

**Item: 2**

**PRIMARY CARE COMMISSIONING COMMITTEE  
MINUTES OF THE MEETING HELD ON FRIDAY 23<sup>rd</sup> October 2020.**

**MS Teams Meeting**

**PART 1**

**PRESENT:**

**Voting Members:**

J Stamp, NHS Hull CCG (Lay Representative) Chair  
E Latimer, NHS Hull CCG (Chief Officer)  
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)  
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)  
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)

**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:

J Weldon, Hull City Council, (Director of Public Health and Adults)

### Non-Voting Members:

Dr J Moulton, NHS Hull CCG (GP Member)

## 2. MINUTES OF THE MEETING HELD ON 28 AUGUST 2020

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

### Resolved

(a)	The minutes of the meeting held on 28 August 2020 were approved as a true and accurate record of the meeting 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 August 2020 was provided for information, and the following update was provided:

**28.08.20 – 7.1 - Strategic Commissioning Plan for Primary Care and Primary Care Update** – 60% of the PCN's share of ARRS for workforce allocation had been allocated. 40% of the ARRS workforce allocation had been held back nationally but was available if practices could recruit to roles.

### 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 28 August 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 item 3, 4.5 and 4.11 8.2	Personal Interest – Member of family works within the Modality – Hull Division – The declaration was noted
Masood Balouch	7.1 item 3, 4.5, 4.8, 4.11 and 4.12 8.2	Financial Interest – Partner at Haxby Group the declaration was noted
Bushra Ali	7.1 item 3, 4.5, 4.8 and 4.11 8.2	Financial Interest – Partner at Modality Partnership Hull and member of Modality PCN with Dr Cook - The declaration was noted
Amy Oehring	7.1 item 3, 4.5, 4.8 and 4.11 8.2	Financial Interest – Partner at Sutton Manor Surgery, the declaration was noted
Mark Whitaker	7.1 item 3, 4.5 and 4.11 8.2	Financial Interest – Practice Manager Newland Health Centre – The declarations were noted.

## **Resolved**

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

### **6.1 Primary Medical Care Commissioning – Final Internal Audit Report**

The Strategic Lead – Primary Care provided the Primary Medical Care Commissioning Final Internal Audit Report.

The scope of the audit framework mirrors the Delegation Agreement entered into between NHS England and NHS Hull Clinical Commissioning Group and covers the following functions of the commissioning cycle:

1. Commissioning and procurement of services
2. Contract Oversight and Management Functions
3. Primary Care Finance
4. Governance (common to each of the above areas)

NHS Hull CCG was required to incorporate primary medical care commissioning within 2018/19 audit plans where possible and where this had been possible the full set of audits must be completed by March 2021.

It had been agreed that audits 1 and 2 would be undertaken by February 2020 – which had been achieved.

Audits 3 and 4 were required to be undertaken by March 2021 and had also been achieved.

The audit had concluded:

Governance, risk management and control arrangements provide **substantial assurance** that the risks identified were managed effectively. Compliance with the control framework was found to be taking place.

This assurance level aligns to the NHS England Assurance category of **'full assurance'**.

The one recommended action that had been identified in relation to dates for Primary Care Commissioning Committee terms of reference to be reviewed had been completed.

The Chair of Integrated Audit and Governance Committee (IAGC) stated that future audits should be approved at IAGC prior to being presented at Primary Care Commissioning Committee. Apologies were expressed and feedback noted.

### Resolved

(a)	Primary Care Commissioning Committee Members noted the contents of the report.
(b)	Primary Care Commissioning Committee Members noted that the action identified in the report had been completed.

## 7. STRATEGY

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

Dr Bushra Ali, Dr Masood Balouch and Dr Amy Oehring declared financial interests in agenda item 7.1 as partners in GP practices. Dr Vincent Rawcliffe declared a financial interest in agenda item 7.1 as close associate works within a PCN. Mark Whitaker declared a financial interest in agenda item 7.1 as practice manager.

