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 **Item: 9.1**

**PRIMARY CARE QUALITY & PERFORMANCE SUB COMMITTEE**

**MINUTES OF THE MEETING HELD ON TUESDAY 13 JULY 2021**

**09.00AM – 11.00AM, VIA MICROSOFT TEAMS**

**PART 1**

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| **ATTENDEES** | **JOB TITLE** | **ORGANISATION** |
| James Crick (JC) (Chair) | Associate Medical Director  | NHS Hull CCG |
| Estelle Butters (EB) | Head of Performance & Programme Delivery | NHS Hull CCG |
| Charlie Chidlow (CC) | Screening & Immunisation Coordinator | Public Health England |
| Phil Davis (PD) | Strategic Lead – Primary Care | NHS Hull CCG |
| Michela Littlewood (ML) | Deputy Director of Nursing & Quality | NHS Hull CCG |
| Debbie Lowe (DL) | Acting Deputy Director of Quality & Clinical Governance / Lead Nurse | NHS Hull CCG |
| Ana Megias Bas (AM) | Medicines Optimisation Pharmacist | NECS |
| Kate Memluks (KM) | Commissioning Lead - Quality | NHS Hull CCG |
| Hayley Patterson (HP) | Primary Care Contracts Manager | NHS England |

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| **APOLOGIES** | **JOB TITLE** | **ORGANISATION** |
| Moira Harrison (MH) | Delivery Manager | Healthwatch |
| Colin Hurst (CH) | Engagement Manager | NHS Hull CCG |
| Carol Hibbert (CHi) | Locality Pharmacist | NECS |
| Dr Zoe Norris (ZN) | Medical Director / Wellbeing Lead | Humberside LMC |
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| **IN ATTENDANCE** |  |  |
| Rolan Schreiber (RS) | Medical Secretary | Humberside LMC |
| Maria Shepherd (MS) | PA to the Deputy Director of Nursing and Quality (Note taker) | NHS Hull CCG |

This meeting had been recorded.

1. **WELCOME/ INTRODUCTIONS & APOLOGIES FOR ABSENCE**

Apologies were noted as above and introductions made to AM and ML who were new to the Committee and to RS who was attending on behalf of ZN.

1. **MINUTES OF THE MEETING HELD ON 24 MAY 2021**

The minutes were approved as a true and accurate record subject to the following

amendment:-

* Page 1, item 3 under Matters Arising, action 31/03/21 (7) (b). Initials to be amended to **‘KM’**.

**Resolved**

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| (a) | The minutes of themeeting held on 24 May 2021 were approved as a true and accurate record subject the above amendment. |

1. **MATTERS ARISING / ACTION LIST FROM 24 MAY 2021**

31/03/21 (6) (b) - Primary Care Response to Covid-19 Engagement Report would be re-run with updated report to be provided to this meeting. Update 13/07/21 – KM to follow up with CH.

24/05/21 (6) (b) – To ensure triangulation of data for incidents logged on Immform and CCG incident reporting on Datix. Update 13/07/21 – Outstanding. DL would follow up with Hull CCG’s Quality & Patient Safety Lead.

24/05/21 (6) (c) – Learning event to be arranged to ensure learning from incidents was shared and owned by the system. Update 13/07/21 - Closed. This was an ongoing QI process. CC had attended the PCN Nursing Leads meeting and would flag any patterns/themes moving forward. This also linked in with the ‘My City, My Health, My Care’ action from Part 2 of this meeting.

24/05/21 (6) (d) – Engagement wok to be considered around families not coming forward for immunisation programmes. This may be addressed within the PCN inequalities DES. Update 13/07/21 – Follow up required with CH.

24/05/21 (7) (b) – Issues highlighted by the Primary Care Screening and Immunisations Incidents Exception report to be combined with findings from the Primary Care Covid-19 engagement and looked at as part of a primary care staff workshop to prioritise and develop actions. Update 13/07/21 – Outstanding. KM would follow up with CH.

All other actions were marked as closed.

**4. NOTIFICATION OF ANY OTHER BUSINESS**

 Any proposed items 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.

 **Resolved**

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|  (a) | Restoring Services in Primary Care Template would be discussed under Any Other Business. |

**5.** **DECLARATIONS OF INTEREST**

 In relation to any item on the agenda of the meeting members are reminded of the need to declare: -

1. 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 item number to which the interest relates;

(iii) the nature of the interest;

(iv) be declared under this section and at the top of the agenda item which it relates too;

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| Name | Agenda Item No | Nature of Interest  |
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**Resolved**

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| (a) | There were no declarations of interest declared relating to any items on the agenda.  |

**6. HULL PRIMARY CARE SCREENING AND IMMUNISATIONS – UPDATES BY EXCEPTION**

The Screening & Immunisation Coordinator provided the above presentation with the following updates provided:

* Uptake of immunisations was increasing.
* Vaccinations for migrants. Updates available for professionals to utilise.
* Intra Health (commissioned by NHSE) were looking for community venues in Hull to support the Flu programme for secondary school children. Due to Covid, catch up programmes were being offered on evenings and weekends. CC had linked in with the LA, dentist clinics, and other community service venues. Potential opportunity to link in with Covid vaccination venues. Hull CCG’s Head of Integrated Commissioning held a list of venues.
* Immform reports on cold chain incidents.
* Summary of published immunisation levels/update for Q4.
* Working together
	+ Hep B work was continuing.
	+ NY&H PHE had engaged with CHIS, Maternity Services and Primary Care.
	+ Pertussis. Slide set shared with Hull CCG. Data is Immform data not for public sharing. Pertussis Maternity Service offered on an ad-hoc basis for women attending Ante Natal Clinic to receive pertussis vaccination.
* PCN MMR % update for 1st and 2nd dose. Look to increase uptake for Hull and data cleansing of primary care data to gain a better understanding. EB queried how CC and the CHIS team were communicating with practices to captures outliers. CC advised figures were obtained from School Health. Further audit and improved process required. Regarding clarity around data issue in relation to the MMR, if this denoted people who had declined, a wider public health conversation was required to determine if they had all the information needed to make the decision.
* Cervical screening coverage by practice and guidance available for people who feel anxious. KM extended offer to work with CC on practices with the lowest update.

Regarding the Covid and Flu vaccines, ML highlighted the importance of clear messaging to parents to avoid confusion over what immunisations were being offered.

**Resolved**

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| (a) | The Primary Care Quality & Performance Sub Committee members noted the contents of the Hull Primary Care Screening and Immunisations Exception Report. |
| (b) | Vaccinations for migrants. CC to share information link with KM who would circulate via the Weekly GP Update. |
| (c) | MMR uptake. CC to liaise with School Health to ask if would undertake a piece of work with the CCG around MMR. |

**7. Primary Care Response to Covid-19 Engagement UPDATE REPORT**

Hull CCG’s Head of Engagement was not present at this meeting but notified the Committee that the re-run of the Covid-19 engagement report remained on pause with a summary of findings to be submitted to the next meeting on 21 September 2021.

**Resolved**

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| (a) | The Primary Care Quality & Performance Sub Committee members noted the deferment of the Primary Care Response to Covid-19 Engagement Report to 21 September 2021 meeting. |

**8i. Healthwatch HULL INTELLIGENCE Report – MAY 2021**

The Commissioning Lead for Quality provided the above report for information with the following key points noted:-

* All meetings now set up with Healthwatch. MH would attend the new meetings with the PCN Strategic Leads and would liaise directly with them in sharing reports and receiving feedback.
* No significant issues to highlight. Report was as expected following outcomes from the pandemic with access to GP appointments via telephone being the main issue for patients that did not wish to use digital solutions. Practices had put measures in place to offer choice but demand was high from all access options and public perception indicated that, as practices have merged, the infrastructure was not in place to support this. KM had put CCG Patient Champion in touch with Healthwatch who would work with them as a Sector Champion to help address issues with primary care. From a quality perspective this meeting would require regular updates on any access issues/challenges and what action the Committee was taking in order to provide assurance to the PCCC.
* DL noted the significant improvements made to how the report was used to best effect and meetings attended by both DL and KM were used to challenge back on the insight provided and to look at the ‘what ifs’ and how these would be taken forward. Linking direct into PCNs was a much better approach. From a CCG perspective, need to ensure feedback was provided against each of Healthwatch’s quarterly reports and annual report. KM and DL would coordinate this.

**Resolved**

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| (a) | The Primary Care Quality and Performance Sub Committee members noted the contents of the Healthwatch Hull Intelligence Report.  |

**8ii. Healthwatch Hull Annual Report 2020/21**

The Commissioning Lead for Quality presented the above report for information.

**Resolved**

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| (a) | The Primary Care Quality and Performance Sub-Committee members noted the content of the Healthwatch Hull Annual Report 2020/21 |

**9. FOR INFORMATION**

**9i. PRIMARY CARE COMMISSIONING COMMITTEE MINUTES – 23 APRIL 2021**

The above minutes were provided to the Committee for information.

**10. PRIMARY CARE NURSING STEERING GROUP MINUTES – 8 JUNE 2021**

 The above minutes were provided to the Committee for information.

**11. ANY OTHER BUSINESS**

**Restoring Services in Primary Care Template**

The above template was used by North East Lincolnshire as a basis to commence conversations with their practices and was potentially a useful way to understand how restoration and recovery was progressing with Hull CCG practices and more importantly to identifiy areas where there maybe common issues/challenges and where support was required. The template was discussed at the Link Managers meeting who would support this moving forward and was provided to this Committee for wider views.

From an LMC perspective, it had been a supportive process and optional for practices to respond to and they were keen to ensure that the information provided was light touch and not too onerous on the Practice Manager or admin team. Although no negative feedback had been received, it had highlighted some concerns for the practices but this was not linked to any performance issues.

The Committee were happy to progress the use of the template as a proportional approach which may provide soft intelligence and opportunities to leverage support into practices to help prevent performance issues arising. CCG Link Managers would take this forward with Practice Managers, learning from NE Lincolnshire CCG would be sought and link made with Hull CCG’s Communications team to ensure a clear message was disseminated that this was a supportive tool and recognition of challenges faced by practices. Communications used would be shared with the LMC.

With regard to the template RS highlighted the need to ensure that whatever information was been asked for could not be obtained by other routes. More of a qualitative discussion rather than what is reported quantitively.

Timeframe for completion – Report back mid-August to review collectively outside of this meeting with a clear structured approach to be submitted to the next meeting of this Committee on 21 September 2021 and to the PCCC in October 2021.

**Resolved**

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| (a) | The Primary Care Quality and Performance Sub-Committee members endorsed the use of the Restoring Services in Primary Care template. |
| (b) | Restoring Services in Primary Care template to be taken forward by CCG Link Mangers to commence process. KM would follow up with North East Lincolnshire CCG to obtain shared learning. |

**12. DATE AND TIME OF NEXT MEETING**

 Tuesday 21 September 2021, 1.30pm – 3.30pm, via MS Teams

**Abbreviations**

|  |  |
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| CHCP | City Health Care Partnership |
| CHIS | Child Health Information System |
| CKD | Chronic Kidney Disease |
| CoM | Council of Members |
| CQC | Care Quality Commission  |
| FFT | Friends & Family Test  |
| HUTHT | Hull University Teaching Hospital Trust |
| HSCIC | Health and Social Care Information Centre  |
| Hull CCG | Hull Clinical Commissioning Group |
| HTFT | Humber Teaching NHS Foundation Trust |
| IAGC | Integrated Audit and Governance Committee |
| ICC | Integrated Care Centre |
| NHSE | NHS England  |
| LMC | Local Medical Committee |
| NY&H | North Yorkshire & Humber |
| PAG | Professional Advisory Group  |
| PALS | Patient Advice and Liaison Service  |
| PCCC | Primary Care Commissioning Committee |
| PCN | Primary Care Network |
| PCQPSC | Primary Care Quality & Performance Sub Committee  |
| PHE | Public Health England |
| QSG | Quality Surveillance Group |
| SLT | Senior Leadership Team |
| TOR | Terms Of Reference |