Item: 2

PRIMARY CARE COMMISSIONING COMMITTEE

MINUTES OF THE MEETING HELD ON FRIDAY 22nd April 2022

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)
K Marshall, NHS Hull CCG (Lay Representative)
D Lowe, NHS Hull CCG (Acting Director of Nursing and Quality)
E Sayner, NHS Hull CCG (Chief Finance Officer)

Non-Voting Attendees:
P Davis, NHS Hull CCG (Strategic Lead - 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)
S Barrett, LMC, (Chief Executive)
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)
M Littlewood, NHS Hull CCG, (Interim Deputy Director of Nursing & Quality)

WELCOME AND INTRODUCTIONS
The Chair welcomed everyone to the meeting.

1. APOLOGIES FOR ABSENCE

Voting Members:
E Latimer, NHS Hull CCG (Chief Officer)
J Weldon, Hull City Council, (Director of Public Health and Adults)

Non-Voting Members
Dr B Ali, NHS Hull CCG (GP Member)
Dr M Balouch, NHS Hull CCG (GP Member)

J Dunn, Healthwatch Hull (Delivery Manager)
Cllr G Lunn, (Health and Wellbeing Board Representative/Elected Member)
H Patterson, NHS England & NHS Improvement, (Primary Care Contracts Manager)

2. MINUTES OF THE MEETING HELD ON 25th February 2022

The minutes of the meeting held on 25th February 2022 were approved as a true and accurate record.

Resolved

(a)	The minutes of the meeting held on 25th February 2022 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 25th February 2022 had been provided for information:

Translation Service Engagement - 25.02.22 - 8.6
An action plan to be devised around the translation service engagement.
Status Update 22.04.21 – A Healthwatch formal report had been received around the deaf community accessing services. The actions for this report would be collated with the actions from the Translation service engagement and would be brought to the June 2022 Committee.

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
Vince Rawcliffe	7.1, 8.1, 8.2,	Professional Interest – Member of Family works within the Modality Partnership Hull. The declaration was noted
James Moult	7.1, 8.1, 8.2,	Financial Interest – Partner at Modality Partnership Hull. The declaration was noted
Mark Whitaker	7.1, 8.1, 8.2,	Financial Interest – Practice Manager Newland Health Centre – The declaration was noted.
Vince Rawcliffe	8.5, 8.6	Professional Interest – Member of Family works within the Modality Partnership Hull. The declaration was noted
James Moult	8.5, 8.6	Personal Interest – Partner at Modality Partnership Hull. The declaration was noted
Mark Whitaker	8.5, 8.6	Personal Interest – Practice Manager Newland Health Centre – 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 Strategic Lead - Primary Care provided a verbal update, provided by the NHS England Head of Primary Care, on Governance arrangements from April 2022.

The Chair advised that it had been requested at the February 2022 Primary Care Commissioning Committee that more detailed information was required encompassing commissioning arrangements for the future as the Primary Care Commissioning Committee continued to receive business requests and it was felt that the Committee was unable to approve long term commitments as the Committee would cease operating on 30th June 2022.

The Strategic Lead – Primary Care advised that NHS England was meeting with the Chief Operating Officer of the Integrated Care Board (ICB) to finalise an interim arrangement plan whilst a stock take of the other primary care contractor functions transferring across on 1st April 2023 was undertaken. A Delegation or Primary Medical Services document had been produced to identify who had what decision-making responsibilities.

The principle of the decision making for Primary Care under the ICB was that decisions in the main would take place locally through Place Directors. It was noted that a formal Primary Care Commissioning Committees would not be required at Place however the Place Director may wish to have a local forum to review and made decisions. It was

acknowledged that straight forward decisions could be made by the Head of Primary Care (HoPC) at Place.

For decisions that meet the principle for a ICB decision the expectation would be that the Place Directors would review and make a recommendation that was then reviewed by an ICB Committee for a final decision.

The ICB would receive highlight reports from Place Directors on a quarterly basis.

It was acknowledged that under the proposed commissioning arrangements, practice mergers and practice closures may effectively sit with a single officer with no point of reference, no challenge, and no scrutiny.

The Lay Representative (Audit, Remuneration & Conflict of Interest Matters) stated that it was an enormous responsibility on the Place Director to approve decisions single handed.

The Consultant in Public Health Medicine stated that it would be advantageous to have a mechanism at Place to have decisions discussed prior to the Place Director making a single-handed decision.

The Chief Executive of the Local Medical Committee (LMC) requested that the Delegation or Primary Medical Services be shared as constituents are concerned about what was taking place. The LMC offered to gather constituents concerns and feed them back to the Strategic Lead – Primary Care.

The Interim Chief Operating Officer advised that she had been involved in the emerging Health and Care Partnership arrangements for Hull and would be extremely supportive of identifying a way forward to continue with the local conversation and supported the benefit of a Committee similar to the Primary Care Commissioning Committee rather than decisions sitting with an individual officer/Place Director. Members of the Primary Care Commissioning Committee agreed with the proposal to continue with a form of a Committee rather than operate a single handed process for decision-making.

The Associate Director of Corporate Affairs requested that the interim principles of the working arrangements within Hull were compiled to provide reassurance to current members as to how the principles and spirt of the current Primary Care Commissioning Committee would operate moving forward in Hull Place.

The Chair expressed thanks to NHS England for the information received and agreed that the action would be to have conversations as to how Primary Care arrangements would look like at Place and how the work being delivered at present would be developed before the Primary Care Commissioning Committee was no longer in operation.

Resolved

(a)	Members of the Primary Care Commissioning Committee noted the update.
(b)	Conversation would be held with the ICB as to what Primary Care arrangements would look like at Place.
(c)	The Delegation or Primary Medical Services matrix would be shared with Members.

6.2 PRIMARY CARE COMMISSIONING COMMITTEE CHAIR'S ANNUAL REPORT

The Chair presented the Annual Report on the activities of the Primary Care Commissioning Committee during 2021/22 to be endorsed.

The Chair advised Members that the annual report circulated covered all the issues and topics that had been presented to the Primary Care Commissioning Committee during 2021/2022. The annual report would then be submitted to NHS England to provide assurance that the Committee had fulfilled its functions in line with the delegation agreement.

Resolved

(a)	Members of the Primary Care Commissioning Committee approved the Chair's Annual Report.

7. STRATEGY

7.1 STRATEGIC COMMISSIONING PLAN FOR PRIMARY CARE AND PRIMARY CARE UPDATE

Dr James Moult declared a financial interest in agenda item 7.1 as partners in GP practices. Dr James Moult contributed and stayed on the call. Mark Whitaker Declared a financial interest in agenda item 7.1 as is practice manager at Newland Health Centre, Mark Whitaker 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. The 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.

Members were advised that Dr Cook (Practice Code B81095) know as Field View had been successfully novated to City Health Practice Limited on 1st April 2022.

Hastings Medical Practice (Practice Code – B81075) had requested a 9-month extension to their current list closure. It was acknowledged that the current list closure had been beneficial. Whilst the list had been closed steps (a new call handling service and engagement with architects) had been implemented to deal with demand and pressures.

The Primary Care Contracts Manager advised Members that whilst the list had been closed the patient list had been reviewed and existing patients out of area had been contacted.

Members were advised that if the list closure extension request was approved the practice would commence work with the architects and begin the renovation of the property. The renovation work would possibly create two new clinical spaces which would enable the practice to meet demand and recruit to vacancies and potentially become a training practice. It was acknowledged that the architects had developed

plans and the work would take between 5 months if the practice relocates to 10 months if the practice stays in situ. It was stated that if the practice relocates temporarily then a full impact assessment and patient engagement would need to be undertaken. Whilst the list continued to be closed, recruitment into roles that would use the clinical space would be undertaken along with embedding a new telephone system.

The Lay Representative (Audit, Remuneration & Conflict of Interest Matters) stated it was positive that the practice had improved during the list closure. It was acknowledged that keeping the patient list closed for a further 9 months would apply pressure onto other practices in the area.

The Consultant in Public Health Medicine requested information on how the current list closure had affected neighbouring practices, if there was no evidence this would fall in favour of supporting the request.

The Consultant in Public Health Medicine queried whether there was any expectation the renovation could be delayed if an improvement grant was not approved? The Primary Care Contracts Manager NHSE advised that conversations had taken place to ascertain what premises and development capital resources were possible.

The Strategic Lead – Primary Care advised that the practice was keen to stay in their existing premises although not purpose built. It was noted that there was a process to go through with NHSE around accessing an improvement grant.

The Chair expressed concern that there was no definite timeline/plan for the extension and requested further information around the plan for the building and the disruption or relocation conversations with patients. The Chair stated that there were to many questions around the extension for a decision to be approved.

Committee Members voted unanimous not to extend the list closure by 9 months at present but to explore the option of a shorter term list closure.

The Chair stated that the requirement from NHSE was to ascertain what the options were for the redevelopment of the premises, if this could be done quickly the Committee would then decide around the extension to the list closure to cover disruption or relocation of the premises. It was noted that the committee would need to be assured around the impact assessment and the engagement with patients around what the temporary arrangements would be.

The Lay Representative (Audit, Remuneration & Conflict of Interest Matters) expressed concern as to if the list closure extension ended on 30 April 2022 why was the request for an extension only being heard on 22 April 2022. It was noted that if Committee Members continue to vote against the list extension, then the practice list would be expected to be open from 1st May 2022.

The Lay Member (Strategic Change) suggested that a two-month extension be approved, and the full details requested could be presented at the June 2022 Primary Care Commissioning Committee.

Committee Members voted unanimously to extend the list closure for 2 months.

Committee Members were advised that Princes Medical Practice (Practice Code – B81052): had been subject to a CQC inspection in December 2021 and the report

published March 2022 gave a rating of 'requires improvement'. Princes Medical Practice had requested a list closure application form at the beginning of April 2022. The completed application had not been received, when contacted the practice advised they were still considering their options.

The Chief Executive of the Local Medical Committee (LMC) advised Committee Members that the LMC would offer the practice support and assistance if they required.

In relation to practice support The Consultant in Public Health Medicine voiced that as a CCG all the support required and requested was provided.

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 Hastings Medical Practice List closure for a further 2 months.

8. SYSTEM DEVELOPMENT & IMPLEMENTATION

8.1 NEWLY DESIGNED ENHANCED SERVICES - RECOGNISING DEPRIVATION IN HULL – PROPOSAL FOR A LOCAL SCHEME

Dr James Moult declared a financial interest in agenda item 8.1 as partners in GP practices. Dr James Moult contributed and stayed on the call. Mark Whitaker Declared a financial interest in agenda item 8.1 as is practice manager at Newland Health Centre, Mark Whitaker contributed and stayed on the call. Dr Rawcliffe declared a professional interest in 8.1 as a member of family works withing the Modality Partnership, Dr Rawcliffe contributed and stayed on the call. The declarations were noted.

The Strategic Lead – Primary Care presented a report requesting the approval of an outline approach for a local scheme developed in recognition of the level of deprivation within Hull and the impact of additional workload for primary care.

It was well recognised that all practices in Hull serve deprived communities, with Hull being the 4th most deprived area in the country based on the Index of Multiple Deprivation (IMD).

There was a large amount of evidence that the funding formula for general practice does not fully reflect the impact of serving deprived communities.

A scheme had been developed initially for Hull with a view to be undertaken throughout the ICB to ascertain how resources were allocated to Primary Care.

Available resources (£300,000) had been identified in 2022/23 through the delegated budget. A scheme was being developed where PCNs would receive resources based on practice IMD scores and would be supported to undertake some focused work addressing health inequalities. This would create a link to the PCN Health Inequalities plans required to be developed as part of the Network DES. This would be an additional payment as there were no specific resources attached to the PCN inequalities work. Part of the discussions with the PCNs would be around outcomes measures to focus on which would bring demonstrable improvement.

The following two options had been considered for allocating funding:

Option 1

Grouping Method

This method of funding distribution involves placing GP Practices into four separate groups based on their IMD scores. The total funding available was then split down into four separate allocations for each group, the group with the largest IMD score would receive the highest proportion of funding and the group with the smallest IMD score would receive the lowest proportion.

The grouping thresholds and ratio of funding received are as follows:

- IMD Score <50 – 7/16ths of funding (44%)
- IMD Score 40 – 49 – 5/16ths of funding (31%)
- IMD Score 30 – 39 – 3/16ths of funding (19%)
- IMD Score 20 – 29 – 1/16ths of funding (6%)

The allocation for each group was then split out based on patient list size.

Option 2

Hull CCG Practice IMD Average Method

This method of funding distribution initially splits the total funding available out based on patient list size. The amount due to each practice was then adjusted based on the practices IMD score when compared the Hull average score. Therefore, a practice with a higher score than the Hull average would have its allocation increased and a practice with a lower score would have its allocation reduced.

To note the adjustment made was scaled, therefore the closer to the average score the smaller the increase/reduction.

The Strategic Lead – Primary Care stated that option 2 was a more robust method as the bandings had no evidence base.

The Lay Representative (Audit, Remuneration & Conflict of Interest Matters) questioned whether the £300,000 identified was NHS Hull CCG's money to allocate and enquired how it would be used. The Strategic Lead – Primary Care advised that the money was within the PMS premium resource within the delegated budget. The Chief Finance Officer stated that if approved additional conversations would need to be undertaken to ensure it was contained within the wider operational and financial plan that would be subsequently agreed.

The Chair stated that in implementing health inequalities work there should be a connection between PCNs, practices and local communities which was supported.

The Interim Chief Operating Officer stated that one of opportunities of the proposed scheme was to be a catalyst to bring the PCNs and neighbourhoods closer together

Dr Rawcliffe stated that deprivation was a nationally recognised issue with no national plan to tackle the issue. It was noted that if not supported the issue would only become worse, by supporting the issue even for a year demonstrates a willingness to recognise the issue and to support primary care. If nothing was undertaken the practices that are left in the areas of deprivation would continue to suffer at the hands of the practices that were in more affluent areas.

It was stated that at present NHS Hull CCG had the opportunity to look differently at how to fund primary care to reflect the increased workload that comes with deprivation.

It had been flagged at the local Health and Care Partnership Committee that Health and Inequalities were not just a Primary Care Issue and all of the different pockets of work which were happening at present were required to be linked. The proposed scheme could influence the more strategic level at the ICB about the levelling up agenda. It was paramount that Place had a voice and outcomes and reporting could potentially influence future decisions being taken at ICB level.

The Chair stated that system conversations about Health and Inequalities need to connect to the Place conversations about Health and Inequalities and whatever resource that enters the system needs to be dealt with jointly.

The Chief Finance Officer stated that any deployment of resource had to be linked into specific clear outcomes.

Resolved

(a)	Members of the Primary Care Commissioning Committee considered the proposal and two options to utilise resources to support a local scheme which recognises the impact of deprivation on the workload for and delivery of primary medical care services;
(b)	Members of the Primary Care Commissioning Committee approved the utilisation of resources in 2022/23 to support a scheme for PCNs to deliver improvements in outcomes to be agreed with each PCN

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

Dr James Moult declared a financial interest in agenda item 8.2 as partners in GP practices. Dr James Moult contributed and stayed on the call. Mark Whitaker Declared a financial interest in agenda item 8.2 as is practice manager at Newland Health Centre, Mark Whitaker contributed and stayed on the call. Dr Rawcliffe declared a professional interest in 8.2 as a member of family works withing the Modality Partnership, Dr Rawcliffe contributed and stayed on the call. The declarations were noted.

The Interim Deputy Director of Nursing & Quality presented a report requesting the approval of the proposed changes in relation to the Adult Fostering and Adoption Medical Assessment Services which had been in place as part of the Extend Primary Care Medical Services since 1 April 2021..

The paper was taken as read.

Item 8.2 - Extended Primary Care Medica

Committee Members were advised that adult fostering and adoption health and medical assessment service followed a whole system approach and the majority of the processes were in place. The main request was to ensure that General Practitioners or individuals close to patients who are planning to foster were involved in the screening. If a practice chooses not to undertake the fostering screening, then this should be appropriately directed out to a practice in their PCN group.

The main challenge that had occurred was lengthy delays in obtaining medical assessments, which had resulted in delays in court cases.

The Acting Director of Nursing and Quality acknowledged that the processes had been brought up to date, and that the paper-based process had been replaced by electronic processes.

Resolved

(a)	Members of the Primary Care Commissioning Committee considered the contents of the report.
(b)	Members of the Primary Care Commissioning Committee approved the proposed next steps.

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 38 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.

The Strategic Lead – Primary Care advised that the PCN Estate had been formally recognised on the risk register. There is a risk that the availability of estate limits the ability of PCNs to recruit staff under the Additional Roles Recruitment Scheme and thereby contribute to the national targets for staff working in primary care.

Committee Members agreed that the PCN Estate risk should be taken to the Integrated Audit & Governance Committee (IAGC) for approval.

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.

(b)	Members of the Primary Care Commissioning Committee agreed that the PCN Estate risk should be taken to IAGC for approval.

8.4 PRIMARY CARE DELEGATED FINANCE REPORT

The Chief Finance Officer presented the report to brief the Primary Care Commissioning Committee on the financial position within the Primary Care delegated budget at the end of February 2022.

In relation to the finance report Committee Members were advised that NHS Hull CCG was delivering financial balance within the expenditure plan.

Resolved

(a)	Members of the Primary Care Commissioning Committee noted the Finance Report as at the end of February 2022.

8.5 PRIMARY CARE PATIENT EXPERIENCE - 21/22

Dr James Moult declared a financial interest in agenda item 8.5 as partners in GP practices. Dr James Moult contributed and stayed on the call. Mark Whitaker Declared a financial interest in agenda item 8.5 as is practice manager at Newland Health Centre, Mark Whittaker contributed and stayed on the call. Dr Rawcliffe declared a professional interest in 8.5 as a member of family works withing the Modality Partnership, Dr Rawcliffe contributed and stayed on the call. The declarations were noted.

The Commissioning Lead – Quality presented a report for consideration. The report provided Members with a summary of patient experience feedback in relation to Primary Care in Hull.

Patient Relations work alongside the Quality Team within NHS Hull CCG, gaining valuable intelligence and in the sharing of information across Health and Social Care Systems. This function ensures oversight of information in relation to comments, compliments, concerns, complaints, and patient reported incidents. Complaints are formal expressions of dissatisfaction made by a patient, or their representative regarding a service provided or commissioned by NHS Hull CCG, or the specific behaviour of a member of staff, whereas concerns are an informal expression of dissatisfaction. NHS England are responsible for investigating and responding to Complaints.

Details of PALS contacts received are shared with Primary Care Quality and Performance Committee and themes and trends are highlighted within the narrative report which compliments the Quality dashboard.

256 contacts were received in relation to GP Practices in Hull during the period between 1 February 2021 and 28 February 2022. It was noted that the period reviewed was during the COVID pandemic.

Themes and trends

Access due to changing way patients access services

Reduction in face-to-face appointments and home visits due to COVID-19 restrictions

Temporary site closures due to staffing pressures

Communication
Manner and attitude
Clinical care and treatment
Access to COVID vaccines – cohort roll outs
Access to online records
Delays in screening
Delays in hospital appointments
Delays in access to mental health services

GP patient surveys results had been produced and were available for any individual to view.

In NHS HULL CCG, 12,458 questionnaires were sent out, and 4,224 were returned completed. This represents a response rate of 34%. The questionnaire was redeveloped in 2021 to reflect changes to primary care services as a result of the COVID-19 pandemic, the effect of which should be taken into account when looking at results over time.

A large amount of work had been undertaken promoting engagement between Healthwatch and the PCNs.

The CCG Patient Relations Manager and the Commissioning Lead for Quality meet with the Lead for Healthwatch Hull monthly to review any reports received and discuss the actions that have been taken following receipt of the feedback.

NHS Hull CCG Primary Care Quality and Performance Committee review all Healthwatch reports relating to Primary Care and include Healthwatch. All monthly intelligence reports received are shared with the PCN Leads for them to review, provide feedback, and discuss within their governance structures to encourage sharing good practice and lessons learnt.

It was acknowledged that patient experience around primary care was predominately positive as patients are changing their views around access.

Patient Experience should be the driver for performance improvement, service development and regular interaction.

Resolved

(a)	Members of the Primary Care Commissioning Committee considered the contents of the report.

8.6 LEARNING DISABILITY ANNUAL HEALTH CHECKS 21/22

Dr James Moult declared a financial interest in agenda item 8.6 as partners in GP practices. Dr James Moult contributed and stayed on the call. Mark Whitaker Declared a financial interest in agenda item 8.6 as is practice manager at Newland Health Centre, Mark Whittaker contributed and stayed on the call. Dr Rawcliffe declared a professional interest in 8.6 as a member of family works withing the Modality Partnership, Dr Rawcliffe contributed and stayed on the call. The declarations were noted.

The Commissioning Lead – Quality presented a report for consideration. The report provided Members with an update on the support provided to GP Practices to enable them to increase the number of completed Learning Disability Annual Health Checks.

There had been a large improvement in the number of Learning Disability Annual Health Checks. In 2018/19 only 33% was achieved increasing to 73% in 2021/22 due to work undertaken in GP practices and with the support of the Wellbeing Service.

The CCG now collate and report the data as there have been several discrepancies in the national data.

The range of performance per practice was between 33% and 100%. The data had been shared with all practice managers and the practices have been encouraged to share good practice and learn from the practices within their PCNs to improve the completion rates across the city.

The Chair acknowledged that there was still a large amount of work to be undertaken with the variation between practices. The Wellbeing service was prioritising the practices in 2022/23 that had not achieved what was expected of them.

The Acting Director of Nursing and Quality requested that the autistic spectrum group be reflected in future numbers.

Resolved

(a)	Members of the Primary Care Commissioning Committee noted findings of the engagement.
(b)	Members of the Primary Care Commissioning Committee considered the actions and outcome detailed within the report.

9. FOR INFORMATION

9.1 PRIMARY CARE QUALITY & PERFORMANCE SUB COMMITTEE

The Primary Care Quality & Performance Sub Committee minutes from 17th January 2022.

10. ANY OTHER BUSINESS

A virtual decision had been made for confirmation of rent review for New Hall Surgery. 6 members approved the request.

11. DATE AND TIME OF NEXT MEETING

The next meeting would be held on **Friday 24 June 2022** at 12.15 pm – 14.00 pm via MS Teams.

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

Date: 24 June 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