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**Item: 9.1**

**PRIMARY CARE QUALITY & PERFORMANCE SUB COMMITTEE**

**MINUTES OF THE MEETING HELD ON MONDAY 24 MAY 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 |
| Debbie Lowe (DL) | Deputy Director of Quality & Clinical Governance / Lead Nurse | NHS Hull CCG |
| Colin Hurst (CH) | Engagement Manager | NHS Hull CCG |
| Kate Memluks (KM) | Commissioning Lead - Quality | NHS Hull CCG |
| Hayley Patterson (HP) | Primary Care Contracts Manager | NHS England |
| Maria Shepherd (MS) | PA to the Deputy Director of Nursing and Quality (note taker) | NHS Hull CCG |

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| **APOLOGIES** | **JOB TITLE** | **ORGANISATION** |
| Phil Davis (PD) | Strategic Lead – Primary Care | NHS Hull CCG |
| Carol Hibbert (CHi) | NECS Medicines Optimisation Pharmacist | NECS |
| Kevin McCorry (KMc) | Medicines Optimisation Pharmacist | NECS |
| Lisa Simpson (LS) | Performance Analyst | NHS Hull CCG |

This meeting had been recorded.

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

Apologies were noted as above and introductions made to CC who was new to the Committee.

1. **MINUTES OF THE MEETING HELD ON 31 MARCH 2021**

The minutes were approved as a true and accurate record.

**Resolved**

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| (a) | The minutes of themeeting held on 31 March 2021 were approved as a true and accurate record. |

1. **MATTERS ARISING / ACTION LIST FROM 31 MARCH 2021**

26/01/21 (7) – Closed. Committee Terms of Reference was on the agenda for review.

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. Updated report had been put on hold due to Council elections and would be deferred to the next meeting on 5 July 2021.

31/03/21 (7) (b) – Closed. KM had attended meeting with Healthwatch on 21 April 2021.

31/03/21 (9) (a) – Outstanding. Primary Care Nursing Steering Group minutes would be shared with Committee members.

**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) | There were no items of any other business to be discussed at this meeting. |

**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. |

**6. HULL PRIMARY CARE SCREENING AND IMMUNISATION INCIDENTS – EXCEPTION REPORT**

Public Health England’s Screening & Immunisation Coordinator provided the above presentation which outlined the following:

* Opportunity for Stakeholders to understand common themes related to improving screening and immunisation coverage in primary care.
* To become familiar with the Hep B baby pathway.
* Working to understand and improve local inequalities.
* Opportunities for stakeholders to contribute, share knowledge and experience.

CC noted the incidents were not widespread and could be resolved swiftly with good relationships being developed with the practices.

DL noted two aspects – the first around reporting, what caused the incidents and assurance around this and the second around learning and the sharing of learning and whether more could be done to share the learning wider.

Does the Committee have assurance that these incidents were all being reported? CC advised that all incidents were reported on Immform and those with a financial impact were flagged. An incident form would be completed and logged on Datix for the CCG. KM informed there was a process in place to notify the CCG of incidents. With regard to sharing the learning, this could be done widespread by newsletter or via a practice-based webinar. What are the next steps and how would this be taken forward? The SIT team provided a regular newsletter that went out to practices. An opportunity for practices to vocalise their feedback would be helpful. Should be learning plus mandated action.

With reference to Non-English Speaking and the completion of the GMS1 form, a query was raised as to whether the invite letters and communications were available in alternative languages? CC advised of access to easy read leaflets and language forms available on their website.

Query raised from the Chair around Health Visitors to ensure the CCG were linking in with Helen Christmas, Public Health Consultant for Hull who commissioned the above from the 0-19s service which was out for re-procurement imminently.

**Resolved**

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| (a) | The Primary Care Quality & Performance Sub Committee members noted the contents of the Hull Primary Care Screening and Immunisation Incidents Exception Report. |
| (b) | To ensure triangulation of data for incidents logged on Immform and CCG incident reporting on Datix |
| (c) | Learning event to be arranged to ensure learning from incidents was shared and owned by the system. |
| (d) | Engagement work to be considered. This may be addressed within the PCN inequalities DES. |

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

Hull CCG’s Head of Engagement notified the Committee that the re-run of the Covid-19 engagement report had been put on hold due to Council elections. Surveys would be circulated this week with a closing date of June 2021 with summary of findings to be submitted to the next meeting on 5 July 2021.

The Committee agreed a focused workshop would be arranged with primary care i.e. Practice Managers, Senior Reception staff and GP partners from a variety of practices across the city or Humber-wide to review the findings and look at how this could be implemented within their own areas.

**Resolved**

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| (a) | The Primary Care Response to Covid-19 Updated Engagement Report had been deferred with a summary of findings to be provided to the next meeting on 5 July 2021. |
| (b) | Issues highlighted by the Primary Care Screening and Immunisation 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. |

**8. GP ACCESS DURING COVID-19 Healthwatch Report – APR 19 TO DEC 2020**

The Commissioning Lead for Quality presented the above report for review/comment with the following key points noted:-

* DL and KM had met with Healthwatch last week and fed back that whilst the CCG received the report this did not include the ‘So What’, ‘What Next’. Healthwatch shared the report with PCNs, the Trust and providers but the CCG would like Healthwatch’s response included along with any action taken. Accountability and next steps would sit with whoever the feedback related to therefore this information should be shared accordingly to enable a response.
* CCG feedback to Healthwatch acknowledged the thematic issues and where they were cited but needed to ensure that going forward, this information was shared and to have a more rounded report that looked at next steps.
* From a PCN perspective it was unclear what the key issues were for each PCN therefore the CCG had requested the presentation of this to be revised to gain a clearer picture of themes.
* Conclusion of the report should also include a summary that detailed the thematic issues and next steps to be taken forward to resolve.
* With regard to governance issues, need to ensure that Healthwatch feeds into the appropriate CCG Committees and also into the Care Quality Board due to issues from a care home perspective. This governance would provide a more robust approach to the ‘What Next’ to enable the right questions to be asked. KM informed a process had been set up to receive monthly reports from Healthwatch which were then forwarded onto the PCNs and would encourage the PCNs to complete the feedback form themselves.
* From a quality perspective Healthwatch would be required to attend future meetings of this Sub-Committee to present their findings to then take forward.

**Resolved**

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| (a) | The Primary Care Quality and Performance Sub Committee members noted the contents of the GP Access During Covid-19 Healthwatch Report Apr 19 – Dec 2020. |
| (b) | Healthwatch would be invited to attend future meetings to present their findings. |

**9. PRIMARY CARE Q&P SUB COMMITTEE TERMS OF REFERENCE**

The Terms of Reference were provided to the Committee for review/comment and subject to the following recommendation would be submitted as final to the Integrated Audit & Governance Committee in July 2021:-

* Due to the LMC’s key role in the development of the Primary Care Collaborative the Chair proposed an LMC representative to be added to the membership of this Committee but would not form part of the quoracy.

**Resolved**

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| (a) | The Primary Care Quality and Performance Sub-Committee’s terms of reference would be amended to include an LMC representative within the membership. The revised Terms of Reference would be circulated to Committee members for virtual approval. |
| (b) | The revised Primary Care Quality and Performance Sub-Committee Terms of Reference would be submitted to the Integrated Audit & Governance Committee in July 2021 for information. |
| (c) | LMC representative would be invited to attend future meetings of this Sub-Committee. (Zoe Norris) |

**10. FOR INFORMATION**

**10i PRIMARY CARE COMMISSIONING COMMITTEE MINUTES – 26 FEBRUARY 2021**

The above minutes were provided to the Committee for information.

**11 PRIMARY CARE NURSING STEERING GROUP**

The latest minutes of the Primary Care Nursing Steering Group would be circulated to group members available for information.

**12. ANY OTHER BUSINESS**

No further items were discussed.

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

Monday 5 July 2021, 9.00am – 11.00am, via MS Teams

**Abbreviations**

|  |  |
| --- | --- |
| CHCP | City Health Care Partnership |
| 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 |
| 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 |
| QSG | Quality Surveillance Group |
| SLT | Senior Leadership Team |
| TOR | Terms Of Reference |