

Minutes

North Hampshire Clinical Commissioning Group – Primary Medical Care Joint Commissioning Committee

Minutes of the **Part 1 meeting** of the North Hampshire CCG Primary Medical Care Joint Commissioning Committee held on Thursday 1st February 2018 at 12:30 hrs in the Freeman Board Room, Central 40, Lime Tree Way, Chineham Business Park, Basingstoke, Hants RG24 8AL

Members Present: Peter Kelly (PK) CHAIR Lay Member Patient & Public Involvement
 Zara Hyde-Peters (ZHP) Director of Delivery
 Judy Venables (JV) Vice Chair, Lay Member for Governance & Audit
 Dr Nicola Decker (ND) Clinical Chair, North Hampshire CCG
 Pam Hobbs (PH) Chief Finance Officer
 Jessamy Baird (JB) New Lay Member

Members Apologies: Tim Archer (TA) Interim Quality Lead
 Liz Mearns (LM) Medical Director NHSE Wessex
 Olivia Falgayrac-Jones (OFJ) Head of Primary Care, NHSE

Attendees Present: Sharon Martin (SM) Associate Director of Primary Care
 Melanie Smoker (MS) Contract Manager (Medical) NHSE
 Carol Giles (CG) NHS England
 (for Olivia Falgayrac-Jones)
 Lisa Harding (LH) Director of Primary Care, Wessex LMC
 Simon Wilkinson (SW) Commissioning Manager from Primary Care & Prevention
 Alma Kilgarriff (AK) Head of Quality and Medicines Management
 (Part attended)

Attendees Apologies: Dr Laura Edwards (LE) GP Primary Medical Director Wessex LMC
 Andrew Smythe (AS) Practice Manager, Bramblys Grange
 Michelle Lombardi (ML) LMC Deputy Director of Primary Care
 Wessex LMC

In attendance: Chris Nicholson (CN) Administrator (Minute Taker)

1	STANDARD BUSINESS ITEMS
1.1	The Chair welcomed everyone to the meeting. In particular, a warm welcome was extended to Jessamy Baird who will take the Chair of this committee from April 2018. Apologies were noted as above.
1.2	Declarations of Interest
	The Chair asked members and attendees if there were any conflicts of interest to

	<p>declare in relation to this meeting. No declarations were made. It was agreed that the Register was a true reflection of all current declarations.</p> <ul style="list-style-type: none"> • It was noted that Judy Venables Declarations of Interests were not shown on the Register. • Declarations of Interests are to be received from Jessamy Baird. • ND declared an interest on an agenda item and will leave the meeting at this point. <p>Action: Declaration of Interest Register to include Judy Venables Declaration of Interest to be recorded from Jessamy Baird.</p>
1.3	<p>Minutes of the Meeting held on 6th December 2017</p>
	<p>PK requested that members of the Committee review the meeting minutes for accuracy.</p> <p>JV noted that previous meetings' minutes had recorded concern around the requirements of the e-Consult specifications, this issue also arose at the recent Practice Managers' meeting.</p> <p>PH responded that this is due to training issue and had been logged with the CSU following the Practice Managers' meeting.</p> <p>SW added that CSU training resources and shared learning will mitigate this and other issues.</p> <p>There were no other amendments or alterations to the minutes.</p> <p>The minutes of the meeting held on the 6th December 2017 were accepted as being a correct record and commended them for signature by the Chair</p> <p>Action: Calendar invitations to be sent to JB for future PCCC and Primary Care Operational Group (PCOG) meetings.</p>
1.4	<p>Action Tracker</p>
	<p>All open, pending and closed actions were on the Action Tracker.</p> <p>The Committee agreed the Action Tracker for December 2017.</p> <p>Action: Alamac slide-deck to be circulated with the minutes of this meeting</p>
2.	<p>GP FORWARD VIEW</p>
2.1	<p>GP Forward View Programme Update</p>
	<p>ND left the meeting for this agenda item, due to a conflict of interests</p> <p><u>General Practice Resilience</u> SW presented the paper seeking the Committee's approval.</p>

The NHCCG with NHSE have identified vulnerable practices based on varying criteria including local intelligence with the most practices identified. All practices have been RAG rated around resilience using the information held.

9 GP practices have been put forward 7 of which have been allocated a facilitator who will act in a supportive role for the practice. From this an action plan has been produced for Kingsclere Medical Practice & Oakley and Overton Partnership.

JB commented that it would be beneficial for committee members to have clarity on the decisions being asked; i.e. to agree to the merger and to support the financial structure around this.

The General Practice Resilience Programme Kingsclere and Oakley & Overton Partnership shows 10 High Impact actions which have been identified deliverable between now and 2020.

The action plan tabled has been produced between the practices and the allocated facilitators.

JV noted that the presented slide deck appears to be progressing a merger of these two and asked had this Committee had sight of the outcomes of the RAG ratings from the Resilience survey.

SM confirmed that the CCG had been aware for some time of the proposal to plan a merger with being aware of background issues. The RAG resilience outcomes had been reviewed internally but not presented to the PMCJCC.

Msm when the practices merge one surgery will remain as the branch surgery and not physically close therefore the patients would not be required to physically move. Msm confirmed that the number of the surgery locations will not change.

The Committee agreed to support this action plan in principle but providing key documents and the background was tabled at the next meeting. Clarification was given as to the various strands of resilience and is not necessarily about prompting a merger.

ZHP requested that the action plan be split into two:

- a) for the resilience of the practices
- b) proposal of a merger

JV referred to page 10 of the slide-deck noting that there are solely 2 people responsible from the same practice with responsibility for signing off the action plan, Wider ownership is required with clarity of who is signing for what with accountability clearly shown.

Action: SW to seek assurance with both practices.

This one document is focussed towards "a merger." The Committee questioned what element they were approving rather than giving approval to the whole as this is currently inextricably linked. It was agreed the proposal for the practice merger would be tabled at the next meeting in Part 2.

Msm advised not less than six months, as the relative programmes need to be realigned and the timescale must allow for this to be in order.

	<p>PK summarised as follows: -</p> <p>Conditions to approval: -</p> <ul style="list-style-type: none"> • Agree the action plan with caveats which NHSE will advise • Agree to expect to see the Application of Merger towards the end of February (if there is to be a merger.) • The application will come to the April 2018 PCCC (formerly PMCJCC) meeting for consideration • Mapping out of this process would be helpful for all (which will come out from the Delegation) • Visibility of the whole Resilience RAG rating. <p>ND re-joined the meeting.</p>
	<p>AK joined the meeting at 13:30</p>
	<p><u>Improving Access</u></p> <p>ZHP provided some background by advising that funding was first received at the beginning of April 2018 at £3 per head for the first year then £6 per head which is the NHSE full notional budget (not a tariff.) With other partnership CCGs already in phase 1 the NHCCG constructed an offer to reach out over the next 9 months to October 2018, the team worked on the basis of a funding pot to equate to £5 per head of notional budget. This serves to clarify the reference to £6 per head which will not be available until the full programme is realised in October 2018 at full scale across the North Hampshire whole population.</p> <p>SW presented Improved Access – Pilot Phase 1 which asks the PMCJCC to review the proposal for pilot funding and approve the funding for phase 1: £134,181 in 2017/18 and £268,363 in 2018/19 (with the option to extend phase 1 for a further period of six months to 31st March 2019)</p> <p>In January 2018 the CCG will seek approval from the Right Care/QIPP Delivery Group for funding for a further period of testing to commence on 1st April 2018.</p> <p>Msm advised that the deadline for 100% implementation (fully working) has been brought forward by 6 months and is therefore to be achieved at the end of September 2018. This will require a review of current phasing plans. SW gave assurance to JV of confidence in the practices being a part of this pilot given that they were included in the resilience programme.</p> <p>The PMCJCC gave approval of the funding for phase 1.</p> <p>PH confirmed that the Right Care & QIPP forum is the correct group for progression. Budget setting is included as investment at the Finance & Performance Committee and then to the Governing Body in March 2018.</p>
<p>2.2</p>	<p>Transformational Projects</p>
	<p>A presentation on the General Practice Forward View (GPFV) Transformational Projects was given.</p>

Alamac

Currently 5 GP Practices are linked in to this project and have dates booked with the Alamac facilitator.

Monthly reports are being received on Alamac and resilience work.

Workforce

GP practices had completed the elements of both the LMC and HHE work tools, the collated results will be shared CCG wide and per developing Primary Care Home.

Working on the STP target leads following expressions of interest for the International GP Recruitment Programme (HIOW) resulted in four NHCCG practices stating their interest in potentially having one of these GPs in their practice under this programme. SM advised that this is still in its early stages following a bid being submitted on the 10th January 2018.

Msm responded to PH that national funding is available for this initiative. SM confirmed that the CCG is not yet financially committed to this.

Pro-Active Care – Active Sign posting

Training is ongoing for one practice and dates to be confirmed for the remaining two that did not participate in this session, to achieve the same level of training across the practices.

Health & Well-being Coordinator – Community Connectors

Jess Berry is working with the British Red Cross on a joint 1-year pilot with Hampshire County Council.

Document Management

The selected provider was not progressed which resulted in a sub-group to determine what is needed (following a training needs assessment). This is now being coordinated by A Smythe (with earlier involvement from the LMC) with practices for the preferred provider (by the majority) which should be known by next week. SM confirmed to CG that the preferred providers had been tested prior to short-listing.

Working at Scale

Communications had been made around money for transformation (up to £15k) for the development of emerging Primary Care Homes. A contract variation will follow as a result of three bids being successful.

Frailty- Pro-Active Care Pilot

The pilot is running across four practices around 'home-bound' patients with a view to extend to others.

	<p><u>Clinical Pharmacy</u></p> <p>AK summarised: - Interviews for two Clinical Pharmacists are now complete which should lead to 5.46 WTE. NHCCG has successfully received supported funding ND highlighted the change management process and time required for clinical pharmacists to “settle-in” to their practice. JV commented that the induction process should be the same for all practice staff.</p> <p>Action: GPFV Presentation to be circulated with the minutes of this meeting.</p>
3.	OTHER PRIMARY CARE RELATED ITEMS
3.1	Evaluation of Winter Planning over Christmas and New Year
	<p>Pre-Christmas bids to NHSE for support to Primary Care over the winter period Additional Early in the day for GP Additional support for GP Out of hours Additional Enhanced Clinical support for with one caveat that this could be extended to cover the Easter weekend. This bid was approved</p> <p>ND updated on a bid through Thames Valley Leadership Academy for ‘In-place Leadership’ which supports patients to navigate new ways of working, which has just commenced (February) to support and navigate patients with funding for a facilitator to work with Patient Participation Groups. (PPGs) which will also link in with the WOW awards.</p>
4.	DELEGATED COMMISSIONING
4.1	Delegated Commissioning Programme Plan
	<p>NHSE Standard Operating Procedures will be shared with NHCCG Primary Care SM Populate Delegation Agreement at the end of February 2018. Primary Care Operational Group (PCOG) meetings are to be scheduled and shared with group members.</p> <p>JB noted that the S/N 41 of the Programme Plan should be rated amber (in-progress) rather than red (pending.)</p> <p>Action: Delegated Commissioning Programme Plan S/N 41 RAG status to be upgraded from red to amber. (SM)</p> <p>PH also noted that the financial leads shown against S/N 57 & 62 of the Project Plan require change.</p> <p>Action: PH to feed back to Heather Smith that the financial leads shown against S/N 57 & 62 of the Delegated Commissioning Programme Plan requires change.</p> <p>JV highlighted the interdependencies between lines in the Programme Plan and suggested a column to show ‘dependant on.’ SM will review and update accordingly.</p>

	<p>The Chair noted that assurance was given to the Delegated Commissioning Programme Plan and was advised that the Delegation Agreement would be signed off by Maggie Maclsaac, Chief Executive of the Hampshire CCG Partnership.</p> <p>The Chair reported on behalf of the Governing Body that some clarification was required on the Delegation Terms of Reference wording.</p> <p><u>Terms of Reference – Membership Clause 19</u></p> <p>Is a representative from the Patient Participation Group (PPG) included?</p> <p><u>Terms of Reference – Quoracy Clause 30</u></p> <p>“The Committee will normally be quorate when there are 4 voting members or their deputies present, 2 from the CCG and 2 from NHSE”</p> <p>The Governing Body asked for more specific wording as this there was some ambiguity.</p> <p>Action: Terms of Reference</p> <ul style="list-style-type: none"> a. Membership to include PPG representative. (SM) b. Membership and Quoracy to be reviewed. (SM)
4.2	<p>Financial Overview of Delegation</p>
	<p>PH presented a financial overview of the Primary Medical Care Delegation due diligence review and budget setting for 2018/19.</p> <p>PH confirmed that a detailed report of the Financial Overview of Delegation had gone to the Finance & Performance Committee with a summarised version presented to the Governing Body. The importance of this new role and due diligence for the NHCCG cannot be over emphasised.</p> <p>Questions were invited:</p> <p>JB referred to the uplift based on 1% which is based on the size of the increased population, asking had due diligence been given to confirm this was adequate due to the vast amount of housing growth in the geographic area.</p> <p>PH responded that the 1% is based on national figures which may yet change. This calculation is not purely based on population but also health needs and deprivation amongst other contributory factors.</p> <p>ND referred to this being a pillar for the New Models of Care and suggested an ambitious new model of the report</p> <p>Action: PH will meet with ND and ZHP to ensure the revised report reflects the New Models of Care.</p> <p>The PMCJCC gave assurance to the Financial Overview of Delegation</p>
4.3	<p>Quality Assurance for Delegated Commissioning</p>

	<p>AK presented the Quality report highlighting category 1 (page 51) category 2 (page 52) and category 3 (page 53) The draft North Hampshire Delegated Primary Care RASCI template Quality Functions Response is shown on page 55. The PMCJCC noted the report and supported the direction of travel in principle.</p>
5.	NHS ENGLAND UPDATE
5.1	NHSE Finance Update
	<p>Msm presented the NHSE summary of the budget and expenditure position up to 31st December 2017, which is illustrated in the table on page 3 of the report.</p> <p>An underspend is shown against 'Headroom' and 'Premises' it was advised that the Headroom monies cannot be spent (unless directed by the Government,) whereas the underspend on Premises is permitted to be carried forward to the next financial year.</p> <p>JB referred to the QoF line. PH and Msm confirmed that this is correct as the calculation is always based on 100%.</p>
6.	NHCCG Update
6.1	CCG Finance Update
	<p>PH offered apologies as the latest version of the CCG Finance Report had not been submitted to the PMCJCC.</p> <p>The report sets out all of the money spent on Primary Care, (not through core budgets via NHSE) although complex due to the many projects there is confidence that all is captured in the report.</p> <p>Assured the current underspend will be ring-fenced for Primary Care into the 2018/19 financial year.</p> <p>The PMCJCC noted the financial performance year to date.</p>
6.2	Quality Improvement Performance Dashboard
	<p>The Primary Care Dashboard as provided by the CSU did not present the relevant data for discussion.</p> <p>Action: SM to liaise with SCW CSU for performance data for the NHCCG overview in the Quality Performance Dashboard.</p>
7.	RISK REGISTER
7.1	Identification of any new risks from this meeting for the Risk Register
	<p>PK asked if the risk around Improving Access was on the register and if so was it appropriately rated? SW confirmed the risk is recorded and it was agreed that the Rating should be reviewed.</p>

	Action: Risk Register Improving Access rating to be reviewed. SW
8.	OTHER MATTERS TO NOTE
8.1	Any Other Business
	There were no items of other business.
8.2	Any Items for next meeting
	No items were put forward for the next meeting.
8.3	Date of next meeting
	All future meeting dates will be reviewed and circulated
	Meeting closed at 14:45 hours

Signed as a true record

Name:

Title:

Signature:

Date: