

PRIMARY CARE QUALITY & PERFORMANCE SUB COMMITTEE

**MINUTES OF THE MEETING HELD ON TUESDAY 21 SEPTEMBER 2021
1.30PM – 2.30PM, VIA MICROSOFT TEAMS**

PART 1

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
Debbie Lowe (DL)	Interim Director of Nursing & Quality	NHS Hull CCG
Carol Hibbert (CHi)	Locality Pharmacist	NECS
Colin Hurst (CH)	Head of Engagement	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
APOLOGIES	JOB TITLE	ORGANISATION
Dr Zoe Norris (ZN)	Medical Director / Wellbeing Lead	Humberside LMC
Michela Littlewood (ML)	Deputy Director of Nursing & Quality	NHS Hull CCG
IN ATTENDANCE		
Helen Grimwood (HG)	Deputy Chief Officer	Hull CVS & Meeting New Horizons CIC
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.

2. MINUTES OF THE MEETING HELD ON 13 JULY 2021

The minutes were approved as a true and accurate record.

Resolved

(a)	The minutes of the meeting held on 13 July 2021 were approved as a true and accurate record.
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3. MATTERS ARISING / ACTION LIST FROM 13 JULY 2021

24/05/21 (6) (b) – To ensure triangulation of data for incidents logged on Immform and CCG incident reporting on Datix. Update 21/09/21 – Outstanding. JC/MS to follow up with DL who would obtain clarification from Hull CCG's Quality & Patient Safety Lead.

24/05/21 (6) (d) – Engagement work to be considered around families not coming forward for immunisation programmes. This may be addressed within the PCN inequalities DES. Update 21/09/21 – In progress. Inequalities DES was due to be published this year. CH confirmed a session would be held with PCN Medical Directors/Managers around inequalities which would feed into this in the longer term. From 1 October 2021 PCNs must identify all patients with a learning disability on the LD register and make a responsible effort to deliver an annual disability health check and action plan for at least 75% of patients who were over 14 yrs.

A Learning Disabilities Partnership Board meeting would be held this week to discuss engagement with patients and carers across Humber to understand what a good health check looked like, how to improve the health check experience and to develop a model and quality framework to address health inequalities.

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 21/09/21 – CH confirmed there were a number of workstreams within primary care and several projects underway to address some of the issues raised within the Covid-19 Engagement Report (i.e. an LMC project, an NHSE Improving Access pilot project to be rolled out nationally and a number of other areas around access and staff support. As a result of this and the additional pressure it would place on primary care, it was agreed a re-run of the engagement questionnaire would be put on hold for the foreseeable future. It was agreed this action would be removed from this Committee’s action tracker (to be reinstated if required) but would remain on the CCG’s Communications action tracker. PCNs could be asked to incorporate into their plans to take ownership of this and set the outcomes they wish to achieve.

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

(a)	It was agreed an update on the NHSE Improving Access Pilot Project would be provided under Any Other Business.
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5. DECLARATIONS OF INTEREST

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;
- (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;

Name	Agenda Item No	Nature of Interest

Resolved

(a)	There were no declarations of interest declared relating to any items on the agenda.
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6. HULL PRIMARY CARE SCREENING AND IMMUNISATIONS – UPDATES BY EXCEPTION

The Screening & Immunisation Coordinator provided an update by exception with the following key points noted:-

- Link shared with KM around migrant health.
- CC had liaised with School Health who agreed to undertake a piece of work around MMR. This had been superseded by Flu and Covid-19 but could be picked up at a later date. The Chair informed, having spoken to a number of PCN Clinical Directors regarding the needs of their population, there was a willingness to take a prevention opportunity to maximise uptake of primary vaccinations as a starter for ten.
- Hull University’s primary care had been linked into the University of York’s surgery to enable shared experience as this was a difficult cohort for screening.
- Currently reviewing waiting lists for vaccinations in different practices and working with them on an individual basis.

Following a Lead Nurse meeting, KM had been asked to pick up workforce nursing training needs. Lead Nurses would go out to all practices and collate information to be fed back to Hull CCG. There was an urgent request around nurses entering into primary care, who were not being fully trained to provide a full practice nurse service, to have access to fast track cytology cervical screening and immunisation training.

Resolved

(a)	The Primary Care Quality & Performance Sub Committee members noted the update provided by Public Health England’s Screening and Immunisations Coordinator.
(b)	Workforce Nurses training. KM to follow up with CC and Haxby’s Training Hub Coordinator (Vicky Scolah) around fast-track cytology cervical screening and immunisation training.

