating procedures in the context of COVID-19 have been issued for General Practice, community pharmacy, and community health services.

The target was to maximise the uptake of vaccinations to 75% across the board although public health are hoping to achieve a higher percentage rate.

### **Resolved**

(a)	Members of the Primary Care Commissioning Committee noted the content of the report.
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## **9. FOR INFORMATION**

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

The Primary Care Quality & Performance Subcommittee minutes for 13<sup>th</sup> May 2020 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 23 October 2020** at 12.15 pm – 14.00 pm via GoToMeetings.

Signed: \_\_\_\_\_  
(Chair of the Primary Care Commissioning Committee)

Date: 23 October 2020

## **Abbreviations**

APMS	Alternative Provider Medical Services
CQRS	Calculating Quality Reporting Service
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
QOF	Quality and Outcomes Framework
STP	Sustainability and Transformation Partnerships
ToR	Terms of Reference