

## Item: 2

### PRIMARY CARE COMMISSIONING COMMITTEE MINUTES OF THE MEETING HELD ON FRIDAY 17<sup>th</sup> DECEMBER 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)  
M Littlewood, NHS Hull CCG, (Interim Deputy Director of Nursing & Quality) representing  
D Lowe, NHS Hull CCG (Acting Director of Nursing and Quality)  
K Marshall, NHS Hull CCG (Lay Representative)  
Dr D Roper, NHS Hull CCG (Chair of NHS Hull CCG)

##### 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)  
S Lee, NHS Hull CCG (Associate Director of Communications and Engagement)  
D Leadbetter, NHS England (Primary Care Contracts Manager)  
Cllr G Lunn, (Health and Wellbeing Board Representative/Elected Member)  
K Memluks, NHS Hull CCG, Commissioning Lead - Quality  
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)  
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)  
C Webb, NHS Hull CCG (Programme Delivery Lead)

#### 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)  
E Sayner, NHS Hull CCG (Chief Finance Officer)  
J Weldon, Hull City Council, (Director of Public Health and Adults)

## 2. MINUTES OF THE MEETING HELD ON 29<sup>th</sup> October 2021

The minutes of the meeting held on 29<sup>th</sup> October 2021 were approved as a true and accurate record.

### Resolved

(a)	The minutes of the meeting held on 29 <sup>th</sup> October 2021 were approved as a true and accurate record of the meeting.
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## 3. MATTERS ARISING FROM THE MEETING

The Action List from the meeting held on 29<sup>th</sup> October 2021 had been provided for information:

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

A piece of engagement had taken place with various non-English speaking communities. A report was being pulled together which would be presented at the February 2022 Primary Care Commissioning Committee.

### Resolved

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

<b>Name</b>	<b>Agenda No</b>	<b>Nature of Interest and Action Taken</b>
Masood Balouch	7.1, 8.2	Professional Interest – Partner at Haxby Group. The declaration was noted
Bushra Ali	7.1, 8.2	Professional Interest – Partner at Modality Partnership Hull and member of Modality PCN with Dr Cook. The declaration was noted
Amy Oehring	7.1, 8.2	Professional Interest – Partner at Sutton Manor Surgery. The declaration was noted
Mark Whitaker	7.1, 8.2	Professional Interest – Practice Manager Newland Health Centre – The declaration was noted.
Vince Rawcliffe	7.1, 8.2	Professional Interest – Member of Family works within the Modality Partnership Hull. The declaration was noted
James Moulton	7.1, 8.2	Professional Interest – Partner at Modality Partnership Hull. The declaration was noted

## **Resolved**

(a)	The above declarations of interest were noted.
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## **6. GOVERNANCE**

### **6.1 PRIMARY CARE COMMISSIONING – GOVERNANCE ARRANGEMENTS FROM APRIL 2022**

The Primary Care Contracts Manager presented an update on the transfer of delegation for Primary Medical, Pharmacy, Dental and Optometry Services following the establishment of the ICS.

The Chair advised that the paper would be taken as read and invited Committee Members to ask questions around the governance arrangements from April 2022 onwards.

The Lay Representative - Audit, Remuneration and Conflict of Interest Matters asked what clinician representation from the NHS Hull CCG was on the Primary Care Group to support the safe transfer of Primary Medical Care Services from Clinical Commissioning Groups to the Integrated Care Board (ICB). The Primary Care Contracts Manager advised that clarification would be gained, and Committee Members advised.

The Chair conveyed that NHS Hull CCG had been operating as a delegated function for a long period of time and there was little recognition of what had been undertaken at place around primary care. It was stated that the proposal tabled felt as if the organisation was beginning again and losing local knowledge. It was noted that the proposal does not give a sense of what the relationship was between the ICB role in terms of primary care and what would sit at Place.

The Chair requested that a further paper outlining proposed governance arrangements be presented and discussed at the February 2022 Committee.

It was stated that the value of having Placed based understanding and knowledge was ensuring equitable access to primary care services and the proposal presented did not directly address the population needs of Hull residents.

## Resolved

(a)	Members of the Primary Care Commissioning Committee noted the report.
(b)	Members of the Primary Care Commissioning Committee requested a more detail paper around Governance arrangements be brought to the February 2022 Committee.

## 7. STRATEGY

### 7.1 STRATEGIC COMMISSIONING PLAN FOR PRIMARY CARE AND PRIMARY CARE UPDATE

Dr Bushra Ali, Dr Masood Balouch, Dr Moulton and Dr Amy Oehring 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 within the Modality Partnership, Dr Rawcliffe contributed and stayed on the call. These 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 Delta Health Care (Practice Codes B810197) had submitted a list closure application for between 6 – 12 months.

The following areas were identified for the application:

- Patient movement.
- Inherited issues requiring resolution.
- The majority of new registrations are Polish patients who like to consult with Dr Igoche.
- The number of patients on the list that sit outside the practice area. Whilst advice had been provided regarding not accepting any additional out of area patients which was not taken.
- There was only one consulting room, and discussions are occurring around using an additional room in the Health Centre.

The Strategic Lead - Primary Care advised that some areas the practice had identified in the application were not an accurate reflection of support that had been offered to the practice as the practice had had previous discussions about accommodation and resilience resources.

The Medical Director, Humberside Local Medical Committee (LMC) stated that the LMC had had a discussion with Delta Health Care concerning the application and suggestions were made about what the Primary Care Commissioning Committee would look for when assessing the list closure application. The LMC Medical Director

advised that engagement and openness to a variety of different issues was challenging.

The Chair of NHS Hull CCG requested clarity that Delta Health Care was fulfilling the terms of their GMS contract.

The Lay Representative - Audit, Remuneration and Conflict of Interest Matters asked what assurance could be received that the practice was taking the advice and support given moving forward. The Strategic Lead – Primary Care advised that a joint approach with the LMC and NHS Hull CCG would be undertaken as a constructive conversation had been held with Dr Igoche to support the practice moving forward.

The Chair of NHS Hull CCG advised that he would only be in support of the list closure if there were a firm commitment to address the out of area patients. Concern was raised around the levels of medical cover if the practice was involved with HYMS teaching medicals students and that patients are being cared for appropriately.

Dr Moulton suggested that the data from 111 for Delta Health Care be requested to ensure that patients are not being directed to alternative care pathways.

The Associate Director of Corporate Affairs asked objectively what confidence Committee Members would have that the practice would engage in following through the remedial plans for the list closure.

The Medical Director, Humberside Local Medical Committee (LMC) advised that there was funding from NHS England for expert practice manager support to undertake a focused piece of work with practices who find themselves challenged. A report could be produced with recommendations and next steps providing an external point of view.

The NHS Hull CCG Chair suggested that to obtain commitment from the practice then a 3-month list closure should be agreed on the assumption and conditions that engagement takes place.

Committee Members voted with a 4 – 3 majority in favour of a 3-month list closure for Delta Health Care with the following actions to be implemented:

- Support from various places/expert practice manager to go into the practice.
- A review of out of area patients.
- Consideration of what additional support can be offered.

A Humber Coast and Vale letter had been circulated with reference to expectations of general practices in the context of Omicron and the COVID-19 vaccine booster programme. Committee Members agreed that communication would be circulated as to what the assumptions and expectations of NHS Hull CCG would be around what could be relaxed in Primary Care Medical Services and income protection.

## 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 practice application list closure 3 months.

## 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.

Dr Bushra Ali, Dr Masood Balouch, Dr Moulton and Dr Amy Oehring declared a professional interest in agenda item 8.2 as partners in GP practices. All members contributed and stayed on the call. Dr Rawcliffe declared a professional interest in 8.2 as a member of family works with the Modality Partnership, Dr Rawcliffe contributed and stayed on the call. There declarations were noted.

The Programme Delivery Lead presented a report for Committee Members to consider the information provided and to approve the proposed next steps in relation to the Adult Fostering and Adoption Medical Assessment Service which has been in place as part of the Extended Primary Care Medical Services since April 2021.

The Programme Delivery Lead requested support on how the Local Authority were linked to Primary Care, whether that was via NHS Hull CCG or issuing a generic practice email addresses for practices to social care. It was noted that social care is not consistently informing primary care of court dates which can create an issue as patients were booking a clinical appointment for non-clinical reasons.

Concern was raised by the the Medical Director, Humberside Local Medical Committee (LMC) that if generic practice email addresses were issued, practices would then contact the LMC. It was therefore agreed that further discussions would take place outside of the meeting to manage the process/expectation.

The Chair stated the Local Authority, NHS Hull CCG Programmed Delivery Lead, and the LMC should agree a process outside of the Primary Care Commissioning Committee and a final document be brought to a future meeting.

#### Resolved

(a)	Members of the Primary Care Commissioning Committee considered the contents of the report.
(b)	Members of the Primary Care Commissioning Committee agreed the Local Authority, NHS Hull CCG (Programmed Delivery Lead) and the LMC should agree a process.

### 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 were currently 36 risks on the CCG Risk Register, 4 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.

The Strategic Lead – Primary Care advised that risk 902 had been reviewed and approval was being sought from the Integrated Audit and Governance Committee to uprate the risk from a high risk to an extreme risk to reflect that the risk was about clinical, administration and clerical/reception workforce retention.

#### **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.
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#### **8.4 PRIMARY CARE DELEGATED FINANCE REPORT**

The Strategic Lead – Primary Care 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 Strategic Lead – Primary Care advised that discussions had taken place around primary care funding models and how funding was allocated to practices as the current model does not reflect deprivation and inequalities across patient populations. NHS Hull CCG are creating a working group to explore the opportunities.

#### **Resolved**

(a)	Members of the Primary Care Commissioning Committee noted the Finance Report as at the end of September 2021.
(b)	Members of the Primary Care Commissioning Committee noted the Planned work around the Primary Care Funding Model Review.

#### **9. FOR INFORMATION**

##### **9.1 PRIMARY CARE QUALITY & PERFORMANCE SUB COMMITTEE**

The Primary Care Quality & Performance Sub Committee minutes from 21<sup>st</sup> September 2021.

##### **10. ANY OTHER BUSINESS**

There were no items of Any other Business to be discussed.

##### **11. DATE AND TIME OF NEXT MEETING**

The next meeting would be held on **Friday 25 February 2022** at 12.15 pm – 14.00 pm via MS Teams.

Signed: \_\_\_\_\_  
(Chair of the Primary Care Commissioning Committee)

Date: 25 February 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