7. PRIMARY CARE RESPONSE TO COVID-19 ENGAGEMENT UPDATE REPORT

Hull CCG’s Head of Engagement advised that the above Engagement Report was submitted to the Primary Care Commissioning Committee where it was felt there was a gap between the field data and proposed the engagement was re-run. At this time the NHSE Access to Primary Care pilot had emerged along with other projects following the findings of the report therefore it was agreed to put this engagement on pause and review progress made against the actions arising from the findings.

In light of the above, the Chair proposed to remove the agenda item from the work plan and review the position in Q4. The NHSE Access to Primary Care pilot would be completed and would provide a comprehensive evaluation which may address some of the issues identified from the Covid-19 Engagement Report. A caveat to this was that if any practice wanted to significantly change their service offer, based on their experience of Covid-19, it would require consultation. CH suggested to collate all work taking place within primary and, once projects were complete, could review which of the findings had been addressed by the evaluation of

those projects. Should there be anything omitted, a smaller questionnaire could be re-run to ensure these areas were covered.

Resolved

(a)	The Primary Care Quality & Performance Sub Committee members endorsed the removal of the Primary Care Response to Covid-19 Engagement Report from the work plan with an update to be provided in Q4 2022.
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8. HEALTHWATCH HULL INTELLIGENCE REPORT – AUGUST 2021

Hull CVS's Deputy Chief Officer provided the above report for information with the following key points noted:-

- Thematic issues identified from the last quarter were access and communications. In terms of access this could be due to demand resulting in long waits via the telephone and technical issues i.e. being cut off whilst on hold or not able to access e-consult. Moving forward intelligence around this would be reviewed to determine if there were any particular practices that were outliers.
- Moira Harrison's replacement would be in post week ending 25 September 2021 and would look to build relationships with practices and PCN Leads.
- These reports were now a standing item at the Health & Wellbeing Board of which the first was last week with interest around GP access and dentistry which was a national issue. The Chair of the Board requested a formal meeting to discuss these further.

The Interim Director of Nursing and Quality noted previous conversation with Healthwatch with regard to the feedback forms and to progress some of the insights/issues arising and asked how the loop would be closed on this learning/feedback to enable actions to be planned and to manage improvements? And would the current process remain with regards to the escalation of any issues or areas lacking feedback or requests for additional support to the CCG? HG was keen to review the feedback form and process to ensure issues were addressed in a more effective way. The monthly CCG meetings with Healthwatch were a good opportunity to raise these issues and the CCG's PALS and Complaints Officer would review CCG internal complaints and look at how these triangulate with information from Healthwatch. Key was working collectively/sharing insight and provide support on a bigger footprint.

The Head of Performance and Programme Delivery queried whether Healthwatch were linked into social media as there were a lot of community groups discussing GP practices and was there an opportunity for them to direct their issue to Healthwatch to capture this information? HG advised their team regularly monitor conversations via social media where possible and encourage people to speak with them. It was suggested HG made contact with Hull CCG's Comms team to provide support in signposting the public to the right place.

Resolved

(a)	The Primary Care Quality and Performance Sub Committee members noted the contents and update provided of the Healthwatch Hull Intelligence Report August 2021.
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9. RESTORING SERVICES IN PRIMARY CARE TEMPLATE

The above template was provided to the Committee for review with the following key points noted.

- The template had been submitted to the CCG Link Managers to follow up with practices. Majority of calls had been made which had proven useful and would then

collate information from all 32 practices for submission to the next meeting on 15 November 2021. Themes identified related to backlogs for screening programmes and the restoration of Spirometry with only one response received to confirm this service had been restored. Feedback received indicated this was due to the risk posed from the premises environment and lack of PPE for aerosol generated procedures. Members were advised that Spirometry was under review by the HCV Spirometry Network.

- Patient Participation Groups (PPGs). A survey had been carried out with very few responses received so had been added to the restoration of services to help facilitate conversation. The majority of practices had responded to say these were not in place. The Head of Engagement noted the significant amount of work already undertaken around PPGs and work undertaken in partnership with Healthwatch which had proved unsuccessful and as result it was unclear what the best approach would be to address this. A caveat to this was that practices were not required to have a group of people that met face to face, they would just need to demonstrate engagement with their population, to act on this and effect change.
- Vacancies and Retirement. The Interim Director of Nursing and Quality queried what level of information was required for this question. Were practices sighted on what was coming up and was there a plan in place to mitigate any risks? KM advised it helped provide further detail in comparison to the national data received and gave an insight into any workforce issues that were creating challenges in terms of restoration of service.

