

## 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 6th December 2017 at 14:00 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  
Tim Archer (TA) Interim Quality Lead  
Olivia Falgayrac-Jones(OFJ) Head of Primary Care, NHS England

**Members Apologies:** Judy Venables (JV) Vice Chair, Lay Member for Governance & Audit  
Liz Mearns (LM) Medical Director NHS England Wessex  
Dr Nicola Decker (ND) Clinical Chair, North Hampshire CCG  
Pam Hobbs (PH) Chief Finance Officer

**Attendees Present:** Sharon Martin (SM) Associate Director of Primary Care  
Melanie Smoker (MS) Contract Manager (Medical) NHS England  
Dr Laura Edwards (LE) GP Primary Medical Director Wessex LMC  
Simon Wilkinson (SW) Commissioning Manager from Primary Care & Prevention

**Attendees Apologies:** Andrew Smythe (AS) Practice Manager, Bramblys Grange  
Alma Kilgarrieff (AK) Head of Quality and Medicines Management  
Michelle Lombardi (ML) LMC Deputy Director of Primary Care Wessex LMC

**In attendance:** Sylvia Rixon Minute taker, NHCCG  
Tim Cooper Bramblys Grange  
Geoff Barratt Senior Financial Consultant, NHCCG  
Dr Christian Chilcott GP Clinical Lead, NHCCG

<b>1</b>	<b>STANDARD BUSINESS ITEMS</b>
1.1	The Chair welcomed everyone to the meeting. Christian Chilcott was attending on behalf of ND, and Geoff Barratt on behalf of PH.  Apologies were given for the late sending of papers for this meeting. PK requested that for the next meeting the papers are sent out 5 days prior to the meeting date.
1.2	<b>Declarations of Interest</b>
	The Chair asked members and attendees if there were any conflicts of

	<p>interest to 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> <p>There we no new Declarations of Interest at this meeting.</p>
1.3	<p><b>Minutes of the Meeting held on 2<sup>nd</sup> November 2017.</b></p>
	<p>The following paragraphs were updated at the meeting:</p> <p><b>2.1 Improving Access:</b> Beryl Hodgson and SW have been visiting practices who have not signed up to the DES and are working with the practice collaboration to roll out improvement access in Q4. Finance still has to be agreed before proceeding. Proposals have been sought from all the North Hampshire Practices.</p> <p>OFJ spoke around e-consult and recommended that this is cross-checked to confirm that the specification meets national requirements and is fit for purpose. Funding has been identified per CCG, but funding is dependent upon implementation and utilisation before it will be released.</p> <p>5.2 The prescribing budget update was not discussed at the meeting.</p> <p>The minutes were agreed as a true record with these changes.</p>
1.4	<p><b>Action Tracker</b></p>
	<p>PK requested the Action Tracker is updated for the next meeting.</p> <p>PK reviewed all the actions from the minutes of 3 November 2017:</p> <p><b>GP Forward View:</b></p> <ul style="list-style-type: none"> <li>• Monthly update of the transformation projects: This action will be carried forward to the next meeting (SM)</li> <li>• Notify the members of the timeline/deadline for submissions: SM to send briefing.</li> <li>• Provide an update on document management/progress with the PMCAG. SM to send briefing.</li> </ul> <p><b>Delegation: Project Plan Review</b></p> <ul style="list-style-type: none"> <li>• SM to liaise with Sunil Rathod for IT training: This action will be carried forward to the next meeting (SM)</li> </ul> <p><b>Emergency Department Streaming Briefing</b> has been circulated. Action Complete.</p> <p><b>CCG Financial Update:</b></p> <ul style="list-style-type: none"> <li>• The Primary Care summary for December has now been updated. Action complete.</li> <li>• Years had been added. Action complete.</li> <li>• 'Other' heading should read Better Local Care (delete the additional text of 'e-consultation rollout &amp; extended Access')</li> </ul>
<b>2.</b>	<p><b>GP FORWARD VIEW</b></p>
2.1	<p><b>GP Forward View Programme Update</b></p>

**Alamac Support:**

SM gave a verbal update on the Alamac system. SM explained Alamac had met with the NHCCG at the Practice Managers' meeting to confirm Alamac's role. The matrix will be changed to make this useable. The CCG had been working on the project plan together with Crown Heights to give feedback for input to the plan. SM reported data collection had been good. More detail about what is possible, not what is happening is required. The Alamac contract has been extended for a further 12 months to get the system started. SW said there is a slide pack available detailing evidence based cases by Alamac.

**Action: SW to provide an Alamac detailed project plan.**

**Action: SW to share Alamac slide pack on evidence based cases**

**Improved Access in General Practice:**

As part of the National Five Year Forward View and GP Five Year Forward view the CCG has been running a survey to identify what is important to patients accessing GPs at different times of the day. SW informed the committee that that the Patient Engagement Survey had taken place in November; the final analysis is to be presented at the February meeting. The Patient Participation Group had taken place on the 29<sup>th</sup> November, and it was noted how important is it to demonstrate patient groups are being used. The Clinical Discussion Forum meets quarterly to discuss how the seven core requirements can be delivered. A draft service specification on how this service can be delivered has been circulated with no feedback to-date.

SW explained that some services are at different levels. Some services can deliver sooner than others. LE informed the committee that the start date is not until March 2019. SW said this will be a phased approach to the pilot and by March 2019 should reach 100% compliance.

A question was raised how this is being funded prior to the start date. OFJ said this project has already started in Portsmouth and Dorset and there is funding for three CCGs

There has been a very collaborative approach to Improved Access with some practices ready to go ahead. This will be delivered over three or four phases starting from April 2018. If there is a register of interest for primary care homes every practice can indicate if they want to put views forward, and these will be recorded.

The IT enabler bid has been approved for a shared appointment system. PK asked about the roll out of IT for all practices and training days. Priority will be given to primary care homes and training dates will be set.

OFJ reminded the committee that collecting data sharing agreements will need a three week turn-a-around before the start of the process. A memorandum of agreement and data sharing agreement must be signed off.

CC asked if there was any risk stratification as Improved Access may work well with some practices more than others. It was noted that the Urgent Care

	<p>and Improved Access (UCIA) Steering Group links in with the Out of Hours Service and the 111 Service.</p> <p><b>Action: SW Improved Access Patient Survey Results for the next meeting</b></p>
<b>3.</b>	<b>DELEGATION</b>
<b>3.1</b>	<b>Delegated Commissioning Project Plan</b>
	<p>The Governing Body took the decision to support the CCG's formal application towards moving from Joint Commissioning to full Delegated Commissioning of primary care medical services. An initial application was submitted to NHSE for consideration in November 2017. Following the reinstatement of the Membership Senate (7<sup>th</sup> December 2017) a briefing will provide member practices with the progress being made. This will seek endorsement of new governance arrangements and to enable delegation.</p> <p>A query was raised about the number of votes for joint surgeries. It was noted there is only one vote per practice. If there is a split decision the vote will be re-allocated to the Chair. ZHP reported that questions had been circulated but no feedback had been received to-date.</p> <p>Risks around voting were discussed. It was noted the only risk identified was if the representing member differs at each meeting and, internally discussion is not escalated back to their colleagues, they may find voting difficult.</p> <p>PK said an overall draft communications and engagement plan should be available next week as this will be discussed at the next Primary Care Delegation Steering Group.</p>
<b>4.</b>	<b>NHS ENGLAND UPDATE</b>
<b>4.1</b>	<b>NHSE Finance Update</b>
	<p>OFJ provided a paper for the NHSE update (December 2017).</p> <p>The annual allocation for the year is £27.7m, which includes contingency and headroom of £425k. There are no reported changes to the allocation this month.</p> <p>The position at month 7 is reporting an under-spend of £431k for the period. This is primarily due to the non-sign up of Directed Enhanced Services (DES) (extended hours £75k), premises business rates rebates (£244k), uncommitted contingency and headroom of £165k offset by a small overspend on general primary care budgets of £89k driven partially by currently unknown value of indemnity payments.</p> <p>PK asked if any sums that are re-useable can these be highlighted on the report. It was noted that the DES underspend of £100k will be returned to CCG.</p>

<b>5.</b>	<b>NHCCG Update</b>
5.1	<b>Quality Improvement Performance Dashboard</b>
	<p>The standard Performance Dashboard was circulated prior to the meeting for review on the following:</p> <ul style="list-style-type: none"> <li>• Friends and Family Data</li> <li>• GP patient Survey</li> <li>• Cancer Screening</li> <li>• Childhood Vaccinations and Immunisations</li> </ul> <p>It was noted some practices will show nil Friends and Family feedback. If a surgery has a low amount of responses they do not publish how many took the test to protect the anonymous nature of the feedback.</p> <p>Discussion took place whether it would be useful to merge data of surgeries under the same practice i.e. Rooksdown and Beggarwood surgeries come under Cedar Medical. It was decided this would make the activity for BNH Hospital distances incorrect; Rooksdown Surgery is located 0.6 miles from HHFT and Beggarwood Surgery is located 5.2 miles from HHFT. PK suggested an amalgamated line for joint surgeries line could be added.</p> <p>No concerns or risks were identified from this performance dashboard.</p>
5.2	<b>CCG Finance Update</b>
	<p>GB stated all the required amendments to the table from the previous meeting had been completed.</p> <p>In summary, the current annual budget is £3.746m. The CCG has a spend of £1,568k to date against a budget of £1,822k, resulting in a £254k underspend at month 7. NB: some projects in accessible care, development and other have not incurred expenditure to date and so no budget has been profiled into the year to date position at month 7.</p> <p>It was noted any underspend on clinical leadership will go to collaborative workshop funding.</p>
<b>6.</b>	<b>RISK REGISTER</b>
6.1	<b>Identification of any new risks from this meeting for the Risk Register</b>
	<p>PK requested the PMCJCC Risk register be added to the papers for the next meeting.</p> <p>It was agreed by the committee to add a new risk: "Securing Primary Care Support over the Christmas period". <b>Action: SW to add this new risk to the register</b></p>
<b>7.</b>	<b>OTHER MATTERS TO NOTE</b>
7.1	<p>Housekeeping for this meeting: PK requested the following:</p>

	<ul style="list-style-type: none"> <li>• Papers be circulated 5 working days prior to the meeting</li> <li>• Summary front sheets be included for each paper to indicate what is required from the committee</li> <li>• The Action Tracker updated for the next meeting</li> <li>• PMCJCC Risk Register to be included</li> <li>• Verbal updates to be avoided if possible</li> </ul>
	<p>At the end of the meeting PK, as Chair of the PMCJCC, proposed the following:</p> <p><i>...That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest Section 1 (2) Public Bodies (Admission to Meetings Act 1960).</i></p>
7.2	<b>Date of Next Meeting</b>
7.3	The next meeting of the North Hampshire Primary Medical Care Joint Commissioning Committee will be at Thursday 1 <sup>st</sup> February 2018 at 12.30.
	<b>Meeting closed at 15:30 hours</b>

Signed as a true record

Name:

Title:

Signature:

Date: