

**PRIMARY CARE COMMISSIONING COMMITTEE
MINUTES OF THE MEETING HELD ON FRIDAY 23rd April 2021.**

MS Teams Meeting

PART 1

PRESENT:

Voting Members:

J Stamp, NHS Hull CCG (Lay Representative) Chair
J Crick, Hull City Council (Consultant in Public Health Medicine) deputising for J Weldon
Hull City Council Director of Public Health)
E Daley, NHS Hull CCG, (Interim Chief Operating Officer)
I Goode, NHS Hull CCG (Lay Representative)
C Linley, NHS Hull CCG (Interim Director of Nursing and Quality)
K Marshall, NHS Hull CCG (Lay Representative)
Dr D Roper, NHS Hull CCG (Chair of NHS Hull CCG)
E Sayner, NHS Hull CCG (Chief Finance Officer) from Item 7.1

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 Harrison, Healthwatch (Delivery Manager)
S Lee, NHS Hull CCG (Associate Director of Communications and Engagement)
Dr J Moulton, NHS Hull CCG (GP Member)
M Napier, NHS Hull CCG (Associate Director of Corporate Affairs)
Z Norris, LMC, (Medical Director, Humberside LMC)
H Phillips, NHS England & Improvement, (Head of Primary Care)
Dr A Oehring, NHS Hull CCG (GP Member)
H Patterson, NHS England & NHS Improvement, (Primary Care Contracts Manager)
Dr V Rawcliffe, NHS Hull CCG (GP Member)
M Whitaker, NHS Hull CCG (Practice Manager Representative)

IN ATTENDANCE:

D Robinson, NHS Hull CCG (Minute Taker)
K Memluks, NHS Hull CCG (Commissioning Lead – Quality)
R Palmer, NHS Hull CCG (Head of Contracts)

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)

Non-Voting Members:

Cllr G Lunn, (Health and Wellbeing Board Representative/Elected Member)

2. MINUTES OF THE MEETING HELD ON 26 FEBRUARY 2021

The minutes of the meeting held on 26 February 2021 were approved as a true and accurate record after minor typos.

Resolved

(a)	The minutes of the meeting held on 26 February 2021 were approved as a true and accurate record of the meeting after minor typos 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 26 February 2021 was provided for information, and the following update was provided:

23.10.20 – 8.5 - Primary Care Covid-19 Response Engagement Update Report

23.04.21 - Status Update – An interim high-level report would be brought to the August 2021 Primary Care Commissioning Committee. The delay in bringing the paper back was due to the pre-election period and the Communications and Engagement Team not being able to commence any work until after the 7th May 2021.

A piece of work was being planned around how non-English speaking patients' appointments were handled. A report would be brought to the August 2021 Committee.

26.02.21 – 8.3 – Risk Register

23.04.21 – Status Update – It was agreed to close the action as the impact of COVID on waiting lists had been addressed in wider conversations and wider risks.

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 26 February 2021.
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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.

There were no items of Any other Business to discuss.

Resolved

(a)	The Primary Care Commissioning Committee noted that there were no items of Any other Business to discuss.
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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
Masood Balouch	7.1, 8.5	Financial Interest – Partner at Haxby Group. The declarations were noted
Bushra Ali	7.1, 8.5	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	Financial Interest – Partner at Sutton Manor Surgery. The declarations were noted
James Moulton	7.1, 8.5	Financial Interest – Partner at Modality Partnership Hull. The declarations were noted
Dr Vincent Rawcliffe	7.1, 8.5	Financial Interest – Member of Family works within the Modality Partnership Hull. The declarations were noted
Karen Marshall	7.1	Professional Interest – holds an honorary, unremunerated volunteer vaccinator contract with Modality for the immunisation campaign. The declaration was noted.
Mark Whittaker	7.1 (for item 3.2 within the paper Mark would need to leave the call)	Financial Interest -Practice Manager at Newland Health Centre. 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. Mark Whitaker declare a financial interest in Item 7.1 as Practice Manager at Newland Health Centre, the declaration was noted, Mark left the call for section 3.2 of item 7.1.

The Assistant Primary Care Contracts Manager NHSE, Strategic Lead Primary Care NHS Hull CCG and Head of Commissioning NHS Hull CCG provided a report to update the Committee on the Strategic Commissioning Plan for Primary Care and to present primary medical care matters including contract issues within Hull and to provide national updates around primary medical care.

Committee Members were advised that Dr Cook's Practice (Practice Code – B81095) had applied to temporarily close its list for a further period of 12 months when the current closure period of 6 months ends on 31 May 2021.

During the time, the list had been closed the list size had decreased although the remaining patients were consulting with the practice more frequently. There was a large amount of interest in new patients awaiting to register with the practice. It was expressed that if the list were opened there would be an influx of registrations and the practice would be at risk in terms of the capacity to meet demand.

The ratio of Dr Cook's practice had double the national average number of elderly patients many of whom have complex conditions.

Recruitment for Dr Cook's practice continues to be an issue. Approximately 50/60 phone consultations take place each day along with approximately 15 face to face.

Care navigation training had been requested for the receptionists to direct patients into alternative routes of treatment.

Historically from 2015 Dr Cook's boundary was extremely wide. At present the practice have 420 out of area patients, The Medical Director, Humberside LMC had advised the practice that the Primary Care Commissioning Committee would expect a plan to be implemented to address and reduce this.

Concern had been expressed by Dr Cook around the increase in the extended hours contract as their allocation would increase from 1 hour 45 minutes to 4 hours 10 minutes under the new proposal.

The NHS Hull CCG Chair posed a question as to what was an acceptable number of patients for a single-handed GP to hold. The Medical Director, Humberside LMC advised that the Royal College of GPs recommend an FTE GP have 1800/2000 registered patients to them, Dr Cooks practice had 3918 patients registered for a 10 session GP.

Concern was expressed around the data received around Dr Cook's practice as within some reports it states the practice was open and in other reports it stated it was closed therefore clarity was requested. The Primary Care Contracts Manager for NHS England advised the Committee that the list was currently closed.

It was stated that Home Visiting Services could potentially be reintroduced across the city to assist practices in crisis. It was stated that there was scope for Primary Care Networks to develop broader home visiting services subject to being able to recruit.

The Primary Care Network which Dr Cook was part of would not be delivering cohorts 10 -12 of the COVID vaccinations so pressure would be slightly reduced.

The NHS England Primary Care Contracts Manager advised that there was Lead Provider bank of staff that were employed via Hull University Teaching Hospitals NHS Trust and who were available to support with business of usual work in general practice.

Concern was raised around the digitalisation of medical records and it was suggested that NHS Hull CCG could potentially prioritise Dr Cook's practice to enable them to repurpose the space for clinical and non-clinical rooms.

Although the recommendation was for a 12-month list closure it was suggested that a 6-month list closure be undertaken and all opportunities for support be explored.

Committee Members voted and the majority voted in favour of a further six-month list closure extension.

Dr Ali and Mark Whitaker left the call.

3.2 - GP Practices serving significant student populations (university practices)

In December 2020 NHS England and NHS Improvement published guidance for commissioners in relation to practices serving significant student populations and the impact of the pandemic on patient registrations. It was noted that there had been a sustained reduction in new patient registrations since the start of the pandemic as well as a, less significant, reduction in patient deductions. The net impact on practice global sum income of these changes could be significant for an individual practice.

NHS Hull CCG had reviewed the guidance and reviewed the impact on Newland Health Centre, and it had become apparent that there had been a reduction in list size, and they were a significant outlier in terms of scale of list size reduction. It was therefore proposed to make a payment to the practice to address the reduced income. It was recommended that a Section 96 payment reflecting 6 months of the reduced list size was made to the practice which equated to approximately £11,000.

It was stated that if the request was declined by the Primary Care Commissioning Committee, then the practice could refer this to NHS England and NHS Improvement to request information on how and why the decision was made to decline the request.

Newland Health Centre is not officially classed as an identified University practice and a question was raised as to whether or not it met the criteria. It was noted that the national Primary Care Team had been approached for additional clarification. The

guidance would then be reviewed to ascertain if the guidance was just for practices that were classed as university practices.

It was noted that other practices within the City may also have significant student registrations and may also have experienced an impact and that this may also need to be considered in future discussions.

It was noted that it was extremely difficult for the Committee to comment on the request, therefore clarity around what the practice income streams that had been affected and what that entails would be determined through the LMC.

A more detailed, articulated, and balanced business case would be brought back to the June 2021 Committee thereafter a comprehensive decision would be made.

Mark Whittaker returned to the call

5.1 - Hull PCN COVID Vaccinations

4 out of the 5 Primary Care Networks in Hull would be delivering COVID vaccinations to cohorts 10 – 12 of the programme.

5.2 - 2021/22 Priorities and Operational Planning Guidance

The Head of Primary Care, NHE England, and the Strategic Lead Primary Care, NHS Hull CCG were working on what was required from a Humber Level in terms of planning.

5.4 – CCG Support to PCNs

The Primary Care Commissioning Committee in June 2019 approved continued support to each PCN for the following roles (4 hours per week per role) to the practice groupings for the following roles:

- Lead Nurse
- Lead Pharmacist
- Business Intelligence Lead

It was recommended that NHS Hull CCG continue to support the Lead Nurse, Lead Pharmacist roles for the year 2021/22 but the Business Intelligence Lead role be for a further 3 months in the first instance as work was underway regarding business intelligence support for population health management in Primary Care Networks.

Committee Members were assured that the 4 hours per week per role was additional hours.

Committee Members voted and voted unanimously in favour to continue to support PCN roles of Lead Nurse, Lead Pharmacist and Business Intelligence Lead.