Resolved

(a)	The Primary Care Quality and Performance Sub-Committee members noted the contents of the Restoring Services in Primary Care Template.
(b)	Restoration of Spirometry services. KM would follow up with the IPC Lead Nurse and team to explore solutions and availability of equipment and with Karen Mazingham from HCV Spirometry Network to obtain position across all CCGs. Outcome would be provided to the next meeting on 15 November 2021.
(c)	Restoration of PPGs. Discussion to be held at the next Primary Care Comms and Engagement Sub-Group meeting with any recommendations to be submitted to the Primary Care Commissioning Committee.
(d)	Restoration of PPGs. KM and CH to work together to provide information link for inclusion within the weekly GP update.

10. HCV ICS COVID VACCINATION PROGRAMME LEARNING DISABILITY REGISTER COMPLETION

The above register included data extracted from May 2021, however the latest data had been included within the Primary Care Quality dashboard. The Chair noted the register illustrated a marked variation across the five PCNs, recognising that this cohort was picked up within cohort 6. Data in the register reported a low uptake of vaccinations for LD patients within Modality PCN. This was due to an internal reporting error which had since been rectified and latest reporting figures included within the dashboard showed a consistent uptake. There may be an impact on the data due to Autism diagnostics.

Resolved

(a)	The Primary Care Quality and Performance Sub-Committee members noted the contents of the HCV ICS CVP Learning Disability Register.
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**11. LOCAL MEDICAL COMMITTEE's PRIMARY – SECONDARY INTERFACE REPORT
AUGUST 2021**

The above report had been produced by the LMC across Humberside footprint which included both HUTHT and NLAG and evidenced work passed from Secondary Care to Primary Care over the last 15 months. In relation to tests this was mainly due to the hospital not seeing people face to face. Need to think how we might use it to support conversations with the Trust and primary care colleagues.

Resolved

(a)	The Primary Care Quality and Performance Sub-Committee members noted the contents of the Humberside LMC's Primary – Secondary Interface Report.
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12. FOR INFORMATION

12i. APPROVED PRIMARY CARE COMMISSIONING COMMITTEE MINUTES

There were no approved minutes available.

13. PRIMARY CARE NURSING STEERING GROUP MINUTES – 10 AUGUST 2021

The above minutes were provided to the Committee for information.

14. ANY OTHER BUSINESS

NHSE Access to Primary Care Pilot

- Intended goal was to engage with communities across Hull and support people to make better decisions when accessing primary care. Initially set up to improve digital access which progressed to a review of all access routes i.e. face to face, telephone, online consultation, video consultation, etc.
- Output of pilot was a toolkit. All PCNs in Hull were participating in the pilot with one PCN from each CCG that would make up the ICS, this would ensure coverage across all areas and to provide variety.
- Agency appointed to undertake engagement work which would consist of both online and face to face focus groups with support from Hull CCG to connect them with community groups that would cover the key protected characteristics and demographics.
- Project plan agreed. Within each PCN was a champion who would link into the programme and work intensively with a key group to develop the resources which would then be tested across all of the practices in Hull.
- Steering Group consisted of clinical representation from Dr Lily Dobson, Clinical Director of Modality PCN, NHSE colleagues and the digital team both national and regional.
- Anticipate resources to be ready by end of November 2021 with an extensive evaluation phase to ensure, not only that the toolkit works, but also the process by which it was developed.
- It was questioned whether this would increase demand on primary care. The Steering Group were clear that this was not an outreach project. Premise was that engagement would only be with people intending to access primary care. This approach should not increase demand but redistribute the routes to access.

Resolved

(a)	The Primary Care Quality and Performance Sub-Committee noted the verbal update provided on the NHSE Access to Primary Care Pilot.
(b)	NHSE Access to Primary Care Pilot. Summary documents would be shared with Committee Members.

15. DATE AND TIME OF NEXT MEETING

Monday 15 November 2021, 09.00am –11.00am, via MS Teams

Abbreviations

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
ICS	Integrated Care System
NHSE	NHS England
LMC	Humbly Grove 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