The Chair advised that these interests would be managed as follows:

- For item 3 members could participate in the discussion.
- For item 4.5 members could participate in the discussion
- For item 4.11 members could not participate in the discussion,
- For item 4.12 Dr Masood Balouch could not participate

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.

#### **Primary Care Networks (PCN) Organisation Development (OD Monies Update)**

It was stated that PCN's had been asked to provide an update in relation to the spend against their allocation for 2019/2020. The request identified that PCNs had underspent. PCN's had been asked to provide a plan on what their underspend would be utilised for.

### **List Closure**

Dr Cook (Practice Code – B81095) had applied to extend the list closure for a further 12 months. The practice closed their list initially on 1<sup>st</sup> December 2019 for 6 months. An extension was granted for a further 6 months until 1<sup>st</sup> June with the list due to re-open on 1<sup>st</sup> December 2020.

Committee Members were advised that there had been a reduction in the list size of Dr Cook with minor movement on the list sizes of practices in the near location of Dr Cook.

Dr Cook's action plan had been updated and it had specified that recruitment to roles was problematic due to the COVID pandemic.

A wide and varied discussion occurred around the extension with the Chief Executive of the Local Medical Committee (LMC) indicating that a 6-month extension would be more appropriate.

The request for the extension of the list closure had been circulated to all of the practices within Hull and responses received back had been documented.

Committee Members agreed that a list size of 4000 for 1 GP was large. The LMC and Modality PCN were providing support to the practice.

It was agreed to extend the closure for a further 6 months.

### **Minor Surgery**

At the February 2020 Primary Care Commissioning Committee meeting it was approved for the Minor Surgery service commissioned from practices would be extended to the end of September 2020 to allow work to review the service specification and ensure that provision of minor surgery was delivered effectively and equitably across the city. This would allow services to be commissioned at PCN level rather than from individual GP practices. Due to COVID-19 this work had not to date been undertaken and hence it had been necessary to extend these arrangements for a further 6 months to cover the period 1 October – 31 March 2021. Due to the scheduling of the Primary Care Commissioning Committee it had been necessary to action this through a Chair's action.

The question was posed as to whether practices who undertake minor surgery were offering the services to patients not registered with their practice. It was stated that practices can opt to just provide services for their practice or also provide for patients registered at other practices and that there was adequate cover of minor surgery within the city.

The Individual Funding Request panel had sight of patients who were being refused services, it was agreed that the Strategic Lead – Primary Care would review this outside of the meeting.

### **Primary Care Estate Data Gathering**

The first stage of the NHS England and Improvement primary care estate data gathering exercise had been completed. The second stage of the exercise would involve approaching practices for a number of data items and information that practices hold. Guidance was awaited on how to progress with the second stage.

### **Targeted Lung Health Check**

Work had been continuing on the restoration of the Targeted Lung Health Check programme in line with the nationally revised service specification. Telephone checks would recommence on Tuesday 3rd and Wednesday 4th November with low dose CT scans being available for participants on Fridays and Saturdays from 6th November 2020.

### **Improvement Grant applications**

Two practices had submitted applications for one-off improvement grants from NHS England capital resources which had been allocated to Humber Coast and Vale. These were grants available to improve premises with NHS England supporting 66% of the cost and the practice funding the remainder.

The applications were:

Orchard 2000 (Orchard Park) - Replacement floor coverings / skirting in clinical rooms to comply with regulations. Total estimate of cost: £7,000.

Haxby Group - Burnbrae Surgery for internal reconfiguration to provide additional space to support the Access and Care Navigation Team and accommodation to provide training capacity for various professional groups and the wider Nexus PCN. Total estimate of cost: £50,000.

Committee Members confirmed support for the schemes to progress as improvement grant applications.

### **Primary Care Network (PCN) Workforce Plans**

Within the Additional Roles Recruitment Scheme there are limitations set for the number of Pharmacy Technicians and First Contact Physiotherapist roles that a PCN can recruit. However PCNs are able to recruit above this number if their CCG is supportive. Within their workforce plans, the following PCNs had indicated that they wish to recruit above the allowable number for the following:

Modality - 2 x Pharmacy Technicians

Nexus - 1.5 x First Contact Physiotherapist

Committee Members approved the request to recruit above the allowable number.

### **Improved Access/Extended Hours**

In 2018 CCGs were required to commission an improved access service for their patient population.

A national service specification was currently being developed and it was expected that this would be published along with confirmed funding arrangements in January 2021 following the usual GP Contract negotiations.

Following discussions, the 5 Primary Care Networks (PCNs) in Hull had indicated their intention to either deliver the single combined service or sub-contract. A working group had been established with representatives from all 5 PCNs to work through mobilisation. A comprehensive communication and engagement plan would be developed to ensure that patients and the public were made aware of any potential service change.

Through mutual agreement, a letter of notice to terminate the contract had been served to the current provider (City Health Care Partnership) of the improved access service. The contract would end on 31<sup>st</sup> March 2021.

## Resolved

(a)	Members of the Primary Care Commissioning Committee noted the NHS England and CCG updates.
(b)	Members of the Primary Care Commissioning Committee considered the application by Dr Cook to extend the list closure and approved a 6 month extension.
(c)	Members of the Primary Care Commissioning Committee approved the recruitment of Pharmacy Technicians and First Contact Physiotherapists above the 1 for Modality and Nexus PCNs.
(d)	Members of the Primary Care Commissioning Committee confirmed support for two practices improvement grant applications.

## 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

Dr Bushra Ali, Dr Masood Balouch and Dr Amy Oehring declared financial interests in agenda item 8.2 as partners in GP practices. Dr Vincent Rawcliffe declared a financial interest in agenda item 8.2 as close associate works within a PCN. Mark Whitaker declared a financial interest in agenda item 8.2 as practice manager.

All members contributed to the discussion on the service specifications but left the call for the discussion regarding tariffs. The declarations were noted.

The Head of Commissioning, Integrated Delivery provided a report presenting the service specifications and recommended tariffs for Ring Pessary Fitting Service and Secondary Care Generated Interventions extended primary care medical services.

As part of the Extended Primary Care Medical Services (EPCMS) review carried out in 2019, it was identified that there were a number of services currently being delivered within Primary Care which were not considered as core services and therefore do not attract a payment these were

- Ring Pessary Fitting
- Secondary Care Generated Interventions
- ECG

The service specifications for Ring Pessary Fitting and Secondary Care Generated Interventions were reviewed with Committee Members being happy to proceed.

It had been identified that Secondary Care were directing patients to primary care for phlebotomy. It was alluded to that there had been discussions with Secondary Care

around them attending Primary Care to undertake phlebotomy. It was agreed that phlebotomy discussions would be picked up outside of the Committee.

At present practices undertaking Ring Pessary Fitting and Secondary Care Generated Interventions were not receiving remuneration.

A wide and varied discussion occurred around the proposed services and issues around remuneration.

The ECG service specification and associated tariff would be brought to the December 2020 Committee.

#### Ring Pessary Fitting – Tariff

The tariff recommended was for £52.99 for initial consultation and £24.99 for follow up appointments. It was recommended that 3 replacement fittings occur each year.

The uptake from GPs to fit Ring Pessary's would be voluntary. From 1<sup>st</sup> April 2020 Ring Pessary Fitting would be undertaken at PCN level.

Retrospective payments were discussed and Committee Members were assured that there would be no retrospective payments made to practices.

It was agreed that an addition be made to the service specification stating 'subsequent years we would look to pay (an amount was still to be agreed).

Clarification was to be ascertained on whether the tariff includes the pessary. Further costing tariff was to be undertaken to ensure the correct formula was achieved.

#### Secondary Care Generated Interventions - Tariff

The same tariff used in the statement of financial entitlements for flu vaccination £10.06 would be used for Secondary Care Generated Interventions. Not every patient would be given a Hep B vaccination and practices would only undertake the vaccination for patients who could not self-administer.

### **Resolved**

(a)	Members of the Primary Care Commissioning Committee approved the service specifications for the Ring Pessary Fitting Services and Secondary Care Generated Interventions.
(b)	Members of the Primary Care Commissioning Committee approved the associated recommended tariffs.
(c)	Members of the Primary Care Commissioning Committee approved the use of PMS Premium to fund the services
(d)	Members of the Primary Care Commissioning Committee approved the commissioning of Ring Pessary Fitting Services and Secondary Care Generated Interventions services from 1 <sup>st</sup> October 2020 at individual practice level until they could be commissioned at PCN level from 1 <sup>st</sup> April 2021.

### **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 37 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 additional work was being undertaken with practices on risk 915 around risk assessments. It was agreed that once the work had been completed a recommendation would be taken to the Integrated Audit and Governance Committee for approval to close the risk.

#### **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 September 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.

At month 6 NHS Hull CCG had reported a year to date overspend of £156k within its Primary Care delegated budgets. This overspend had been caused by a change in the way the CCG receives its financial allocations from NHS England due to the COVID pandemic and would be drawn back from the national system.

The Chief Finance Office assured Committee Members that NHS Hull CCGs overspend was lower than all of the other CCGs within Humber Coast and Vale patch.

#### **Resolved**

(a)	Members of the Primary Care Commissioning Committee noted the Finance Report as at the end of September 2020.
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#### **8.5 PRIMARY CARE COVID-19 RESPONSE ENGAGEMENT UPDATE REPORT**

The Head of Engagement provided a report to update Committee Members on the progress of the Primary Care COVID-19 response engagement, report high level findings and outline the next stage of analysis.

Committee Members were informed that there had been a huge response to the patient survey which had been texted and email out to patients who had attend Primary Care appointments since the end of March 2020 until September 2020.

The following areas had been identified from the results of the survey:

- Half of the patients who had replied would not choose to interact digitally.
- Geographical data was being reviewed to ascertain if any variation in patients not wishing to interact digitally. It was thought that the biggest issue would be around demography therefore age groups and deprivation would be reviewed.

The data would be split geographically to ensure the information used would be specific to Hull.

The question was posed as to whether the information within the draft report could be shared with GP's and the CQC. It was stated that the information within the report was in relation to the whole of the Humber. The Associate Director of Corporate Affairs advised that as Primary Care Commissioning Committee was a public meeting the report could be shared. The final report would be share via various routes. The whole premise of the report could then be used to shape primary care communication moving forward.

The key finding from the report would be added to the next version of 'My City, My Health, My Care' newsletter. The final report would be brought to the December 2020 Primary Care Commissioning Committee.

It was agreed that the Chief Operating Officer would share the information regarding 111 with the Urgent Care Network.

Healthwatch Hull confirmed that they were undertaking patient experience activity relating to primary care. There was not a large amount of work being undertaken on digital although a piece of work was to commence with the deaf community.

Dr Ali conveyed that the survey had only been completed by the English-speaking population and the requirements of other communities needed to be addressed via BAME Groups. It was stated that there where inequalities within communities prior to COVID 19 and this had been highlighted further due to the pandemic.

The Communication and Engagement team were to undertake a piece of work around the interpretation and translation service in primary care.

Video interpretation had been rolled out to all GP practices in the city through AA Global Language Services. The onboarding of practices had been ongoing.

It was requested that further information be brought back to future meeting around how non-English speaking patients' appointments were handled.

## **Resolved**

(a)	Members of the Primary Care Commissioning Committee noted the initial findings of the engagement work.
(b)	Members of the Primary Care Commissioning Committee endorsed the next stage of analysis.
(c)	The Final Primary Care COVID – 19 Response to be brought to December 2020 Committee.
(d)	Members of the Primary Care Commissioning Committee requested further information on how non-speaking patients' appointments where handled.

## **9. FOR INFORMATION**

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

There were no Primary Care Quality & Performance Sub Committee minutes to circulate.

## **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 18 December 2020** at 12.15 pm – 14.00 pm via MS Teams.

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

Date: 18 December 2020

DRAFT

## **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