Creating a healthier Hull

NHS Hull Clinical Commissioning Group

Item: 2

PRIMARY CARE COMMISSIONING COMMITTEE

MINUTES OF THE MEETING HELD ON FRIDAY 25th February 2022

MS Teams Meeting

PART 1

PRESENT:

Voting Members:
J Stamp, NHS Hull CCG (Lay Representative) Chair
E Daley, NHS Hull CCG, (Interim Chief Operating Officer)
I Goode, NHS Hull CCG (Lay Representative)
M Littlewood, NHS Hull CCG, (Interim Deputy Director of Nursing & Quality) representing D Lowe, NHS Hull CCG (Acting Director of Nursing and Quality)
Dr D Roper, NHS Hull CCG (Chair of NHS Hull CCG)
D Storr, NHS Hull CCG (Deputy Chief Finance Officer) representing E Sayner, NHS Hull CCG (Chief Finance Officer)
J Weldon, Hull City Council, (Director of Public Health and Adults)

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)
J Dunn, Healthwatch Hull (Delivery Manager)
H Phillips, North Yorkshire and Humber, NHS England and NHS Improvement – North East and Yorkshire (Head of Primary Care)
S Lee, NHS Hull CCG (Associate Director of Communications and Engagement)
D Leadbetter, NHS England (Primary Care Contracts Manager)
Dr J Moult, NHS Hull CCG (GP Member)
M Napier, NHS Hull CCG (Associate Director of Corporate Affairs)
R Schreiber, LMC, (Medical Secretary)
Dr V Rawcliffe, NHS Hull CCG (GP Member)

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:
E Latimer, NHS Hull CCG (Chief Officer)
K Marshall, NHS Hull CCG (Lay Representative)
E Sayner, NHS Hull CCG (Chief Finance Officer)

Non-Voting Members
Cllr G Lunn, (Health and Wellbeing Board Representative/Elected Member)
H Patterson, NHS England & NHS Improvement, (Primary Care Contracts Manager)
M Whitaker, NHS Hull CCG (Practice Manager Representative)
Dr A Oehring, NHS Hull CCG (GP Member)

2. MINUTES OF THE MEETING HELD ON 17th December 2021

The minutes of the meeting held on 17th December 2021 were approved as a true and accurate record.

Resolved

(a)	The minutes of the meeting held on 17th December 2021 were approved as a true and accurate record of the meeting.

3. MATTERS ARISING FROM THE MEETING

The Action List from the meeting held on 17th December 2021 had been provided for information:

Resolved

(a)	Members of the Primary Care Commissioning Committee noted the update.

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.

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	Professional Interest – Partner at Haxby Group. The declaration was noted
Bushra Ali	7.1	Professional Interest – Partner at Modality Partnership Hull and member of Modality PCN with Dr Cook. The declaration was noted
Vince Rawcliffe	7.1	Professional Interest – Member of Family works within the Modality Partnership Hull. The declaration was noted
James Moult	7.1	Professional Interest – Partner at Modality Partnership Hull. The declaration was noted

Resolved

(a)	The above declarations of interest were noted.

6. GOVERNANCE

6.1 PRIMARY CARE COMMISSIONING – GOVERNANCE ARRANGEMENTS FROM APRIL 2022

The Head of Primary Care (North Yorkshire & Humber) updated the Committee on the transfer of delegation for Primary Medical, Pharmacy, Dental and Optometry Services following the establishment of the ICS.

Committee Members were advised that a Primary Care delegation group had been established. The group had been discussing the potential arrangements for the delegation under the ICB. Primary Care Commissioning Committees would be receiving notification confirming they are required to continue into Quarter 1 of the new financial year to make decisions as CCG's have been extended into Quarter 1.

It was stated that the new delegations under the ICB were likely to be extremely similar to what was in place at present. Decisions in principle would be taken as close to place as possible, in a small number of cases (financial decisions outside of the budget, contract sanctions and procurement) the decision would need to be escalated to the ICB for decisions to be made. Clarity was still awaited on the local governance arrangements being established; the arrangements would be completed as part of the Place Director recruitment.

It was noted that Primary Care Commissioning Committees are not mandated under the new ICB arrangements. The delegation agreement with NHS England around the delegations of Primary Medical Services from 1st July had been received in draft. NHS England and the ICB would discuss the delegation agreement.

Dr Rawcliffe enquired if the Care Quality Commission (CQC) had identified more practices inadequate and were the CQC undertaking assessments with a lighter touch approach The Head of Primary Care NHS England advised that the CQC had taken a light touch through the COVID-19 pandemic and it was extremely rare for a practice to be rated inadequate as NHS England and the CCG Quality Teams work with the practices closely.

The Associate Director of Corporate Affairs enquired whether the expectation was that Place Directors would be responsible for developing models to support the delegation of primary care commissioning to place based committees or primary care collaboratives. The Head of Primary Care NHS England advised at present the thinking was that models would be agreed at place. Clarity was being sought on decision making as Place Directors cannot make decisions in isolation so governance would be looked at with Place Directors.

The Associate Director of Corporate Affairs stated moving forward place needs to have relevant individuals who bring value to all decisions made.

The Chair raised concern around the need to have arrangements in place as soon as possible, as at present the ICB was still considering protocol and not implementing anything. It was stated transparency was required around what the future was for Primary Care Commissioning as at present there were too many unknowns.

The Head of Primary Care advised that there would be a delegation arrangement agreement in place that the ICB was required to sign with NHS England around the transfer of delegations to the ICB. The ICB were then looking to delegate decisions to place. The Chair's concern would be escalated, and an update would be brought to the April 2022 Primary Care Commissioning Committee.

Resolved

(a)	Members of the Primary Care Commissioning Committee noted the update.
(b)	Members of the Primary Care Commissioning Committee requested a more concise Governance arrangements paper be brought to the April 2022 PCCC.
(c)	Clarity was required on decision making at place as Place Directors cannot make decisions in isolation.

7. STRATEGY

7.1 STRATEGIC COMMISSIONING PLAN FOR PRIMARY CARE AND PRIMARY CARE UPDATE

Dr Bushra Ali, Dr Masood Balouch and Dr James Moult declared a professional interest in agenda item 7.1 as partners in GP practices. All members contributed and stayed on the call. Dr Rawcliffe declared a professional interest in 7.1 as a member of family works withing the Modality Partnership, Dr Rawcliffe contributed and stayed on the call. There declarations were noted.

The Primary Care Contracts Manager NHSE and Strategic Lead Primary Care NHS Hull CCG presented an update to the Committee on the primary medical care matters, including contract issues within Hull, and national updates around primary medical care.

Committee Members were advised that Sydenham Group Practice (Practice Code – B81058) had requested a 12-month practice list closure to manage patient safety and, address recruitment issues across clinical and administration posts.

It was noted that the ratio of patients to GPs at Sydenham Group Practice was at present 1 GP and AHPs for 8400 patients.

It was noted that the LMC were supportive of the list closure due to issues around patient/GP ratio.

A neighbouring practice had expressed concern around the list closure of Sydenham Group Practice, as this may cause an influx of patients to them which would affect their patient/GP ratio.

It was noted that the list closure of Sydenham Group Practice had been discussed with the Symphonie PCN Group. The Sydenham Group list closure was also discussed at the Patient Participation Group which had agreed with the request being submitted.

The Chair advised that there was a plan in place to address the capacity issues within the practice. It was noted that practices within the co-located sights could see and register patients.

A new Fellowship programme had been developed specifically to support with the recruitment and retention of GPs across the Humber, Coast and Vale (HCV) locality. The HCV GP Fellowship Programme would support GPs in their journey from Certificate of Completion of Training (CCT) through to their mid-career and would help local practices with their recruitment and retention. Sydenham Group Practice had expressed an interest in the programme.

Dr Dan Roper stated a longer-term plan needed to be devised for future practice list closures as there are specific areas in Hull that are unattractive for GPs to work within. It was noted that longer term sustainability would be reviewed across the city with the LMC and Hull CCG.

Dr Moult voiced that the system was not only broken but was unfair as some practices were in a better financial position due to the way their contracts are structured.

It was suggested that there were insufficient locally enhanced services commissioned in Hull and the deprivation in Hull increases the number of appointments required by patients.

Committee Members voted unanimously to approve the closure of the Sydenham Group Practice list for 12 months.

The Strategic Lead – Primary Care advised that from 1 April 2022 there would be 6 PCNs

- Hull Association of Similar Practices (HASP) PCN
- Marmot PCN
- Medicas PCN
- Modality PCN
- Nexus PCN
- Symphonie PCN

It was acknowledged that NHS England had been advised of the new 6 PCNs for Hull but to date there had not been a formal response. The Head of Primary Care (NY&H) at NHSE/I advised that she would manage any queries from NHS E should any subsequently arise.

It was stated that NHS Hull CCG had financially supported PCN lead roles for the last 4 years and, it was recognised that whilst changes to the formation of Primary Care Networks (PCNs) continue, there was a requirement to build on the collaborative work that has been achieved to date.

The roles in question are:

- Practice Nurse Lead
- Pharmacist Lead
- Business Intelligence Lead

Approval was requested to extend these roles for a further year for all 6 PCNs from April 2022.

Committee Members voted unanimously to extend the roles for a further 12 months.

It was noted that the New to Partnership Scheme had been extended into the 2022/23 financial year, the requirement to apply within six months of commencing a partnership role had been removed.

Resolved

(a)	Members of the Primary Care Commissioning Committee noted the contents of the report.
(b)	Members of the Primary Care Commissioning Committee considered and approved the Sydenham Group Practice application for a list closure of 12 months.
(c)	Members of the Primary Care Commissioning Committee approved the proposal for continued funding of the PCN Lead roles
(d)	Members of the Primary Care Commissioning Committee noted the NHS England updates

8. SYSTEM DEVELOPMENT & IMPLEMENTATION

8.1 NEWLY DESIGNED ENHANCED SERVICES

There were no newly designed enhanced services to discuss.

8.2 EXTENDED PRIMARY CARE MEDICAL SERVICES – CURRENT AND NEWLY DESIGNED - ADULT FOSTERING AND ADOPTION HEALTH AND MEDICAL ASSESSMENT SERVICE.

There were no extended primary care medical services to discuss.

8.3 RISK REGISTER

The Strategic Lead – Primary Care NHS Hull CCG presented the risk report for noting with regard to the primary care related risks on the corporate risk register.

It was noted that there where currently 35 risks on the CCG Risk Register, 6 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.

Resolved

(a)	Members of the Primary Care Commissioning Committee noted or commented where appropriate, on the relevant risks, controls and assurances within the risk register.

8.4 PRIMARY CARE DELEGATED FINANCE REPORT

The Deputy Chief Finance Officer presented the report on behalf of the Chief Finance Officer 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 January 2022.
(b)	Members of the Primary Care Commissioning Committee noted the planned work around the Primary Care Funding Model Review.

8.5 REPEAT CONTRACEPTION - SEXUAL HEALTH SERVICES

The Strategic Lead – Primary Care presented a report to request Primary Care Commissioning Committee Members consider the request from City Health Care Partnership (CHCP) to provide payment for the prescribing of repeat contraception for the vulnerable group of patients still accessing the CHCP service. This follows the decision the committee made in April 2021 to cease the additional payments as patients were to be redirected to their GP for their repeat prescriptions.

Since July 2021 the service had been directing patients to their GP for their repeat contraception prescriptions. This had proved to be a success as after a few initial queries from GP practices, there had not been any issues raised with the agreed process.

CHCP had agreed to continue to provide repeat prescriptions for the vulnerable groups i.e. MESMAC, PAUSE or School Health. CHCP had advised they were providing these for an average of 35 patients per month and had requested payment of £9,758 per annum.

Committee Members were asked to support the cost of £9,758 which was considerably lower than historical costs.

Dr Rawcliffe requested clarity on whether passing on the responsibility for contraception prescribing had increased the number of pregnancies and terminations.

Committee Members agreed in principle to continue with the service provided via CHCP for a further 12 months. Further discussions would be held outside of the meeting to ascertain funding arrangements for the service.

It was also noted that there was also a new service provided by Community Pharmacies which NHS England was piloting in various CCG areas including Hull and North East Lincolnshire. In Hull there are 14 Community Pharmacies signed up and ready to provide oral contraception, with more to come on board shortly. This had

given more choice to patients in the area. The CCG was working with the LPC and NHS England to promote this service with GP practices and the public.

Resolved

(a)	Members of the Primary Care Commissioning Committee noted the contents of the report.
(b)	Members of the Primary Care Commissioning Committee approved in principle the request from CHCP for an additional payment of £9,758 per annum for repeat contraception.
(c)	Members of the Primary Care Commissioning Committee agreed discussions would be held outside of the meeting to ascertain who would fund the service.
(d)	Clarity was requested on whether passing on the responsibility for repeat contraction had increased the number of pregnancies and terminations.

8.6 TRANSLATION SERVICE ENGAGEMENT

The Associated Director Communications and Engagement presented a report to update Committee Members on the engagement undertaken with communities who were likely to require the support of translation services to access health services.

The NHS Hull CCG Engagement team were asked to reach out to communities to determine views and experiences of translation services, outside of the existing service provider's patient experience programme. It was felt that the current service providers patient experience programme was functioning well and was gaining insight to improve the service. This engagement was developed for two reasons:

- To overcome survivorship bias, i.e., to speak to those who would have benefitted from the service but did not, or were unable to, access it.
- To gain an understanding of issues or perceptions of the service that may be unknown and need to be considered as part of future service improvement or commissioning.

