

**PRIMARY CARE COMMISSIONING COMMITTEE
MINUTES OF THE MEETING HELD ON FRIDAY 26th February 2021.**

MS Teams Meeting

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)
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)
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)
Z Norris, LMC, (Medical Director, Humberside LMC)
H Patterson, NHS England & NHS Improvement, (Primary Care Contracts Manager)
Dr V Rawcliffe, NHS Hull CCG (GP Member)
Dr J Moulton, NHS Hull CCG (GP Member)
Cllr G Lunn, (Health and Wellbeing Board Representative/Elected Member)
Dr A Oehring, NHS Hull CCG (GP Member)
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)
E Latimer, NHS Hull CCG (Chief Officer)
J Crick, Hull City Council (Consultant in Public Health Medicine) deputising for J Weldon Hull City Council Director of Public Health)

Non-Voting Members:

M Whitaker, NHS Hull CCG (Practice Manager Representative)

2. MINUTES OF THE MEETING HELD ON 9 DECEMBER 2020

The minutes of the meeting held on 9 December 2021 were approved as a true and accurate record.

Resolved

(a)	The minutes of the meeting held on 9 December 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 9 December 2020 was provided for information, and the following update was provided:

23.10.20 – 8.5 Primary Care COVID-19 Response Engagement Update

It was stated that there had not been the levels of engagement, which were required, and specific areas had been identified to explore in further detail. It had been agreed to re-run the engagement work in the Hull area working more closely with the practices. A revised questionnaire would be circulated on the 8th March 2021. The questionnaire would be closed at the end of March 2021 with the analysis being undertaken early April 2021. A paper would be brought back to the June 2021 Primary Care Commissioning Committee.

Committee members were asked to advise the Communication and Engagement team how engagement could be undertaken with practices and Primary Care Networks (PCN). The Chair requested the Strategic Lead – Primary Care address the completion of questionnaire with practices and PCNs to ascertain further how the information required could be obtained.

The Head of Primary Care – North Yorkshire and Humber asked if the bulk messaging services that practice have could be used. It was suggested that CCG support staff could go into practices to upload and deliver the text messages.

09.12.20 – 8.1 - Extended Primary Care Medical Services - Adult Fostering and Adoption Medicals in Primary Care Service Specification

Numerous points had been raised at the January 2021 Primary Care Commissioning Committee. The embedded document articulates the responses for completion.



EPCMS13
Clarification to PCCC

Following a review of the feedback provided, members of the Primary Care Commissioning Committee approved the proposal to extend the Primary Care Medical Services – Adult Fostering and Adoption Medicals in Primary Care Service Specification.

Resolved

(a)	Members of the Primary Care Commissioning Committee noted the updates and that there were no outstanding actions on the Action List from the meeting held on 9 December 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.

Dr Daniel Roper advised Committee Members that Geoff Day was retiring on 31st March 2021 and thanked him for the work he had undertaken whilst working at NHS Hull CCG, NHS England, and as Head of Primary Care – North Yorkshire and Humber.

Geoff Day advised that Helen Phillips would be taking over the role of Head of Primary Care – North Yorkshire and Humber

The Chair confirmed that the Primary Care Delegated Finance Report to January 2021 would be discussed under item 10.

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
Vince Rawcliffe	7.1, 8.5, 8.6	Personal Interest – Member of family works within the Modality – Hull Division – The declaration was noted
Masood Balouch	7.1, 8.5, 8.6	Financial Interest – Partner at Haxby Group. The declarations were noted
Bushra Ali	7.1, 8.5,8.6	Financial Interest – Partner at Modality Partnership Hull and member of Modality PCN with Dr Cook. The declarations were noted
Amy Oehring	7.1,8.5,8.6	Financial Interest – Partner at Sutton Manor Surgery. The declarations were noted
James Moulton	7.1,8.5,8.6	Financial Interest – Partner at Modality Partnership Hull. The declarations were noted
Dr Vincent Rawcliffe	7.1,8.5,8.6	Financial Interest – Member of Family works within the Modality Partnership Hull. The declarations were noted

Name	Agenda No	Nature of Interest and Action Taken
Karen Marshall	7.1	Professional Interest – holds an honorary, unremunerated volunteer vaccinator contract with Modality for the immunisation campaign. 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 Bushra Ali, Dr Masood Balouch, Dr James Moulton 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. Karen Marshall declared a professional interest in item 7.1 as she currently holds a honorary, un-remunerated volunteer vaccinator contract with Modality Hull for the COVID-19 vaccination programme. All members contributed and stayed in the meeting.

It was stated that a list closure application had been received from Dr Jaiveloo. It was acknowledged that the main reason for requesting list closure was that the practice was struggling to provide service due to increased demand from patients. Dr Jaiveloo was receiving roughly 150 tasks a day, dealing with more patients due to easier access.

A practice visit had occurred, and it was identified that space could be a possible issue along with patients moving out of area and remaining on the list.

Dr Norris stated the application provided does not articulate what was occurring at present at the practice and would share the information held by the LMC. Dr Jaiveloo was working full time 10 sessions. To increase capacity, he was working remotely whilst a locum was working full time in the surgery. There were 3 clinical rooms (GP, Nurse and Phlebotomist) therefore it was not possible to have 2 GP's in the surgery when other clinics were running. Dr Jaiveloo had stated that the practice was financially secure, and space was the main issue, and if this was addressed more sessions could be offered.

The Head of Primary Care – North Yorkshire and Humber stated the list size does not look extremely large for the members of staff employed and the lack of space does not seem like a reason to close a list.

It was acknowledged that the two recommendations identified were not conclusive issues to close a list and the practice could be facing alternative problems.

It was stated that General Practices had changed their delivery models and some were finding it difficult to cope therefore were requesting a list closure.

Dr Norris stated the LMC Wellbeing Stream had funding to put together an intensive practice support programme, a provider had been identified and they would work with a practice team, LMC, CCG and NHSE to address issued identified and this could be used with Dr Jaiveloo practice.

4 out of 7 Committee Members voted and agreed to close the list for 6 months with support from the LMC Wellbeing Stream.

The Strategic Lead - Primary Care acknowledged and thanked practices and PCNs for work and effort that had been undertaken to ensure the Covid-19 vaccination programme was up and running across 5 PCN sites in Hull.

Resolved

(a)	Members of the Primary Care Commissioning Committee noted the contents of the closed list report for Dr Jaiveloo.
(b)	Members of the Primary Care Commissioning Committee considered and approved the practice application to close Dr Jaiveloo list for a 6-month period.
(c)	Members of the Primary Care Commissioning Committee note NHS England updates.

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

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

Risk 902 had been further defined; additional context had been added specifically around workforce. The risk description around the requirements of Primary Care during the COVID pandemic and vaccination programme had had implications on the workforce. The rewording of risk 902 would be considered at the Integrated Audit and Governance Committee and then brought back to a future Primary Care Commissioning Committee.

The Associate Director of Corporate Affairs suggested that a risk ought to be further discussed and added to the register around the impact of COVID on waiting lists and inequalities/equality of access across the system rather than focusing on a particular

provider. This will be developed by the Strategic Lead - Primary Care, the Interim Chief Operating Officer and the Associate Director of Corporate Affairs.

Resolved

(a)	Members of the Primary Care Commissioning Committee noted the updates provided in the Risk Register.
(b)	An additional risk was to be added to the register around the impact of COVID on waiting lists and inequalities/equality of access across the system.

8.4 PRIMARY CARE COMMISSIONING WORKPLAN

The Strategic Lead – Primary Care NHS Hull CCG circulated a draft Primary Care Commissioning 2021/22 workplan for discussion and approval.

It was noted that the workplan was a live document and items would be added periodically. The Primary Medical Care delegated Finance Report would also be added to the workplan.

The Associate Director of Corporate Affairs advised Committee Members that clarification had not been received as to how the Committee would operate after April 2022 therefore it would be prudent to endeavour to bring forward the formal elements of the Committee to the last meeting of the financial year (February 2022).

The wording of the Primary Care Engagement Strategy to be altered to Communication and Engagement workplan as the strategy had always been encompassed within the overarching CCG Communication and Engagement Strategy.

Subject specific communication and engagement reports had been brought to the Committee over the last twelve months not an overarching Primary Care Communication and Engagement report. It was agreed to commence bringing a twice-yearly overarching update report and specific reports when appropriate.

A discussion was required around the transition of the Primary Care Commissioning Committee this would be first addressed at the Place Senior Leadership Team meeting.

Resolved

(a)	Members of the Primary Care Commissioning Committee approved the workplan with the proposed amendments.
(b)	The wording of the Primary Care Engagement Strategy to be altered to Communication and Engagement workplan

8.5 Extended Primary Care Medical Services

Dr Bushra Ali, Dr Masood Balouch, Dr James Moulton and Dr Amy Oehring declared financial interests in agenda item 8.5 as partners in GP practices. Dr Vincent Rawcliffe declared a financial interest in agenda item 8.5 as close associate works within a PCN. All members left the call when tariffs were discussed.

The Commissioning Lead – Quality provided a report on the updated service specification, current recommended tariffs and preferred option for contracting Minor Surgery in Primary Care.

Committee Members were advised that expressions of interest from Primary Care Networks (PCNs) would be requested as four out of the five PCNs were providing the minor surgery service specification. It was noted that the PCNs which express an interest would provide the service to other practice/PCN patients if their PCN did not deliver Minor Surgery.

An alteration within the service specification opened the process up to additional clinicians as it would not always be a GP that would be qualified to carry out the procedures, it would then be the responsibility of the lead clinician within the PCN to ensure the clinician undertaking the procedure was appropriately qualified.

It was stated under patient choice, a procedure could be undertaken at whichever PCN the patient preferred.

A wide and varied discussion occurred, and it was agreed that a communication be circulated around minor surgery and the correct procedure to follow and whether IFR was the correct place to forward referrals onto.

It had come to light that the clinicians may be conflicted being involved in the design of the specification as they have knowledge of how it works. It was agreed to involve the clinicians who were performing Minor Surgery in developing the service specification.

Committee Members were advised that the VBC checker was being reviewed as plastics were receiving an exceptional number of referrals although this maybe because this was nationally driven.

It was stated that there was no reference in the paper around accessibility for individuals with additional needs accessing Minor Surgery. It was requested that this be shown in the paper and the EQIA, and the Chair requested the EQIA's be shared with the Committee in future.

It was noted the service specification would be brought in line with the other EPCMS contacts to ensure that they were all up for renewal at the same time.

It was agreed to facilitate a meeting with GPs imminently to discuss the draft specification to ensure that it reflected the skills, experience and knowledge of delivering Minor Surgery in Primary Care.

Dr Bushra Ali, Dr Masood Balouch, Dr James Moulton, Dr Amy Oehring and Dr Vincent Rawcliffe left the call

Committee Members were advised that the tariffs for the revised service specification had not changed.

Dr Bushra Ali, Dr Masood Balouch, Dr James Moulton, Dr Amy Oehring and Dr Vincent Rawcliffe returned to the call.

Resolved

(a)	Members of the Primary Care Commissioning Committee approved the continuation of the NHSE Minor Surgery service under the current terms and conditions for an agreed period.
(b)	Members of the Primary Care Commissioning Committee approved the NHS Hull CCG to request the Primary Care Networks to confirm intentions to deliver minor surgery services from April 2021.

8.6 PREVENTION OF STROKES RELATED TO ATRIAL FIBRILLATION

Dr Bushra Ali, Dr Masood Balouch, Dr James Moulton and Dr Amy Oehring declared financial interests in agenda item 8.6 as partners in GP practices. Dr Vincent Rawcliffe declared a financial interest in agenda item 8.6 as close associate works within a PCN. All members contributed and stayed in the meeting.

The NHS Hull CCG Chair provided a paper to secure funding to establish a system for identifying the condition of Atrial Fibrillation (AF) in the course of routine Primary Care work in Hull patients aged over 60 using a variety of technologies which have been tried and tested with many successful published projects.

The identification of Atrial Fibrillation, which was largely asymptomatic, with appropriate management could prevent up to 80 severe strokes annually. This would generate cost savings of £2-3m annually and relieve pressure on High Dependency beds at a critical time for the NHS.

The initial one-off capital outlay for the purchase of equipment would be £50k with a further £50k to support PCNs in annual review and optimisation of management by an appropriate Health Care Professional, the latter being an important element in optimising health gain and savings each year. There would be recurring £30k annual costs for increased capacity in the HUTHT cardiology and Cardiac Physiology for additional Holter monitor capacity.

The NHS Chair advised the paper had been taken to Planning and Commissioning who had supported the proposal.

Committee Members were asked to approve the utilisation of PMS Premium resources to fund the work.

The economic case had been made that for the outlay preventing one stroke over a three-year period money would be saved. It was stated the Primary Care Networks were keen to progress with the system.

It was acknowledged that the PMS Premium could only be used for investment in primary services, the element of the system in primary care would be funded through PMS premium.

The NHS Hull Chair advised the Committee that HUTHT would put extra capacity in the cardiology department to cover the increase in referrals.

A vote was undertaken, and Committee Members approved the funding for the project utilising the PMS Premium.

Resolved

(a)	Members of the Primary Care Commissioning Committee approved one off funding for Atrial Fibrillation equipment via the PMS Premium.
(b)	Members of the Primary Care Commissioning Committee approved Health Care professional time in PCNs to ensure that care of identified Atrial Fibrillation patients were optimised.

8.7 GENERAL PRACTICE CLINICAL STAFF UPDATE

The Head of Integrated Delivery provided a report to provide Primary Care Commissioning Committee Members with an overview of the current issues with regards to clinical staffing in Hull GP Practices and the actions NHS Hull CCG were undertaking to address these.

The report provided the various aspects of workforce support which were available within the system for primary care and the number of schemes which were available through a range of routes as well as identifying the progress PCNs have made in the additional roles reimbursement scheme.

It was requested that future reports have more content and provide an update on the current situation around GP numbers, FTE equivalent, partners salaried doctors and nurses, advising the Committee of where the issues were.

Dr Vince Rawcliffe expressed his interest in ascertaining how many people were going to Primary Care Hubs and where they end, it was stated this should be equitable across all practices and PCNs.

The Chair requested that the wider workforce data around how primary care were operating under the pressure at the present time be incorporated in a future report.

The location of the 7 overseas GPs recruited was requested. The Strategic Lead - Primary Care stated that the information would be circulated.

Resolved

(a)	Members of the Primary Care Commissioning Committee noted the content of the report.
(b)	Members of the Primary Care Commissioning Committee requested a wider workforce report identifying how Primary Care are operating under pressure be brought to the April 2021 Committee.
(c)	Members of the Primary Care Commissioning Committee requested the location of the 7 oversea GP recruited be shared.

9. FOR INFORMATION

9.2 MINUTES OF MEETINGS

It was agreed that further discussions would take place outside of the meeting in relation to minutes being shared on request as they were not formal sub committees of the Primary Care Commissioning Committee.

Resolved

(a)	Members of the Primary Care Commissioning Committee requested clarity on the distribution of additional minutes.
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9.1 PRIMARY CARE QUALITY & PERFORMANCE SUB COMMITTEE

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

10. ANY OTHER BUSINESS

Primary Care Delegated Finance Report to January 2021

The Strategic Lead – Primary Care advised he would take away questions and address this with the Chief Finance Officer, who was unable to attend this part of the meeting.

There were no questions raised.

11. DATE AND TIME OF NEXT MEETING

The next meeting would be held on **Friday 23 April 2021** at 12.15 pm – 14.00 pm via MS Teams.

Signed: _____
(Chair of the Primary Care Commissioning Committee)

Date: 23 April 2021

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