



## PRIMARY CARE COMMISSIONING COMMITTEE FRIDAY 23rd APRIL 2021 AT 12.15PM - 13.15 PM **Via MS Teams**

Item	Item	Led by	Action	Enclosed/ Verbal	Time
1.	Analogica for Abonno	Chair	required To Note		10.15 pm
1.	Apologies for Absence	Chair	TO Note	Verbal	12.15 pm
2.	Minutes of the Previous Meeting Held on Friday 26 <sup>th</sup> February 2021 To approve as a true and correct record and to authorise the Chair to sign then as such	Chair	To Approve	Enclosed	12.16 pm
3.	Matters Arising / Action List from the Minutes  In accordance with the CCG's Constitution and Standards of Business Conduct, no discussion shall take place upon the Minutes expect upon their accuracy or where the Chair considers discussion appropriate	Chair	To Discuss	Enclosed	12.20 pm
4.	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.  Any approved items of Any Other Business to be discussed at item 10	Chair	To Note	Verbal	12.22 pm
5.	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;	Chair	Please email: Donna Robin: declarations of including a nil applicable	For Completion:  Please email: Donna Robinson with your declarations of interest including a nil return where applicable donna.robinson6@nhs.net	

Quorum: Six voting members including a minimum of two lay members:

NHS Hull CCG - Lay Representative Strategic Change Vice-Chair, Lay Representative Patient and Public Involvement – Chair, Accountable Officer, Chief Operating Officer, Chief Finance Officer, Director of Integrated Commissioning, Director of Nursing and Quality, Lay Representative Audit, Remuneration and Conflict of Interest Matters, Governing Body GP Member(s) without a pecuniary interest, Governing Body Registered Nurse Hull City Council - Hull City Council Director of Public Health (or senior representative from Hull City Council)

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	<ul> <li>(ii) the agenda item number to which the interest relate;</li> <li>(iii) the nature of the interest;</li> <li>(iv) be declared under this section and at the top of the agenda item which it relates too;</li> </ul>				
6.	GOVERNANCE				
			No report assigned tto this item		
7.	STRATEGY				
7.1	Strategic Commissioning Plan for Primary Care and Primary Care Update: Contract Variations, Practice Mergers, List Closures (Standing Item)	Assistant Primary Care Contracts Manager (HP) Strategic Lead – Primary Care (PD)	To Approve	Enclosed	12.25 pm
8.	SYSTEM DEVELOPMENT & IMPLEMENTATION				
8.1	Newly Designed Enhanced Services (Standing Item)	Strategic Lead – Primary Care (PD)	No report assigned tto this item		
8.2	Extended Primary Care Medical Services – Current and Newly Designed (Standing Item)	Strategic Lead – Primary Care (PD) / Head of Commissioning – Integrated Delivery (ND)	No report assigned tto this item		
8.3	Risk Report (Standing Item)	Strategic Lead - Primary Care (PD)	To Discuss	Enclosed	12.40 pm
8.4	Primary Care Delegated Finance Report	Chief Finance Officer (ES)	To Note	Enclosed	12.50 pm
8.5	Repeat Contraception - Sexual Health Services	Commissioning Lead – Quality (KM)	To Approve	Enclosed	12.55 pm
9.	FOR INFORMATION				
9.1	Primary Care Quality & Performance Sub Committee	Director of Nursing and Quality (CL)	To Note	Enclosed	13.05 pm
9.2	<ul> <li>Minutes of Meetings</li> <li>LMC Liaison</li> <li>Primary Care Nursing Steering Group</li> <li>Practice Managers Meeting</li> </ul>	Chair	To Note	On Request	13.07 pm
10.	Any Other Business	Chair	To Discuss	Verbal	13.10 pm
11.	Date and Time of Next Meeting: The next meeting will be held on 25 <sup>th</sup> July 100 per 10	une <b>2021</b> at 12.15 pm	ı – 2.00 pm, Via	MS Teams	

## COMMISSIONING CYCLE AND POTENTIAL CONFLICTS OF INTEREST

## Notes:

- The illustrations given below should not be considered to be prescriptive in every instance.
- These are guidelines and both the materiality of the conflict and the significance of the issue should be considered carefully by the Chair in deciding on how to manage the conflict.
- It is the responsibility of the Chair to review the agenda and operate caution in terms of deferment or referral if necessary.
- Chairs to also consider potential conflicts of interest arising from verbal reports.
- Links should be considered to strategy direction e.g. is the introduction of a Local Enhanced Service in line with the strategy?
- If significant/complete conflict of interest at a locality level the matter could be referred to the CCG for decision.

Interest	Financial (Self, partner or close associate)	Personal (Self)	Personal (Partner or close associate)	Competing Loyalties
Needs assessment	Fully participate	Fully participate	Fully participate	Fully participate
Decide priorities	Discuss but cannot vote	Discuss and vote	Discuss and vote	Discuss and vote
Review commissioning proposals	Remain but cannot speak or vote	Remain but cannot speak or vote	Remain but cannot speak or vote	Discuss and vote
Design services (ensure a fully inclusive process)	Discuss and vote	Discuss and vote	Discuss and vote	Discuss and vote
Review prioritised business cases	Leave the room	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Discuss and vote
Procurement/ contracting	Leave the room	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Discuss and vote
Performance Management	Remain but cannot speak or vote (unless significant and then leave the room)	Remain but cannot speak or vote (unless significant and then leave the room)	Remain but cannot speak or vote (unless significant and then leave the room)	Discuss and vote
Review Health Outcomes	Fully participate	Fully participate	Fully participate	Fully participate

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