It was acknowledged that the engagement work had been undertaken by the champions' network. A semi structured interview approach was undertaken to ensure the focus came from participants. Broad questions were used to keep the discussion focussed on translation support; these were:

1. Do you use translation services or work with people who use them – what was your/their experience?
2. What do you feel are the barriers that people may experience when using translation services?
3. Are translation services provided at the right time?
4. What was the best way for us to engage with your groups? e.g., discussion group, questionnaire etc?

A number of service areas were referred to in discussions of poor experience, these included GPs, Dentists, Social Care and urgent situations, not necessarily urgent or emergency care, but unplanned visits to services. Some of the issues raised were based on people's perception.

Groups reported that poor perception of translation services may discourage people to ask for support and leads them to seek less qualified support from elsewhere.

Knowledge of what support was available were raised as a barrier. This applied to service staff as well as patients and the public. Concern was raised that staff were unsure how to book translation support, whose responsibility it was to book the support, and unclear who would have to pay for the support. This sometimes resulted in no support being arranged. This was mirrored by patients and the public not knowing that support was available or who or when to request it.

Lack of confidentiality was a fear across a number of groups and was raised as a barrier to asking for translation or communication support, and in some cases to accessing services. There was reluctance in some groups to use interpreters because of a distrust about sharing of information and lack of confidentiality within a community group. There was a particular fear within the LGBTQ+ communities that their families would get to know, as it was hard to be openly LGBTQ+ in some cultures.

It was felt that the logistics of organising translation support could be improved. It was felt that when regular or a series of appointments were being set up, translation should be organised at that point; particularly if the need was identified at the first appointment, or if a diagnosis leads to the need for support.

All the groups felt face to face interaction were better as this reduced the communication barriers that were known to exist. The preference was to go through groups people already attend as they already have a trusted relationship. The LGBTQ+ groups were happy to engage through existing trusted groups and questionnaires.

The following future considerations would be undertaken.

- To ask people what their preferences for support were, e.g., method of interpretation – telephone, face to face etc. and the ability to stipulate a male or female translator.
- The ability for people to know who their translator would be prior to the appointment to maintain confidentiality and confidence.
- Promotion of support available to staff, and support for those who use translators as part of their consultation.
- How confidence in the translation or communication support offer was improved.
- How future commissioning of services could go further in assuring that services and communications were accessible, this might be something that could be co-produced with communities.
- How to ensure that family members and children receive the right support if they were translating or advocating for a patient, and if this infers other support that may be required.
- Further engagement regarding the issues raised to understand possible solutions.

The Associate Director of Communication and Engagement acknowledged that there were gaps in the service provided. The question was asked if the report should be presented at the Planning and Commissioning Committee to ascertain how the findings could be embedded in current contracts. The Chair questioned whether this was the most appropriate route in the context of the development of the ICS, and whether or not this needed to be highlighted at the system level.

The Chair stated he was disappointed that no action plan had been developed around the fundamental issues highlighted within the report. It was agreed that an action plan would be devised.

It was acknowledged that excellent governance processes were required for each meeting with translators to address issues which were arising.

The Chair advised that there was a system issue around equality inclusion, accessibility, translation services and this should be added to place arrangements.

Conversations with providers around challenges around translation services were important as the consultations were more complex and time consuming. Working together would enable providers to develop a service which delivers for everyone.

Resolved

(a)	Members of the Primary Care Commissioning Committee noted findings of the engagement.
(b)	Members of the Primary Care Commissioning Committee noted the future considerations of the engagement.
(c)	The Chair requested an action plan around translation service engagement be devised.

9. FOR INFORMATION

9.1 PRIMARY CARE QUALITY & PERFORMANCE SUB COMMITTEE

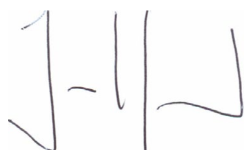
The Primary Care Quality & Performance Sub Committee minutes from 15th November 2021.

10. ANY OTHER BUSINESS

The Chair thanked Dr Dan Roper for him navigating the Primary Care Committee around commissioning and primary care. Dr Ropers voice around the table and his ability to steer the conversation was invaluable and he would be extremely missed.

11. DATE AND TIME OF NEXT MEETING

The next meeting would be held on **Friday 22 April 2022** at 12.15 pm – 14.00 pm via MS Teams.



Signed:
(Chair of the Primary Care Commissioning Committee)

Date: 22 April 2022

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