

Primary Care Commissioning Committee

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| Date of meeting | | 1 November 2018 | |
| Agenda item | 3 | Paper No | PCCC18/057 |

Minutes of the Previous Meeting – 30 August 2018

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| Key issues | The draft minutes of the 30 August 2018 meeting of the West Hampshire CCG Primary Care Commissioning Committee are attached for review and comment. |
| Strategic objectives / perspectives | <p>This paper addresses the following CCG strategic objectives:</p> <ul style="list-style-type: none"> • Ensure safe and sustainable high quality services • Work in partnership to commission health and social care collaboratively • Establish local delivery systems • Ensure system financial sustainability <p>This paper supports the above by ensuring there are robust systems of internal control, governance and external validation' which demonstrate:</p> <ul style="list-style-type: none"> • Openness and transparency in the organisation's decision making processes and • That there is robust discussion in relation to any issues of concern. |
| Actions requested / recommendation | <p>The Primary Care Commissioning Committee is asked to:</p> <ul style="list-style-type: none"> • Receive and agree the Minutes of the meeting held on 30 August 2018. • Discuss any matters arising from the Minutes that are not covered by the Action Tracker. • Note that the approved Minutes of the Primary Care Commissioning Committee will be submitted to the next CCG Board meeting held in public. |
| Principal risk(s) relating to this paper | Not applicable. |
| Other committees / groups where evidence supporting this paper has been considered | Not applicable. |

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| Financial and resource implications / impact | Not applicable. |
| Legal implications / impact | Not applicable. |
| Privacy impact assessment required? | Not applicable. |
| Public / stakeholder involvement – activity taken or planned | Not applicable. |
| Equality and diversity – implications / impact | As a record of what was discussed/agreed at a meeting, minutes do not have an equality impact. |
| Report author | Terry Renshaw, Governance Manager |
| Sponsoring director | Rachael King, Director of Commissioning |
| Date of paper | 25 October 2018 |

Primary Care Commissioning Committee (Draft)

Minutes of the West Hampshire CCG Primary Care Commissioning Committee Meeting held on Thursday 30 August 2018 at 9.00am in the Boardroom, Omega House, and 112 Southampton Road, Eastleigh, SO50 5PB

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| Present: | Caroline Ward Ian Corless Simon Garlick Barbara Gregory Judy Gillow Heather Hauschild Adrian Higgins Rachael King Ellen McNicholas Heather Mitchell Alison Rogers | Lay Member, New Technologies and Digital (Chair) Head of Business Services/Board Secretary Lay Member, Governance Deputy Chief Finance Officer, deputising for Mike Fulford Lay Member, Quality Chief Officer Medical Director Director of Commissioning: South West Director of Quality, Board Nurse Director of Strategy and Service Development Lay Member Strategy and Finance |
| In attendance: | Jackie Zabiela | Governance Manager |
| Observing: | Sophie Douglas | ST3 Trainee GP |
| Apologies: | Sallie Bacon Jenny Erwin Mike Fulford Helen Pardoe | Director, Public Health Director of Commissioning Mid-Hampshire Chief Finance Officer and Deputy Chief Officer Secondary Care Board Member |

Summary of Actions

| Minute Ref: | Action | Who | By |
|-------------|--|-----|------|
| 5.3 bp6 | WHCCG GPFV 2018-19 Work Programme – Share job description for clinical leadership roles with the Committee. | RK | ASAP |

1. Chairman's Welcome

- 1.1 Caroline Ward welcomed all present to the sixteenth meeting in public of the Primary Care Commissioning Committee since responsibility was delegated to the CCG in April 2015. She noted the apologies for absence and highlighted that this was a meeting being held in public, rather than a public meeting.

1.2 It was confirmed that the meeting was quorate.

2. Declaration of Interests (Paper PCCC18/039)

2.1 Caroline Ward reminded Committee members of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of NHS West Hampshire Clinical Commissioning Group.

2.2 Barbara Gregory declared the following, which has been registered with the CCG:

- A Non-Executive Director of Somerset Partnership NHS Foundation Trust
- A Non-Executive Board Member of Taunton and Somerset NHS Foundation Trust
- An Associate at Deloitte
- A Trustee of RESEC – Research into elderly and specialist care
- A company secretary and director of Stokeinteignhead Community Shop

It was also confirmed that Sophie Douglas (observing the meeting) had also provided a declaration to the CCG.

2.3 No additional conflicts of interest were identified as a result of these declarations and the business of the meeting commenced with no requirement for Committee members to absent themselves from proceedings.

2.4 AGREED

The Primary Care Commissioning Committee:

- **Agreed to note the updated Register of Interests for Committee members.**

3. Minutes of the Last Meeting (Paper PCCC18/040)

3.1 Caroline Ward asked Committee Members to confirm the minutes of the meeting held on the 28 June 2018 as a correct record of proceedings. She explained that she had received no amendments in advance of the meeting.

3.2 AGREED

The Primary Care Commissioning Committee:

- **Approved the Minutes of the meeting held on 28 June 2018 as being a correct record and commended them for signature by the Chairman.**

Matters Arising

3.3 There were no matters arising from the minutes that are not covered by the action tracker.

4. Action Tracker (Paper PCCC18/041)

4.1 Caroline Ward referred the Committee to the action tracker.

4.2 The following updates were provided:

- **Ref No 17a) GPFV Action Plan 2017/19 Health Promoting Care Ref 5 Reduce the rate of first detection of cancer through emergency presentation to 15%: To obtain and circulate data outlining trajectories to deliver the 15% reduction** – Latest data appended to the Action Tracker. WHCCG values are at or better than the best five CCGs in the Right Care Comparator group of 10. **Complete.**
- **Ref No 20c) GPFV Action Plan 2017/19: Future meeting summary report on 1. New Models of Care and 2. Workforce** – New models of care is included within the Forward View Work Programme and the workforce summary had been added to agenda. **Complete.**
- **Ref No 28a) Terms of Reference: Include reference to maintaining an overview and agreeing an annual work plan ensuring that the Committee delivers against the identified key actions and outcomes** – Terms of Reference updated, to be ratified by Board. **Complete.**
- **Ref No 28b) Terms of Reference: Reflect within the CCGs Engagement Plan increasing the level of attendance of representatives from the Hampshire Health and Wellbeing Board (DPH), Healthwatch, NHSE and LMC** – All organisations (Hampshire Health and Wellbeing Board, Healthwatch, NHS England and Wessex LMC) are invited to attend the Committee as non-voting members, and receive the minutes. The Wessex LMC and NHS England are members of the Primary Care Steering Group and attend all meetings. Healthwatch has confirmed that they do not have capacity to attend all CCG Primary Care Committees. **Complete.**
- **Ref No 29) GPFV 2018/19 Work Programme: Include reference to children’s mental health** – Included in the work programme. **Complete.**
- **Ref No 30) Risk Register: To raise / discuss at Risk Review Group the inclusion of cluster development within the risk around the shortage of GPs** – Included in Risk 131. **Complete.**

4.3 AGREED

The Primary Care Commissioning Committee:

- Reviewed the Action Tracker.
- Agreed that six actions are now complete and can be closed.

5. WHCCG General Practice Forward View 2018-19 Work Programme (Paper PCCC18/042)

5.1 Adrian Higgins together with Rachael King introduced paper PCCC18/042 and explained that the West Hampshire CCG General Practice Forward View Plan (GPFV) 2017-19 has been developed in line with the requirements of the national GP Forward View and the Operational Planning and Contracting Guidance. The Plan is in line with the five key components of the Integrated Care Model:

1. Supporting people to stay well
2. Proactive joined up care for those with complex needs
3. Better access to specialist care
4. Integrated urgent and emergency care services
5. Effective step up, step down, nursing and residential care

This is supported by four key enablers:

1. Workload
2. Workforce
3. Infrastructure – Estates and Technology
4. Transformation Support

The key priorities have been identified and agreed with our six Localities and Clinical Cabinet. Delivery will make a difference, both in terms of improved patient care, as well as supporting the sustainability of general practice.

5.2 The key priorities for 2018-19 were outlined and the presentation covered:

- Background
- Clusters – highlighted that practice branches that are located in a different cluster to the main branch will belong with their main practice cluster but will link to their local cluster
- West Hampshire Clusters
- Cluster Leadership
- Locality and Cluster Plans
- Cluster Development Plans
- Supporting Information and Next Steps
- Progress updates / key achievements against the five key components of the Integrated Care Model as listed above
- Workload and workforce
- Infrastructure : Technology and Estates including the full implementation of the NHS e-Referral Service, Electronic Prescribing, Patient Online
- The difference this will make for patients and general practice.

5.3 The following points were raised during discussion:

- It was queried if it is envisaged that clusters will make their own decisions regarding the use of resources, together with the impact this would have on CCG responsibilities. Rachael King advised that the Sustainability & Transformation Partnership (STP) have shared a model where clusters would have a board and delegated responsibility. WHCCG do not believe this would be appropriate and there is no delegated decision making at the moment. 13 additional boards would incur substantial costs and may not progress local plans / have the flexibility to move things forward. The CCG is devolving some of the commissioning team resource to make them available to support clusters. Work has commenced to look at practice and cluster consumption of resources. It is likely that there will be a similar model to that in place for medicines management for example, a central budget held by the CCG and allocated to practices.
- It was noted that the cost for cluster leads is a significant investment of £825k over two years, however it is critical to strengthen leadership in order to deliver priorities, sustainability and system working. Funding has been identified through the redeployment of recurrent funding within the existing Clinical Leadership budget, together with non-recurrent primary care funds. It was

therefore confirmed that this has not resulted in a cost pressure.

- It has been recognised that there is a potential for silo working; there have already been discussions as to how to share learning across practices, clusters and the wider system.
- It was suggested that it would be helpful for the Committee to receive a description of the governance framework around clusters. Outline terms of reference for how clusters will work have been developed, however work is required to provide further detail.
- In terms of organisational development, it was queried if plans were in place to ensure support is available right from the beginning, for example leadership support / developing leaders to ensure that leaders understand the culture which the CCG is starting to develop. There has been discussion at STP level, which has some funding that the CCG can tap into; the CCG will also be discussing what the local programme will look like. It was pointed out that it is important to ensure that the development of new roles also needs to be included at an early stage, particularly as Health Education England (HEE) are already in the process of setting funding for the next financial year; it was confirmed that HEE are members of the Workforce Development Group and are involved in discussions.
- Alison Rogers stated that she would be keen to see some outcomes of what is expected from these new clinical leadership roles to ensure there is value for money and that they have a sense of satisfaction in their roles, and that expectations of the role should be set at an early stage. Rachael King offered to share job descriptions, however the outcomes will become explicit in cluster development plans as they are developed; the challenge is to ensure that the CCG does not set outcomes for clusters as it is all about local delivery, vision and working so outcomes need to emerge as part of the local delivery plan.

ACTION: Rachael King

- It was queried if there were any areas which had been identified as requiring more support for example e-consult, online appointment tools etc. It was clarified that clusters are at slightly different stages. A high level assessment has been undertaken at CCG and STP level regarding cluster readiness. Some Practices are already working as a cluster; others are not and will need more support. The primary care dashboard which is currently under development will provide clear information as it will show the differential between practices within clusters, as well as between clusters.

5.4 AGREED

The Primary Care Commissioning Committee

- **Noted progress in delivery against the West Hampshire CCG GP Forward View Action Plan 2018-19.**
- **Agreed the action outlined at paragraph 5.3.**

6. Operational Report (*Paper PCCC18/043*)

CCG Wide

Addition of Amiodarone within the Monitoring, Administration and Prescribing (MAPs) Locally Commissioned Service

6.1 It was reported that:

- The new MAPs locally commissioned service (LCS) replaced the Locally Commissioned Services for Near Patient Testing, DMARDs and PLUMs (Denosunab) from 1 April 2018. Eleven drugs were designated within the Tariff 1 list of the new MAPs LCS, an addition of 6 new drugs claimable by general practice under the service.
- Significant feedback has been received from GPs that Amiodarone should be added to the Tariff 1 MAPs service. Amiodarone is currently under shared care arrangements. Inclusion within the MAPs LCS will ensure that GPs continue to undertake the additional work in monitoring this drug.
- If funding is not agreed, shared care arrangements will cease and patients will be managed solely by secondary care. This is not in line with best practice, is likely to increase costs and does not support the provision of care closer to home.
- The Primary Care Steering Group at its meeting on 8 August 2018 approved the addition of Amiodarone to the MAPS LCS with associated recurrent funding of £28,644 (based on 2017/18 prescription data). The cost of the service can be met within the existing Primary Care Budget.

National GP Patient Survey

6.2 It was reported:

- The GP Patient Survey is an England-wide survey which provides practice level data about patients' experiences of their GP Practices. Further information and the survey can be found at <https://gp-patient.co.uk/>. For the August 2018 survey publication, 12,109 questionnaires were sent out to patients within West Hampshire CCG and 5,697 were returned completed. This represents a response rate of 47%.
- The report provided included a summary of the average West Hampshire CCG results compared to the average national results, which show that the CCG is above the national average for all categories, although there is variation at practice level. The survey provides a useful snapshot of patient perception of GP practices. It should be noted that the sample size for each practice is small (around 1% of the total list size) and should be treated with an element of caution, however the results are remarkably stable over a number of years.
- Next steps:
 - The national GP Patient Survey data will be added to the Primary Care Dashboard
 - Practices will be encouraged, along with their Patient Participation Group to look at specific categories to see what action is required. The survey will also be used at Cluster level.
 - The best performing practices will be contacted to see how they manage appointments, services, communications etc. with the intention of disseminating good practice.

Mid Hampshire

Stokewood Surgery

6.3 It was reported:

- The Stokewood practice has an increasing practice population and a new strategic growth option of 5,200 homes; this will potentially increase the practice

population by a further 8,000 patients or more by 2036.

- The Stokewood practice has a list size of 17,410 patients (at June 2018). The practice delivers services from two premises, a main surgery in Fair Oak and a branch surgery (Old Anchor) in Bishopstoke.
- The practice has no capacity within the existing building to manage additional demand or to accommodate additional staff.
- The Stokewood practice requested confirmation of the following from the CCG in order for the landlord to progress an extension to the existing surgery:
 1. The CCG agree to the practice entering into a longer lease term of 19 years from completion of the works. The works will comprise a 63m² NIA extension providing 2 additional consulting rooms and waiting room extension, with the formation of 4 additional car bays onsite.
 2. The practice will enter a development agreement with the landlord. This will commit the landlord to developing the extension, with the tenant committed to making a capital contribution towards the development. Both sides will enter into the agreed lease on completion of the works.
 3. The CCG will provide a capital contribution of £170,579 + VAT to the practice. This represents 66% of the total cost of the project.
 4. Funds will be made available to the practice from the CCG on a monthly basis from commencement onsite of the project. Payment will be made upon invoice and production of evidence of spend onsite (monthly valuation certificates).
 5. The CCG will provide additional rent reimbursement.
 6. A repairs retention of 5% of the market rent will also be payable from completion of the works. This is for the practice to maintain the property, and equates to £748 + VAT per annum.
- The request was considered under the urgent decision making process due to:
 - The short timescales to utilise improvement grant funding which must be spent by March 2019. Consideration by the Primary Care Committee would have resulted in a two month delay and impact on the successful completion of the build within the required timescales.
 - The current surgery space constraints and increasing demand which was likely to result in an application for a list closure if urgent action was not taken. A list closure would put considerable pressure on neighbouring Practices in Eastleigh and Hedge End who are facing similar challenges
- Therefore the following decision was taken:
 - The need for the extension was supported due to the recent and forecast growth in the practice registered list size. It was noted that a medium to longer term strategic solution will be required but this could be a further extension of the existing building to accommodate future predicted population growth as a result of forecast housing developments.
 - Confirmation that an improvement grant (capital funding) of £209,000 including VAT has been secured. This represents 66% of the total cost of the project. The remaining cost will be met by the landlord.
 - The CCG supported the practice entering into a 19 year lease with the landlord with no break clause due to the continued need for the provision of general medical services within the geographic boundary served by the practice.
 - That based on the review by the District Valuer, the CCG would increase rent reimbursement from £110,573 per annum to £117,226 per annum.

- That a repairs retention of 5% of the market rent will also be payable from completion of the works. This is for the practice to maintain the property, and equates to £748 + VAT per annum.

South West

St Lukes and Botley Practice Branch Surgery Request

6.4 It was reported that:

- The St Lukes and Botley Surgery is part of the Living Well Partnership which includes practices in Southampton City CCG as well as West Hampshire CCG. The St Lukes and Botley Surgery recently underwent a CQC inspection and were rated inadequate with a number of areas requiring improvement. West Hampshire CCG is supporting the practice through this process with regular assurance meetings.
- As a result of reviewing the best use of clinical staff at a particularly difficult time within the practice, the Living Well Partnership requested that one of the Southampton practices, Ladies Walk, was made available to the St Lukes and Botley patients as a branch surgery to make efficient use of staff time and appointment availability. This would enable the provision of COPD and asthma checks utilising the space and resources at the Ladies Walk site, especially by being able to offer evening appointments.
- The request and decision was taken under the urgent decision making process of the West Hampshire Primary Medical Care Commissioning Committee. The rationale for the decision was as follows:
 - The CQC inspection and the need to support the Surgery and the Living Well Partnership to take urgent action in line with the identified required improvements
 - The ability to make the most efficient use of staff time and appointment availability across the two sites given current staffing challenges, primarily focused on the provision of COPD and asthma checks
 - The minimal distance of 1.9 miles between St Luke's Surgery and Ladies Walk
 - That the St Lukes and Botley practice should be able to use the Ladies Walk site as a branch surgery as an interim measure for 6 months. This agreement will cease on the 4 November 2018. Any request for Ladies Walk to be a permanent branch surgery will need to be made in writing, considered and approved by both West Hampshire and Southampton City CCGs.
 - That further work is being undertaken to facilitate joint working between Hedge End Practices within West Hampshire CCG in recognition of the significant forecast population growth as a result of local housing developments

6.5 Caroline Ward explained that a letter had been sent to Matt Stevens at Southampton City CCG (SCCCG) in response to concerns he had expressed about the decision making process. It was noted that these appear now to have diminished. Caroline has offered to meet with lay member colleagues at (SCCCG) to continue building relationships.

Wistaria Surgery

6.6 It was reported that:

- The Wistaria Surgery in Lymington was built and is managed by a landlord, Octopus Healthcare. There is a lease in place until 2027. The practice has a list size of 15,527 (as at April 2018). The landlord has proposed a configuration that would better utilise the current space and update the premises. Although the premises are currently in good condition some work is required in the next 2-5 years (an update to the electrical system and replacement doors). The landlord is prepared to undertake refurbishment of the premises with no expectation of an increase in rent, but would require the surrender of the current lease and a new 25 year lease to be put in place. In order to ascertain the costs of refurbishment, a feasibility study will be required, with an expected cost of around £5,000.
- The landlord is willing to undertake the review with associated costs, but has requested a letter of support giving assurance that the CCG would expect to continue sustained delivery of GMS services from the Wistaria premises after the expiry of the current 10 year lease in order to justify the cost of the feasibility study.
- The request was considered under the urgent decision making process.
- West Hampshire CCG:
 - Supported and provided assurance regarding the continued use of the Wistaria Surgery premises for the provision of general medical services but encouraged the Practice to look at opportunities for collaborative working with the two neighbouring local practices in Lymington to best meet local population need

6.7 **AGREED**

The Primary Care Commissioning Committee:

- **Noted the addition of Amiodarone to the MAPs LCS and associated recurrent funding of £28,644**
- **Noted the results of the National GP Patient Survey**
- **Ratified the decision made regarding the Stokewood Surgery under the Urgent Decision Making Process**
- **Ratified the decision to give 6 month approval for the use of the Ladies Walk surgery premises as a branch surgery of the St Lukes and Botley Practice. This is an interim measure only which will cease on the 4 November 2018 and does not set a future precedent**
- **Ratified the decision to support the continued use of the Wistaria Surgery for the provision of general medical services made under the urgent decision making process.**

7. Primary Care Commissioning Risk Register (Paper PCCC18/044)

7.1 Rachael King introduced paper PCCC18/044 and explained that the Primary Care risk register has been updated to include identified risks and mitigating actions. Attention was drawn to the following:

- Risk ID 131 - GP recruitment and retention, mitigated by the ongoing review and production of a workforce strategy.
- Risk ID 132 - Practice development in Winchester, mitigated by regular contact

- with the practice.
- Risk ID 117 - Transition to Capita (Primary Care Services England) mitigated by feedback from regular meetings held by NHS England and the Local Medical Committee.
 - The CCG met with the Regional Manager for PCSE on 25 June 2018 where it was confirmed that progress has been made in some but not all areas.
 - The transition process for the transfer of paper medical records when a patient moves surgery is now in place and issues which have resulted in a delay in the transfer have now been resolved. The majority of issues with the supplies function which enables Practices to order items such as prescription pads have now been resolved, with the only outstanding issue being a shortage of General Data Protection Request (GDPR) forms which are being urgently printed. Transition is in process for the performers list online but issues remain with GP pensions. The new CEO of PCSE is meeting regularly with the NHS England central team who hold the contract.
 - Locally, practices have been asked to submit any ongoing issues for individual resolution and escalation and 42 specific issues have been raised by 13 practices across West Hampshire CCG. These primarily relate to GP pension issues. The information has been sent to the Regional Manager for a direct response to the Practices and a progress update is expected by WHCCG at the next meeting with PCSE in October 2018.
 - Risk ID 441 - ETPP due diligence timescales mitigated by locality working groups and Primary Care Steering Group oversight, detailed timelines with milestones and regular reviews.
 - Risk ID 529 - Lack of capital for area hub development mitigated by applications submitted to wave 4 STP capital funding
 - Risk ID 528 - Clinical leadership for cluster development mitigated by proposal for dedicated Cluster Clinical Leads
 - Risk ID 526 - IT Assets not clearly identified mitigated by a formal review of the service with an action plan including a full audit and the issue of a performance notice to the contractor
 - Risk ID 495 - GP remote connection outdated support mitigated by existing security solutions. Practices are being transitioned to an alternative solution
 - Risk ID 484 - Out of hours IT support mitigated by a CSU contract variation identified to cover Mon-Fri 7.30am-8pm and Sat 8am -1pm. Service Specification to include Sunday in review
 - Risk ID 210 - Delivery of the Primary Care Strategy mitigated by locality plans.
 - Risk ID 530 - Special allocation scheme provider mitigated by current service and alternative provider discussions.

7.2 AGREED

The Primary Care Commissioning Committee:

- **Noted the Primary Care Risk Register, the identified high risks and mitigating actions.**

8. GP Practice Training (Paper PCCC18/045)

8.1 Rachael King reported that West Hampshire CCG has identified the training of all 49 Practices in active signposting and correspondence management as a key priority in the 2018-19 GP Forward View Work Programme. Training is vital to support General Practices in workload management to effectively manage the increasing demand for general medical services.

8.2 Training was provided to approximately 50% of WHCCG practices in 2017-18. Funding for a further training programme for practices is available for 2018-19.

8.3 Preferred training providers have been identified as Xytal for Active Signposting and HERE for Correspondence Management.

8.4 The following points were raised during discussion:

- A general manager with the Local Medical Committee (LMC) has stated that correspondence management training is the one thing that really saves GPs' time and allows significant time to be released for patient facing work.
- Both companies evaluate progress as they proceed and submit reports to the CCG, which will allow us to measure whether any savings in GP time have been made.
- The 25 practices which remain are being actively encouraged to take up the training and have been very keen in discussions to date. The training is practice based, which helps, however it should be noted that practices cannot be forced to take up the training. The quality team will recommend the training when undertaking supportive visits to practices.
- Clarified that active signposting and correspondence training is primarily for reception / administration who are upskilled in dealing with correspondence that used to primarily be managed by GPs. All practices / professionals providing care will benefit, however it will be GP time saving that will be measured.
- A request was made for the Committee to receive a year end evaluation to quantify the saving in time against investment. This may also show improvements in other 'softer' areas, such as retention.

8.5 AGREED

The Primary Care Commissioning Committee:

- **Supported the training of GP Practices in active signposting and correspondence management**
- **Approved non-recurrent funding of £248,905.00**

9. Primary Care Finance Report – Month 3 (Paper PCCC18/046)

9.1 Barbara Gregory introduced paper PCCC18/046 and explained that the budget for Delegated Primary Care for 2018-19 is £70,3522k. Across all Primary Care funding streams the budget is £174,947k. The Forecast outturn is an underspend of £1,071k, with £710k of this representing the 1% required surplus on the Primary Care Delegated Budget.

9.2 A position statement was provided on the following key delegated Primary Care variances:

- The current Primary Care Delegated budget is £70,522k.

- The 1% surplus of £710k will be shown within the Primary Care budget with an expenditure forecast of zero.
- At month 3 there is a £177k underspend and a forecast £710k underspend which reflects the 1% surplus.
- There is an overspend of £12k on retainer fees which has seen an increase on claims from last year.
- There is an overspend of £15k on prescribing and dispensing fees.
- There is an underspend on collaborative fees of £14k
- There is an underspend on premises of £15k

9.3 The following points were raised during discussion:

- At this point in time it is not known if the medicines management budget will go off track as there is a delay in reporting figures and consequently there is no indication if there is an emerging problem or an underspend. This will become clearer as the year progresses.
- It was queried if any underspend should be reinvested in other areas, such as pressures in acute trusts. It was clarified that all of the NHS is required to deliver 1% surplus from all allocations; previously the CCG did not account for this in the budget, however it is a requirement of NHS England that it is now shown this way. The actual underspend is approximately £400k, which is mainly for locally commissioned services and relates to the way that invoices come in; it is likely this will catch up with the budget later this year
- There is a lot more non-recurrent programme within Primary Care than in the budgets, so it is quite likely if money comes in later in the year it will not be spent in time. Last year there had been a significant underspend against non-recurrent expenditure allocated nationally, which CCGs have not had this year.
- Alison Rogers suggested that it would perhaps be better to show the 1% as a separate line, adding that the balance of the underspend is within the bounds of good financial management.

9.4 **AGREED**

The Primary Care Commissioning Committee:

- **Noted the month 3 finance report 2018-19.**

10. **Delegated Primary Care Commissioning Arrangements (Paper PCCC18/047)**

10.1 Rachael King introduced paper PCCC18/047 and explained that NHS England and West Hampshire CCG agreed to delegate primary care commissioning arrangements from 1 April 2015. A Delegation Agreement was put into place, which sets out the statutory delegation of primary medical care commissioning functions to the CCGs and how the CCG will exercise these functions. This covers:

- Scope of delegated functions
- Functions reserved to NHS England
- Financial payments and resources
- Monitoring and reporting requirements

10.2 As part of NHS England's programme to ensure compliance with the General Data Protection Regulation (GDPR), which came into effect on 25 May 2018, a series of technical updates to the Delegation Agreement are now required. These updates will

take effect by means of a National Variation Proposal, as outlined at paragraph 22.5 of the Delegation Agreement:

'NHS England may notify the CCG of any proposed National Variation by issuing a National Variation Proposal by whatever means NHS England may consider appropriate from time to time.'

10.3 The updates as detailed in the paper provided do not represent a material change to the CCG's Delegation Agreement. It was highlighted that there was a slight error in paragraph 9.9 in that the paragraph referencing had not pulled through to the extracted document.

10.4 AGREED

The Primary Care Commissioning Committee:

- **Noted the variations made to the Primary Care Commissioning Delegation Agreement, as set out in the National Variation Proposal.**
- **Authorised the Chief Officer to sign the Declaration for onward submission to NHS England.**

11. **Any Other Business** - There were no items identified on this occasion.

12. **Risks Arising From Discussion of Agenda Items To Be Included on The Primary Care Risk Register** - There were no new items identified on this occasion.

13. Date of Next Meeting

13.1 The next meeting of the Primary Care Commissioning Committee is scheduled for:

- Thursday 1 November 2018, 9.00am to 11.00am, Boardroom, Omega House, 112 Southampton Road, Eastleigh SO50 5PB.

14. **The Committee approved a resolution 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. [In accordance with section 1 (2) Public Bodies (Admission to Meetings) Act 1960].**

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