Resolved

(a)	Members of the Primary Care Commissioning Committee noted the contents of the list closure extension for Dr Cook.
(b)	Members of the Primary Care Commissioning Committee considered and approved the practice application to extend Dr Cooks list closure for 6 months.

(c)	Members of the Primary Care Commissioning Committee noted NHS England updates.
(d)	Members of the Primary Care Commissioning Committee requested more clarification be sought from NHS England and NHS Improvement and that a more detailed, articulated, and balanced business case be brought back to the June 2021 Committee.
(e)	Members of the Primary Care Commissioning Committee approved to continue to support PCN roles of Lead Nurse, Lead Pharmacist and Business Intelligence Lead.

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

There were no extended Primary Care Medical services to discuss.

James Moulton left the call

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 35 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.

It was stated that the main change was around risk 942 and the capacity and capability within PCNs delivering the long-term plan. The Strategic Lead – Primary Care recommended that risk rating be increased to 12 due to the reduction in capacity within Hull CCG due to staff movement.

Concern was raised that the initial rating and existing rating were the same. Clarity was given that a risk may be increasing at the same time mitigating actions were being undertaken.

The Chair requested that a piece of work be undertaken to look at if the mitigating actions were making a difference on risks on the risks identified in the Risk Register.

Resolved

(a)	Members of the Primary Care Commissioning Committee noted the updates provided in the Risk Register.
(b)	The Chair of the Primary Care Commissioning Committee requested that a piece of work be undertaken to look whether the mitigating actions were making a difference on the risks identified in the Risk Register.

Dr Moulton left the call

8.4 PRIMARY CARE DELEGATED FINANCE REPORT

The Chief Finance Officer provided the report to brief the Primary Care Commissioning Committee on the financial position with the Primary Care delegated budgets.

The report was taken as read.

Resolved

(a)	Members of the Primary Care Commissioning Committee noted the Finance Report as at the end of February 2021.
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8.5 REPEAT CONTRACEPTION – SEXUAL HEALTH SERVICES

The Commissioning Lead – Quality provided a report to request Primary Care Commissioning Committee approval to cease the additional payment to CHCP for the prescribing of repeat contraception from 1 July 2021.

Committee Members were advised that a paper would be taken to Planning and Commissioning Committee on 7th May 2021 for a decision to be made and would recommend stopping additional payment to CHCP for repeat contraception prescriptions and cease the service on 1 July 2021.

The repeat contraception service would be closely monitored to highlight the patients who chose to request their contraception from the service for six months and an outcome report would be brought to the February 2022 Primary Care Commissioning Committee.

It was stated that the Communication and Engagement teams from NHS Hull CCG, Local Authority and CHCP would work together to ensure patients were aware of the change of service provider and that they would receive an initial three-month supply and thereafter obtain these from their GP.

Concern was raised that the patients who use the service at present were vulnerable and had hectic lifestyles and were unable to attend GP appointments. This would be further followed up with Dr Chiddick, the Clinical Lead for Vulnerable People.

It was expressed that patient choice should be a significant factor in how the service was provided in the future.

The question was posed that if the contract was commissioned in 2019 why was tariff for repeat prescriptions included at the point of contract award. The Head of Contracts advised that the original procurement had been arranged via Public Health within Hull City Council, and they had been unable to agree a long-term solution with the provider on the repeat prescription element of the contract. A temporary measure around repeat prescription had been agreed.

Resolved

(a)	Members of the Primary Care Commissioning Committee approved the discontinuation of the additional payments to CHCP for repeat contraception prescriptions and the service ceases on 1 July 2021.
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(b)	Members of the Primary Care Commissioning Committee approved the CCG and Local Authority request CHCP signpost patients to their GP Practice for contraception that require a prescription from 1 July 2021
(c)	Members of the Primary Care Commissioning Committee approved CHCP gaining patient consent to share the outcome of all consultations that prescribe a contraception which would require monitoring and prescribing in GP Practice
(d)	Members of the Primary Care Commissioning Committee requested the repeat contraception service be closely monitored for six months and an outcome report be brought to the February 2022 Committee.

9. FOR INFORMATION

9.1 PRIMARY CARE QUALITY & PERFORMANCE SUB COMMITTEE

The Primary Care Quality & Performance Sub Committee minutes for 26 January 2021 were circulated for information.

9.2 MINUTES OF MEETINGS

It was requested that the minutes from, Humberside LMC Liaison, Primary Care Nursing Steering Group and Practice Managers Meeting be embedded with the papers and not on request. It was agreed that a review and audit would be undertaken on the minutes to determine their relevance to the work of this Committee and in future relevant minutes would then be circulated with Committee papers.

Resolved

(a)	Members of the Primary Care Commissioning Committee requested clarity on the distribution of additional minutes.
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10. ANY OTHER BUSINESS

There were no items of Any Other Business

11. DATE AND TIME OF NEXT MEETING

The next meeting would be held on **Friday 25 June 2021** at 12.15 pm – 14.00 pm via MS Teams.

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

Date: 25 June 2021

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