

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 30th August 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
Judy Venables (JV)	Vice Chair, Lay Member for Governance & Audit
Dr Nicola Decker (ND)	Clinical Chair, North Hampshire CCG
Zara Hyde Peters(ZHP)	Director of Integration & Transformation
Pam Hobbs (PH)	Chief Finance Officer
Tim Archer (TA)	Interim Quality Lead
Liz Mearns (LM)	Medical Director NHS England Wessex
Olivia Falgayrac-Jones	Head of Primary Care, NHS England

Members Apologies: None

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

Attendees Apologies:

Michelle Lombardi (ML)	Deputy Director of Primary Care Wessex LMC
Andrew Smythe (AS)	Practice Manager, Brambllys Grange
Simon Wilkinson (SW)	Commissioning Manager from Primary Care & Prevention

1	STANDARD BUSINESS ITEMS
1.1	The Chair welcomed everyone to the meeting.
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. Action: NK to add declared interests of NHSE members

1.3	Minutes of the Meeting held on 6th April 2017
	<p>PK requested that members review the minutes of the meeting dated 6th April 2017 for accuracy. The following amendments were requested:</p> <ul style="list-style-type: none"> • Removal of the name <i>Melanie Lombardi</i> from the attendance list. • Amend title of Tim Archer (TA). This should read interim Quality Lead • Paragraph entitled <i>GP Forward View Plan</i> at 2.1 to be amended to read: <i>OFJ asked to speak about the GPFV plan. She stated that the plans had now all been assessed, assured and aggregated regionally and nationally, NHSE Wessex have now had a request about the CCG signing off the GPFV plan and how it is being published on the CCG's website. ML asked if there had been any re-submission requirement. OFJ said there had been one re-submission request in Wessex and that had been completed. AS stated that he had found the Primary Care Strategy on the website but it states final Draft. ZHP confirmed that this had been updated and she had checked it. OFJ stated that a solution to what had been requested was for the CCG to add an appendix entitled GPFV submission at the end of NHCCGs Primary Care Strategy and cross reference it by saying that this is covered in chapter X (number tbc).</i> <p>Action: ZHP to ensure signposting is clear for GPFV Plan Action: ZHP will ensure appendix to Primary Care Strategy is added for GPFV Plan</p> <ul style="list-style-type: none"> • Action point at the end of point 2.2 to read <i>PH to prepare a summary Powerpoint presentation.</i> <p>Subject to the amendments above, the minutes were agreed and signed as a true reflection of the meeting.</p>
1.4	Action Tracker
	All open, pending and closed actions were on the Action Tracker.
2.	GP FORWARD VIEW
2.1	GP Forward View Programme Update
	<p>SM spoke to a number of powerpoint slides updating members on the current position with each programme.</p> <p>Reception & Clerical Staff training had been undertaken with courses held in April, May and June 2017. Fifteen (out of 18) practices had attended. North Hampshire CCG was now proposing a Clerical/Administration Staff Forum be convened. This would meet twice a year in order to share good practice.</p> <p>Level 1 and 2 training was currently postponed whilst a bespoke programme was developed in collaboration with North Hampshire CCG and a number of Practice Managers.</p> <p>PH and SW were currently visiting practices. Information gained from these visits would feed into the Estates Strategy.</p> <p>SM confirmed that the detail regarding the Extended Hours Direct Enhanced</p>

	<p>Service (DES) needed to be updated, but did assure members that the extended hours service was covered in the wider project plan.</p> <p>PH enquired whether any underspend on, for example, the Clift Surgery extension could be used elsewhere. OFJ confirmed that all monies were to be spent as per the premises cost directions.</p> <p>PH confirmed that work around increasing GP capacity was expected to finish and be presented in the next few weeks.</p> <p>Action: PH agreed to connect with OFJ regarding the additional £1.50 Primary Care Services funding.</p>
3.	NHS ENGLAND UPDATE
3.1	NHSE Finance Update
	<p>OFJ provided an update. Seven out of 18 practices had not signed up to the extended Primary Care Service (DES).</p> <p>Action: It was agreed that SM would follow up with a plan regarding engagement for those practices who had not signed up.</p>
4.	NHCCG Update
4.1	Performance Dashboard
	<p>PH presented the dashboard which gave an indication of areas which could be worked on. The figures were based on 15/16. PK wished to understand the data protection issues regarding the zeros against friends and family feedback. Members were happy with the report format. A discussion ensued concerning the credibility of 'out of date data'.</p> <p>Action: PH agreed to clarify the Friends and Family reporting issues</p> <p>Action: PH agreed to also clarify why child paediatrics and immunisation was not going to be available in future</p> <p>Action: SM agreed to check with CSU why there was such a long delay in obtaining screening data</p>
4.2	Prescribing Budget
	<p>AK presented the Practice Indicative Prescribing Budgets and Prescribing Locally Enhanced Scheme 2017/18. LE noticed some big swings. AK explained the methodology behind the budget and that a 70:30 Astro-pu weighted split had been applied. OFJ enquired whether a 70:30 split with out-turn plus 5% would be better. AK confirmed that practices were measured against both Astro-PU and QIPP and that regular monthly visits were carried out by the Medicines Management Team. LE acknowledged the engagement with GP practices. ND thanked AK.</p>
4.3	Primary Care Development
	The following slides were provided for information:

	<ul style="list-style-type: none"> ➤ Diabetes Primary Care Improvement ➤ ED Front Door Streaming Service ➤ Review of GP Practices Contractual Inner & Outer Boundaries ➤ Drug Monitoring Primary Care Service <p>OFJ noted that North Hampshire CCG had identified gaps in provision and that there were some areas that were not covered by at least one GP practice. It was acknowledged that all North Hampshire patients were registered with a practice.</p>
4.4	CQC Update – Revised Ratings
	<p>The paper was provided for information and noted.</p> <p>TA confirmed that CQC had published the ratings for Rooksdown on 21st August 2017. TA confirmed that whilst there was a forward trend, the overall rating was still <i>requires improvement</i>.</p> <ul style="list-style-type: none"> ➤ Safe (Good) ➤ Effective (Good) ➤ Caring (Good) ➤ Responsive (Requires Improvement) ➤ Well-led (Requires Improvement)
4.5	Rooksdown/Beggarwood – Practice Merger Update
	<p>A verbal update was provided. The Rooksdown/Beggarwood merger occurred on 8th August 2017. There were now 18 member-practices within the CCG.</p>
4.6	General Practice Resilience Programme
	<p>SM confirmed that the powerpoint slides were provided for information. In essence, they showed the process that North Hampshire CCG had gone through with NHS England and the current position. OFJ confirmed that a Memorandum of Understanding had now been signed with CSU and therefore funding would be released for a Health Education England facilitator to be allocated to each practice to offer guidance and support.</p>
4.7	North Hampshire CCG Finance Update
	<p>PH provided the paper for information asked for it to be noted. PH confirmed there were no matters of concern.</p>
5.	ESTATES
5.1	Estates Update
	<p>PH provided a verbal update. She confirmed that the Estates Strategy had been adopted by the CCG. The six facet survey for Primary Care had now been completed and some very good quality information had been garnered. PH agreed to bring the results to the next PMJCC meeting.</p> <p>Currently, PH and SW were undertaking practice visits to discuss aspirations,</p>

	<p>and understand any issues which would inform lots of projects such as</p> <ul style="list-style-type: none"> ➤ Improvement grants ➤ Five Day Access ➤ New Models of Care ➤ Primary Care Growth in Population ➤ Input into system-wide Estates issue <p>Action: PH to bring the six facet survey Primary Care results to the October meeting of the PMCJCC.</p>
6.	WORK PRIORITIES
6.1	Delegated Commissioning Arrangements
	<p>North Hampshire CCG intended to apply for delegated commissioning with effect from 1st April 2018. The meeting had been provided with a very high level list of actions required in order to achieve this. The main issue concerned consultation, both externally and internally especially roles, levels of responsibility, governance and individual responsibility.</p> <p>OFJ confirmed that provisional delegated applications had to be with NHS England by 1st November 2017, final applications in by December 2017 with the approval process ongoing from January 2018. PH was anticipating due diligence and did not wish to find any surprises and would also need to assure North Hampshire's Governing Body.</p> <p>It was confirmed that 1st April 2018 was a non-negotiable date. PH reiterated the need to follow a financial timetable and for finance colleagues to be included in the project team</p> <p>JV wished the CCG to work closely with NHSE, identifying clearly what needed to be undertaken in a short timeframe with clarity around finances and resourcing.</p> <p>ZHP was concerned about the engagement piece of work and subsequent timescale.</p> <p>PK sought reassurance beyond headline tasks and wished to see a project plan. He enquired about NHSE support. OFJ stated that it was for the CCG to demonstrate whether they had the capacity and capability to take on the work. However, there would be support from NHSE both pre and post application. OFJ also confirmed that NHSE support could be provided in the form of 'shadowing' as a parallel process to the application. PK wished to see this in the project plan. It was noted that the CCG had secured three months of additional support with the application. JV wanted to know how the project plan would be monitored.</p> <p>Following a full discussion, the agreed approach was as follows:</p> <ul style="list-style-type: none"> ➤ Project Plan monitored by the Senior Leadership Team on a weekly basis ➤ A formal Project Group to be set up ➤ PK to sit on Project Group

	<p>PK reiterated that if the question became <i>are we ready</i> then this would need to be addressed by the Governing Body. ZHP pointed out the current constraining financial environment. LE agreed that the timescales were tight and full engagement with the Membership could therefore prove problematic.</p> <p>Action: NK to ensure that Delegated Commissioning Arrangements is an agenda item on the next Governing Body meeting.</p> <p>Action: SM to oversee production of comprehensive project plan.</p>
7.	RISK REGISTER
7.1	Identification of any new risks from this meeting for the Risk Register
	There were no new identified risks.
8.	OTHER MATTERS TO NOTE
8.1	<p>There was no other business.</p> <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>The above proposal was agreed.</p> <p>PK proposed a Chair's action that LE attend the Part Two meeting of the PMCJCC. However, if he deemed anything to be confidential or prejudicial he could ask LE to leave the meeting.</p> <p>All Agreed.</p>
8.2	Date of Next Meeting
8.3	The next meeting of the North Hampshire Primary Medical Care Joint Commissioning Committee will be held on Thursday 5 th October 2017 at 12:30 hrs at Central 40, Lime Tree Way, Chineham Business Park, Basingstoke, Hants, RG24 8GU.
	Meeting closed at 15:40 hours

Signed as a true record

Name:

Title:

Signature:

Date: