

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 2nd November 2017 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
 Dr Nicola Decker (ND) Clinical Chair, North Hampshire CCG
 Zara Hyde-Peters(ZHP) Director of Delivery
 Pam Hobbs (PH) Chief Finance Officer
 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

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
 Alma Kilgarriff (AK) Head of Quality and Medicines Management
 Michelle Lombardi (ML) LMC Deputy Director of Primary Care
 Wessex LMC

Attendees Apologies: Andrew Smythe (AS) Practice Manager, Bramblys Grange
 Simon Wilkinson (SW) Commissioning Manager from Primary Care & Prevention

In attendance: Sylvia Rixon (SR) Minute taker, NHCCG
 Christine Nicholson (CN) Business Services Administrator
 NHCCG

1	STANDARD BUSINESS ITEMS
1.1	The Chair welcomed everyone to the meeting. PK informed the members that an additional presentation on 6 Facet Survey Results (PH) had been added to the Agenda.
1.2	Declarations of Interest
	The Chair asked members and attendees if there were any conflicts of 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. Declarations of interest have been completed for Liz Mearns, Olivia Falgayrac-Jones and Melanie Smoker and the register will be updated to reflect this.
1.3	Minutes of the Meeting held on 30th August 2017 The minutes of the meeting were reviewed prior to the meeting and agreed

	and signed as a true and accurate record.
1.4	Action Tracker
	All open, pending and closed actions were on the Action Tracker. All items were closed with the exception of 5.1 Work plan. SM asked that the owner of 5.1 be updated from SW to SM.
2.	GP FORWARD VIEW
2.1	GP Forward View Programme Update
	<p>SM gave a verbal update and agreed to circulate a further update after this meeting.</p> <p>Reception & Clerical Staff signposting training had been undertaken. Not all practices have completed this, therefore Jess Berry will be replicating the training for remaining practices so that all practices have received the same level. SM reported that staff had found this training useful, meeting other members of staff and the CCG is looking at setting up an admin/clerical network (quarterly).</p> <p>Document management: All training needs assessments have been received and collated, and work will begin with the Practice Managers' Commissioning Advisory Group (PMCAG) to create a bespoke training package. SM will update at the next meeting.</p> <p>Improving Access: 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>Transformation Project: A letter has gone out to all the practices with advice on how to apply for this fund. A mini-panel will then review the projects for investment. Any projects from the Leadership in Action programme will go to the Right Care and QIPP meeting for approval for transformation funding. ZHP reiterated the difference between practices working together with collaborate design work and practices working together to serve their local population as these are two different things, so double funding will be avoided.</p> <p>ND asked for the timelines of the project. ZHP advised that a cut-off date has not been set but will probably be end of November for the first panel. ML asked for a monthly update in the format of two slides. ND said the CCG will not hold back any funding; PH confirmed that any slippage will not be lost and ring-fenced for 18/19 transformation.</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>Action: SM Monthly update on the Transformation Projects</p> <p>Action: SM to notify the members of the timeline/deadline for submissions</p> <p>Action: SM to provide an update on Document management/progress</p>

	with PMCAG
3.	DELEGATION
3.1	Project Plan Review:
	<p>SM circulated a copy of the five stages of the project plan:</p> <ul style="list-style-type: none"> 1a Preparatory Stage and Submission of application 1b Detailed review of Delegated Commissioning due diligence 2 Delegated Commissioning Milestones 3 Mobilisation and Implementation Phase 4 Go-Live date; Commencement of full delegated commissioning responsibilities. <p>SM said North East Hants and Farnham had already completed this process so are sharing documents. A new Primary Medical Care Commissioning Operational Group (PMCOG) will report to the PMCJCC for operational issues. This will follow with Go-Live and then the phasing process. SM and Tai Shodipo will be working through the process for reporting to the Steering Group and Tai has been instrumental in getting the plan to this point.</p> <p>OFG reported that the regional panel is on the 8th November, when the recommendations will be cascaded.</p> <p>PK asked if the phased stages need to come back to this group or Governing Body for approval. SM said it would, and there will be a programme of work for each sub-set of the plan.</p> <p>ML asked if practices are aware. ND will be sending out a letter to all GP's with a notification to the clinical senate and practice managers. The two main areas will be about resource and understanding conflicts of interest both will need reassurance.</p> <p>ND spoke around the document flow with IT and administration. Action: SM will liaise with Sunil Rathod for training.</p>
4.	NHS ENGLAND UPDATE
4.1	NHSE Finance Update
	<p>OFJ provided a paper for the NHSE update (September 2017).</p> <p>OFH said there had been six figure sum received for business rates allocated so currently there is no pressure on the budget.</p> <p>Discussion took place around the -£331,000 underspend and what will it be used for. It was confirmed that some of this under-spend pre-dates to 2013. This is non-recurrent funding and cannot be used for anything that is already funded. ND asked for evidence of where the investment has gone. OFJ said that there had been an increase in contract value. OFJ explained most of the monies are from Directed Enhanced Services (DES) where practices have not signed up. The DES funding remains with the CCG so every patient gets the same level of service if this is not taken up.</p> <p>OFJ confirmed that GMS contracts, PMS and APMS contracts, QoF and DES are the responsibility of Commissioner spending. Premises, PCO, contingency, and headroom have margin for ongoing review in a time restricted project. PH explained that a buffer is required for premises due to</p>

	<p>outstanding monies.</p> <p>The sick pay and maternity over-spend was noted.</p> <p>It was agreed that future plans need more planning, communications and explanation for practices on underspends and what is available.</p>
5.	NHCCG Update
5.1	Quality Improvement Performance Dashboard
	<p>The standard Performance Dashboard was circulated prior to the meeting for information and review.</p> <p>ND queried if any further up-to-date information was available for the Friends and Family survey. SM agreed to confirm the data with NHS South, Central and West Commissioning Support Unit.</p>
5.2	Prescribing Budget
	The prescribing budget was not discussed at the meeting.
5.3	Primary Care Development ED Front Door Streaming Service Improved Access
	<p>The Six facet survey results on GP premises was discussed under item 6.1 Improved access had already been covered under DES funding. SM said a briefing for Emergency Department Streaming had been received and this would be circulated with the minutes.</p> <p>Action: SM/CN to send out Emergency Department Streaming briefing</p>
5.4	CQC Update – Revised Ratings
	<p>The CQC paper was tabled and there had been a brief report. TA informed the committee out of 19 practices 16 had been rated as good and remained consistently good. The practices that required improvement are moving in the right direction. 2 surgeries were rated inadequate and is subject to special measures.</p> <p>ML emphasised that practices under the new scheme may need support for change.</p>
5.5	CCG Finance Update
	<p>PH circulated a Primary Care summary document at the meeting on the following:</p> <ul style="list-style-type: none"> ➤ CCG Commissioned Through Practices ➤ CCG via North Hampshire Alliance ➤ Accessible Care ➤ Co-ordinated Care ➤ Primary Care Development ➤ Other (Better Local Care, PEARS, Alamac, HIOW STP WiFi Project, PCC credits for package of training)

	<p>Summary: Current annual budget of £3.775m. This budget expected to increase to £3,833m when the CCG receives £58k funding for On Line General practice support. The CCG has spent £1,307k to date against a budget of £1,346k, resulting in a £40k underspend at month 6.</p> <p>It was noted that the Leadership in Action invoices for the last 3 months are not included. It was agreed to update this information for December.</p> <p>Discussion took place if the Alamac funding for work around our practices could be separated. SM explained Alamac will be discussed with the PMCAG members to find out what will be most useful as EMIS is already used in local practices and could duplicate.</p> <p>ZHP asked if the years could be added to Commissioned Through Practices. ZHP requested an amendment to (Other) Better Local Care e-consult should read Programme Board as this includes Same Day Access, Frailty, and collaborative. ND said it would be useful to know when contracts end.</p> <p>Actions: PH Update the Primary Care Summary for December. Add the years to Commissioned Through Practices. Amend under (Other) Better Local Care Programme Board.</p>
6.	ESTATES
6.1	<p>Estates Update The members agreed the Lychpit Update will be carried forward to Part 2 of this meeting.</p>
	<p>6 Facet Survey Results: A presentation was given to the committee on the 6 facet survey. PH explained that 18 surgeries had been audited on:</p> <ol style="list-style-type: none"> 1. Physical Condition 2. Functional Suitability 3. Health & Safety 4. Environmental 5. Disabled Access 6. Space Utilisation <p>Consultants had looked at the compliance issues against areas of certification and the ratings were presented in the report. Finance Improvement Grants resources were shown along with possible priority areas.</p> <p>A detailed report has been made available to every NHCCG GP Practice. PK thanked PH for the good presentation.</p>
7.	RISK REGISTER
7.1	Identification of any new risks from this meeting for the Risk Register
	Discussion took place around the 6 Facet survey and risks if the

	<p>recommendation is not met and where does the responsibility lie.</p> <p>It was agreed to add this to the Risk register.</p>
8.	OTHER MATTERS TO NOTE
8.1	<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> <p>PK asked if this statement can be added to each Agenda.</p>
8.2	Date of Next Meeting
8.3	The next meeting of the North Hampshire Primary Medical Care Joint Commissioning Committee will be 6 th December 17 at 14:00 hrs.
	Meeting closed at 14:25 hours

Signed as a true record

Name:

Title:

Signature:

Date: