

## Primary Care Commissioning Committee

Date of meeting		29 August 2019	
Agenda item	<b>3.1</b>	<b>Paper No</b>	<b>PCCC19/056</b>

### Minutes of the Previous Meeting – 27 June 2019

<b>Key issues</b>	The draft minutes of the 27 June 2019 meeting of the West Hampshire CCG Primary Care Commissioning Committee are attached for review and comment.
<b>Strategic objectives / perspectives</b>	<p>This paper addresses the following CCG strategic objectives:</p> <ul style="list-style-type: none"> <li>• Ensure safe and sustainable high quality services</li> <li>• Work in partnership to commission health and social care collaboratively</li> <li>• Establish local delivery systems</li> <li>• Ensure system financial sustainability</li> </ul> <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"> <li>• Openness and transparency in the organisation's decision making processes and</li> <li>• That there is robust discussion in relation to any issues of concern.</li> </ul>
<b>Actions requested / recommendation</b>	<p><b>The Primary Care Commissioning Committee is asked to:</b></p> <ul style="list-style-type: none"> <li>• <b>Receive and agree the Minutes of the meeting held on 27 June 2019</b></li> <li>• <b>Discuss any matters arising from the Minutes that are not covered by the Action Tracker.</b></li> <li>• <b>Note that the approved Minutes of the Primary Care Commissioning Committee will be submitted to the next CCG Board meeting held in public.</b></li> </ul>
<b>Principal risk(s) relating to this paper</b>	Not applicable.
<b>Other committees / groups where evidence supporting this paper has been considered</b>	Not applicable.

<b>Financial and resource implications / impact</b>	There are no financial or resource implications arising from this paper.
<b>Legal implications / impact</b>	There are no legal implications arising from this paper.
<b>Data protection impact assessment required?</b>	Not applicable.
<b>Public / stakeholder involvement – activity taken or planned</b>	Not applicable.
<b>Equality and diversity – implications / impact</b>	As a record of what was discussed/agreed at a meeting, minutes do not have an equality impact.
<b>Report author</b>	Terry Renshaw, Governance Manager
<b>Sponsoring director</b>	Rachael King, Director of Commissioning, South West
<b>Date of paper</b>	22 August 2019

## Primary Care Commissioning Committee (Draft)

Minutes of the West Hampshire CCG Primary Care Commissioning Committee Meeting held on Thursday 27 June 2019 at 9.30am in the Boardroom, Omega House, and 112 Southampton Road, Eastleigh, SO50 5PB

<b>Present:</b>	Caroline Ward	Lay Member, New Technologies and Digital ( <b>Chair</b> )
	Ian Corless	Head of Business Services/Board Secretary
	Jenny Erwin	Director of Commissioning Mid-Hampshire
	Mike Fulford	Chief Finance Officer and Deputy Chief Officer
	Simon Garlick	Lay Member, Governance
	Judy Gillow	Lay Member, Quality
	Heather Hauschild	Chief Officer
	Adrian Higgins	Medical Director
	Rachael King	Director of Commissioning: South West
	Ellen McNicholas	Director of Quality, Board Nurse
	Heather Mitchell	Director of Strategy and Service Development
	Alison Rogers	Lay Member Strategy and Finance
	Sarah Schofield	Clinical Chairman
	Jim Smallwood	Secondary Care Board Member
<b>In attendance:</b>	Neil Hardy	Associate Director Medicines Optimisation (Item 8)
	Terry Renshaw	Governance Manager
<b>Apologies:</b>	Liz Angier	Clinical Director Primary Care
		Local Medical Committee Representative

### Summary of Actions

Minute Ref:	Action	Who	By
5.3	<b>2019-20 General Practice Work Plan : Cyber Security</b> – Undertake a review on CCGs compliance with New Cyber-Security standards and report back to the Committee.	HM	ASAP
6.2	<b>Operational Report - PCNs:</b> <ul style="list-style-type: none"> <li>Share copy of updated boundary map, to include population numbers, with the Committee.</li> <li>Comms team to be asked to horizon scan for opportunities to present/share this work.</li> </ul>	RK EM	Immediate ASAP
9.3	<b>Risk Register Risk ID 329 Andover ETTF</b> - Change manager to read Jenny Erwin.	RK	ASAP

<b>1.</b>	<b><u>Chairman's Welcome</u></b>
1.1	Caroline Ward welcomed all present to the twentieth 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.
<b>2.</b>	<b><u>Declaration of Interests (Paper PCCC19/038)</u></b>
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	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. Attention was drawn to the fact that should a conflict arise at any point during the meeting members will need to declare this fact.
<b>2.3</b>	<b>AGREED</b>  <b>The Primary Care Commissioning Committee:</b> <ul style="list-style-type: none"> <li>• <b>Agreed to note the updated Register of Interests for Committee members.</b></li> </ul>
<b>3.</b>	<b><u>Minutes of the Last Meeting (Paper PCCC19/039)</u></b>
3.1	Caroline Ward asked Committee Members to confirm the minutes of the meeting held on the 25 April 2019 as a correct record of proceedings. She explained that she had received no amendments in advance of the meeting.
<b>3.2</b>	<b>AGREED</b>  <b>The Primary Care Commissioning Committee:</b> <ul style="list-style-type: none"> <li>• <b>Approved the Minutes of the meeting held on 25 April 2019 as being a correct record and commended them for signature by the Chairman.</b></li> </ul>
<b>3.3</b>	<b>Matters Arising</b> There were no matters arising from the minutes that are not covered by the action tracker.
<b>4.</b>	<b><u>Action Tracker (Paper PCCC19/040)</u></b>
4.1	Caroline Ward referred the Committee to the action tracker.

4.2	<p>The following update was provided:</p> <ol style="list-style-type: none"> <li><b>Ref No 32a) GPFV Work Programme: Include specific reference to the governance reporting routes in terms of monitoring, delivery and outcomes</b> – It was reported that a detailed briefing on PCN governance was given to the Board in May to provide full assurance. A copy of the briefing was attached as Appendix 1 of paper PCCC19/040. <b>Complete</b></li> </ol>
	<ol style="list-style-type: none"> <li><b>Ref No 34 Primary Care Finance Report: Include in next report detail around cluster resourcing</b> – It was reported that this is covered under agenda item 10 paper PCCC19/046. <b>Complete.</b></li> </ol>
	<ol style="list-style-type: none"> <li><b>Ref No 37 Risk Register review following low risks to identify if the risks are fully mitigated and can be closed:</b> <ul style="list-style-type: none"> <li><b>Risk ID 132 Winchester Practice Development</b></li> <li><b>Risk ID 534 Paper Referrals</b></li> </ul>           It was reported that this action is <b>Complete</b>.         </li> </ol>
	<ol style="list-style-type: none"> <li><b>Risk ID 38 Primary Care Finance Report : Circulate copy of M12 report to Committee</b> – It was noted that the M12 report was circulated to the Committee on 1 May 2019. <b>Complete.</b></li> </ol> <p>On concluding the update the Chair extended the Committee's thanks to those individuals who progress actions between meetings and for closing them so promptly.</p>
4.3	<p><b>AGREED</b></p> <p><b>The Primary Care Commissioning Committee:</b></p> <ul style="list-style-type: none"> <li><b>Reviewed the Action Tracker and received the updates.</b></li> <li><b>Agreed that the four actions are complete and can be closed.</b></li> </ul>
5.	<p><b><u>West Hampshire CCG 2019-20 General Practice Work Plan (Paper PCCC19/041)</u></b></p>
5.1	<p>Rachael King introduced paper PCCC19/041 and explained that this report details progress to date against the agreed key priorities for delivery in 2019-20 in line with the five key components of the integrated care model and key enablers and the Primary Care Investment and Evolution Plan. It was reported that:</p> <ul style="list-style-type: none"> <li>The plan has been developed in line with the requirements of the National Primary Care Network DES and the West Hampshire CCG 2019-20 Operating Plan, building on the National GP Forward View Plan.</li> <li>The key priorities have been identified and agreed with 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. Changes will include; a focus on population health and prevention, more convenient access to care, general practice working together to meet local need, a focus on proactive joined up care for vulnerable people and those with complex need, a shift to community based care, care delivered by a wider range of professionals and new models of care.</li> </ul>
5.2	<p>Rachael King provided an overview of the plan and drew attention to the following key highlights:</p>

- **A stronger focus will be placed on population health and prevention – supporting people to stay well** – Easy access to health information and support to enable us to take control of our own health and wellbeing and make healthy lifestyle choices. Increased resilience and self-sufficiency to manage our own health and illness, with appropriate support from a range of community resources.
- **More convenient access to care** – The ability to access care online. To manage appointments, order repeat prescriptions, view our medical record, to check out symptoms, access self-help information and receive timely and trusted advice and support from an appropriate healthcare professional connected to our own General Practice. From 1 July 2019, the NHS App will be the safe and secure way to access the NHS online.
- **General Practices working together to meet the needs of local people** – From 1 July 2019, General Practices will form Primary Care Networks. These are groups of general practices working together with a range of local providers, acute, community, social care and the voluntary sector, to offer more personalised, co-ordinated health and social care to their local populations. This will lead to:
  - **A greater focus on proactive joined up care for vulnerable people and those with complex need** – Provided by multidisciplinary teams of health and social care professionals working closely with the voluntary sector.
  - **A shift from hospital to community based care** – Specialists will increasingly move away from the traditional hospital setting and provide expertise as part of multidisciplinary teams. This will help break down barriers and provide care in a more co-ordinated way, closer to home.
  - **Care delivered by wider range of professionals** – Care will be provided by a wider range of professionals working as part of a Primary Care Network. Over the next five years, this will include Social Link Workers, Clinical Pharmacists, Musculoskeletal First Contact Practitioners, Physician Associates and Paramedics. The professional you see, will be the most appropriate for your needs. This will help General Practice to manage the increasing demand for care and enable GPs to spend more time with patients with complex need.
  - **Changes to Care Delivery – New Models of Care** – Depending on the local area and population need, Networks may begin to provide care across General Practice in the Network in a different way. This may mean that patients will need to attend another local Practice site to access some services. Practices will consult with their patients and ask for views before any changes are made. Fit for purpose premises able to deliver a wide range of health and wellbeing services in the community, as well as community based education and training may also be developed. This may lead to services being provided across a smaller number of practice sites but a greater range of services, including those traditionally provided in a hospital setting, being available locally. Colocation also facilitates integrated working and the provision of one-stop visits.
  - **General Practice in West Hampshire:**
    - There are 49 GP Practices across West Hampshire.
    - From 1 July 2019, there will be 48. The number of Practices is reducing as a result of Practice mergers.
    - The average number of patients per Practice is 11,580 but list sizes range from 2,674 to 24,332.
    - Since 1995, consultation rates have steadily grown.

	<ul style="list-style-type: none"> <li>• General Practice is facing workforce challenges, including recruitment and retention issues. 16.8% of local GPs are aged over 55 years.</li> <li>• Primary medical services are delivered from 49 main and 21 branch surgeries across West Hampshire. Some estate is not fit for purpose, with limited space for growth.</li> <li>• <b>The Work Plan:</b> <ul style="list-style-type: none"> <li>• The plan sets out the priorities for delivery against the five components of our Integrated Care Model and the difference they will make, both to the health and wellbeing of local people and in supporting the future sustainability of General Practice. The identified priorities form an integral part of wider system plans. The plan has been developed in line with the national framework for GP Contract Reform and the NHS 10 Year Plan and provides assurance regarding the effective discharge of the CCG's responsibilities under delegated commissioning.</li> <li>• The priorities have been informed by General Practice as to what will make the biggest difference in supporting future sustainability. This includes new models of care delivery and ways of working to manage rising demand, as well as supporting people to take greater control of their own health and wellbeing.</li> <li>• Key priorities identified by General Practice are: <ul style="list-style-type: none"> <li>1. Referral Support</li> <li>2. Primary Care Mental Health</li> <li>3. Musculoskeletal Services</li> <li>4. Frailty Support Team</li> <li>5. Pharmacy</li> <li>6. Children's Teams.</li> </ul> </li> </ul> </li> </ul>
5.3	<p>As a result of discussion it was:</p> <ul style="list-style-type: none"> <li>• Reported that the work plan has been received by Clinical Cabinet and following their review a section on Children's services has now been added.</li> <li>• Questioned as to whether the NHS App will have a big impact on the way the General Public access services. It was responded that more and more people want digital access to book appointments, request repeat prescriptions etc., but it is perhaps not for all and younger people, who want more flexibility around the way they engage with their Practice are more likely to use the App.</li> <li>• Highlighted that 100% compliance with mandated cyber security standards across all NHS organisations is due for delivery in June 2021 and work is currently being undertaken to confirm the baseline. It was questioned as to when the baseline is to be confirmed and whether the risk has been assessed. It was reflected that the CSU regularly review Cyber-Security and are up to date with training and provide a service into General Practices. It was agreed to undertake a review on the CCGs compliance with new Cyber-Security standards and report back to the Committee.</li> </ul> <p><b>ACTION: Heather Mitchell</b></p> <ul style="list-style-type: none"> <li>• Highlighted that a high level summary of this report is to be turned into a public facing document.</li> </ul> <p>On concluding the discussion the Chair on behalf of the Committee extended thanks to Rachael King and the wider team for all their hard work in establishing such good foundations that can be built on in the future.</p>

5.4	<p><b>AGREED</b></p> <p><b>The Primary Care Commissioning Committee:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the 2019-20 General Practice Work Plan.</b></li> <li>• <b>Agreed the action outlined at paragraph 5.3.</b></li> </ul>
6.	<p><b><u>Primary Care Operational Report</u> (Paper PCCC19/042)</b></p>
6.1	<p>Rachael King introduced paper PCCC19/042.</p>
6.2	<p><b><u>Primary Care Networks (PCN)</u></b></p> <p>It was reported that:</p> <ul style="list-style-type: none"> <li>• On Friday 28 March 2019, NHS England published a specification and related guidance for the Network Contract Directed Enhanced Service (DES). The Network Contract DES will commence on 1 July 2019 and is intended to remain in place until at least 31 March 2024, with the Network Contract DES specification evolving over time. A PCN is defined as GP practice(s) (and other providers) serving an identified 'Network Area' which typically serves a population between 30,000 to 50,000.</li> <li>• The CCG received 14 completed registration forms to establish Primary Care Networks. The registration forms have been reviewed to ensure they contain the required information (as set out in the Network Contract Directed Enhanced Service Specification).</li> <li>• It should be noted that 13 of the proposed PCNs are the same as the existing Clusters across West Hampshire. Living Well Partnership (LWP) (incorporating St Lukes and Botley Surgery) submitted a registration form to both Southampton City and West Hampshire CCGs to establish the Living Well Partnership PCN. Following discussion, it has been agreed by both CCGs that approval of the registration document to establish the Living Well Partnership PCN including St Lukes and Botley Surgeries, would pre-empt a decision on the outcome of a proposed merger application which would be subject to public consultation. St Lukes and Botley Surgeries will therefore be part of the Eastleigh Southern Parishes Primary Care Network.</li> <li>• In addition, there are a number of queries which are actively being resolved to enable the CCG to confirm the final Network areas and enable the establishment of the PCNs from 1 July 2019.</li> <li>• Each Network and WHCCG are required by NHS England to complete and return a workforce baseline against the five staffing groups contained within the PCN Additional Roles Reimbursement Scheme by 30 June 2019. This will provide a baseline against which to monitor additionality.</li> <li>• Primary Care Network Directors have been asked to ensure by 30 June 2019 that: <ul style="list-style-type: none"> <li>• The Network agreement has been fully completed and signed, including Schedules 1-7</li> <li>• Data sharing and processing agreements (where required) have been developed.</li> </ul> </li> <li>• All Practices will also be required to complete and return a Network Contract DES sign-up form to West Hampshire CCG by 30 June 2019 to confirm participation in the Network Contract Directed Enhanced Service.</li> </ul>

- Where confirmation has been received, PCNs will be able to deliver the Network Contract DES from 1 July 2019. Monthly payments will be paid one month in arrears as part of the usual GMS/PMS contract payments to the nominated practice/provider.
- A West Hampshire CCG Network Forum has been established and meets monthly; the Forum includes the Network Clinical Directors, Locality Clinical Directors and Commissioners. The Forum is used to ensure a common understanding of the Network Contract Directed Enhanced Service and to facilitate good practice and shared learning.

As a result of discussion it was:

- Highlighted that an issue has been identified in that in addition to 100% of Practices and their registered lists being covered by PCNs, the guidance also states that 100% of the geographical area of a CCG should be covered. It was noted that small geographical areas have been identified that are not covered by the GP Practice boundaries within West Hampshire. These are rural areas. The Board queried whether people living in these areas have access to general medical services. It was confirmed that people living in these areas are able to register with local practices. It was confirmed that the boundary issue is historical and other CCGs covering large geographical areas have highlighted the same issue. Discussions have taken place with the Wessex Local Medical Committee and a pragmatic approach agreed to be undertaken in order to not hold up the 1 July 2019 deadline for the establishment of PCNs. CCGs will continue to work with Practices and neighbouring CCGs (where cross boundary issues exist) to ensure full coverage but that this will not be a requirement for the sign-off of PCNs. It was agreed to share a copy of the updated boundary map, to include population numbers, with the Committee.
- Reflected on the smooth transition in moving forward and the advantageous position we are in due to the strong leadership and comprehensive work in the development and establishment of our Clusters. Thanks were extended to Rachael King, Adrian Higgins, the Clinical Directors and the wider team. It was questioned as to whether there are any plans to share best practice and learning. It was suggested that it would be best practice to draft a document on the journey undertaken to date from inception of Clusters to establishment of PCNs. The communications team will also continue to promote the work regarding the establishment and development of our PCNs. **Action: Ellen McNicholas**

6.3

### NHS App

It was highlighted that:

- The NHS App provides a simple and secure way for people to access a range of NHS services on their smartphone or tablet.
- The NHS App enables people to:
  - Check their symptoms using the health A-Z on the NHS website
  - Find out what to do when they need help urgently using NHS 111 online
- If their GP practice is connected to the App, they can register and verify their identity so they can:
  - Book and manage appointments at their GP practice
  - Order their repeat prescriptions
  - Securely view their GP medical record

	<ul style="list-style-type: none"> <li>• Register as an organ donor</li> <li>• Choose whether the NHS uses their data for research and planning</li> <li>• The NHS App went live across HIOW on 29 April 2019. All GP Practices will be connected prior to 1 July 2019.</li> <li>• There are new targets within the 2019 GP Contract which release of the NHS App will help Primary Care achieve: <ul style="list-style-type: none"> <li>• All practices must offer and promote electronic ordering of repeat prescriptions</li> <li>• New registrants having full online access to prospective data</li> <li>• At least 25% of appointments are available for online booking</li> </ul> </li> <li>• Practices have been offered the opportunity to register for NHS App webinars run by NHS England to prepare their practice for connection to the NHS App.</li> <li>• <a href="http://www.nhs.uk/nhsapp">www.nhs.uk/nhsapp</a> can be accessed for the latest patient information. Further guidance and supportive materials are available: <a href="https://digital.nhs.uk/services/nhs-app">https://digital.nhs.uk/services/nhs-app</a>. There is also a video demonstration available: VideoDemo: <a href="https://drive.google.com/file/d/1ewcygLVd9J8eHzF94pMJG3H1DQHHldDv/view">https://drive.google.com/file/d/1ewcygLVd9J8eHzF94pMJG3H1DQHHldDv/view</a> The NHS App &amp; e-consult</li> </ul>
6.4	<p><b><u>Primary Medical Care Policy and Guidance Manual</u></b></p> <p>It was reported that the Primary Medical Care Policy and Guidance Manual (PGM) was first published by NHS England in November 2017 to provide commissioners of primary care services the context, information and tools to safely commission and contract manage primary medical care contracts. In April 2019 an updated version of the PGM was published, with amendments to the document noted in the executive summary. The full PGM document can be found on NHS England's website: <a href="https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/">https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/</a></p>
6.5	<p><b>AGREED</b></p> <p><b>The Primary Care Commissioning Committee:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the current position with the establishment of the Primary Care Networks and to delegate authority to the Chair of the Committee and Chief Officer to approve registration of the Primary Care Networks, including the Network areas.</b></li> <li>• <b>Noted the update regarding the NHS App.</b></li> <li>• <b>Noted the amendments to the Primary Medical Care Policy and Guidance Manual.</b></li> <li>• <b>Agreed the actions outlined at paragraph 6.2.</b></li> </ul>
7.	<p><b><u>Primary Care Quality Progression Scheme (Paper PCCC19/043)</u></b></p>
7.1	<p>Rachael King introduced paper PCCC19/043 and explained:</p> <ul style="list-style-type: none"> <li>• The Quality Progression Scheme (QPS) is an agreement with the participating locality practices to support further improvement in the quality of care provided to and the health and wellbeing of the locality population. The aim of the Quality Progression Scheme is to: <ul style="list-style-type: none"> <li>• Support practices to be active participants in their locality and Primary Care</li> </ul> </li> </ul>

	<p>Networks (PCNs) to progress improvements in the quality of care available to the locality population.</p> <ul style="list-style-type: none"> <li>• Support practices, working together as a locality and PCNs to review and better understand the health needs of the locality population.</li> <li>• Provide the opportunities to improve the design and quality of care provision necessary to meet the needs of the locality and PCN populations.</li> <li>• Enable locality practices to co-design and participate in education programme delivered at TARGET meetings to improve the quality of care delivered to the locality population.</li> <li>• Support development of shared learning and cooperative working between all partners in the locality and primary care networks.</li> </ul> <ul style="list-style-type: none"> <li>• West Hampshire CCG supported the continued funding of the QPS in Quarter 1 (2019-20) subject to a review, when published) of the requirements of the Primary Care Network Directed Enhanced Service (DES). This was to ensure that the schemes were aligned, that there was no duplication and to ensure value for money.</li> <li>• The Primary Care Network DES Contract Specification has been published and sets out the requirements for PCN's in 2019-20. It should be noted that 2019-20 is primarily a preparatory year focused on the establishment of networks, with the bulk of service requirements coming into effect from April 2020 onwards.</li> <li>• Paper PCCC19/043 sets out a comparison between the requirements of the PCN DES Contract Specification 2019-20 and the requirements of the key components of the Quality Progression Scheme. Whilst the aim of both the PCN DES and QPS are aligned, as 2019-20 is a preparatory year for the establishment of PCNs, the review shows that the requirements of the QPS are primarily not included within the DES for 2019-20. The continued funding of the QPS at the proposed level is therefore critical to maintaining and further developing the work already being undertaken by our existing Clusters (which will form our Primary Care Networks from 1 July 2019) to understand their local population need, address gaps in service provision and take action to both improve the health of their registered population and local services.</li> </ul>
7.2	<p>As a result of discussion it was:</p> <ul style="list-style-type: none"> <li>• Stated that the DES enables a preparatory year in order to facilitate putting the infrastructure and governance arrangements into place and is critical in supporting the development of Primary Care. One area funded in Quarter 1 is around workforce development and the completion of the workforce tool. Information provided will be analysed and shared with Practices. It should however be noted that it is not a requirement of the DES to develop a workforce plan this year. It was questioned as to what will happen to the data/information from the workforce tool in view of there being no requirement for a Workforce Plan this year. It was stated that the Commissioning Teams and the Quality Team are utilising the workforce information in order to identify workforce pressures and retirements in order to help inform skill-mix in moving forward. It was noted that workforce is also being picked up via the wider System Board.</li> <li>• Questioned in terms of a recovery plan what is our contingency to address financial gaps. It was stated that in the Primary Care allocations there is a residual gap of £9.7m. In terms of the QIPP programme there are only limited opportunities available to close this gap. There is also an in-year risk to the delivery of the existing QIPP programme as in-year pressures materialise. It</li> </ul>

	<p>was stressed that it is important to have a clear audit trail and picture of the overall impact on the overall financial position. It was stated that primary care spending will be in line with the allocation and total spending on QPS and that there is a requirement to monitor and report back to the Primary Care Steering Group on each component of the QPS.</p> <ul style="list-style-type: none"> <li>Highlighted there are significant pressures facing WHCCG and areas of unmitigated risk and expenditure needs to be seen in the context of the total budget and pressures emerging around acute services. WHCCG's strategy is to support the development of community services in line with the five components of the Integrated Care Model.</li> </ul>
7.3	<p><b>AGREED</b></p> <p><b>The Primary Care Commissioning Committee:</b></p> <ul style="list-style-type: none"> <li><b>Approved the funding of the Quality Progression Scheme for the remainder of the financial year (Quarters 2 to 4) at a total cost of £443k.</b></li> </ul>
8.	<p><b><u>Primary Care Medicines Optimisation Incentive Scheme (Paper PCCC19/044)</u></b></p>
8.1	<p>Ellen McNicholas introduced paper PCCC19/044 and explained:</p> <ul style="list-style-type: none"> <li>Following publication of the Primary Care Network Contract Specification requirements it was necessary to consider what elements of the current Medicines Optimisation Incentive Scheme (MOIS) are now included within the new GP contractual requirements and are therefore no longer required to be incentivised by the MOIS.</li> <li>The CCG has approved the MOIS for the first quarter of 2019-20 recognising that a number of the new contractual requirements come into being from July 2019</li> <li>There is a significant risk to the delivery of the CCG primary care prescribing QIPP plan if there is no MOIS to incentivise practices to support the delivery of the interventions within the scheme (particularly the cost orientated interventions).</li> <li>Plans for a national incentive scheme have been announced, however until details of such a scheme are available there is a gap locally.</li> <li>This paper proposes a revised scheme to ensure that practices continue to be engaged and support interventions not included in the new GP / PCN contractual arrangements.</li> </ul>
8.2	<p>As a result of discussion it was:</p> <ul style="list-style-type: none"> <li>Highlighted that benefits demonstrated include a return on investment of at least £2 saved for every £1 invested and a reduction in GP workload and improved patient outcomes.</li> <li>Stated over 4,000 pharmacist-led medication reviews were carried out in the period November 2018 to March 2019 with over 2,000 medicines de-prescribed, either stopped or the dose reduced, for clinical reasons.</li> <li>Questioned as to whether there is any influence we can have over secondary care prescribing. It was reported that there are decision making bodies in place such as the District Prescribing Committee where things are looked at on a system basis and the Chair of the Committee is very keen to engage with Trusts and Clinical Communities to bring this issue onto the agenda.</li> </ul>

	<ul style="list-style-type: none"> <li>Highlighted that all Practices have engaged with the team to discuss anti-microbial prescribing and the total number of items for antibiotics continues to fall.</li> <li>Stated that a joint system wide savings programme has been developed in North and Mid-Hampshire around medicines management and this is across all sectors where issues are managed and reported to the Local Care System in that patch. It is hoped to roll-out a similar approach in Southampton and South West Hampshire.</li> </ul> <p>On concluding the discussion the Chair commended the work of the Medicines Management Team and extended the Committees thanks to Ellen McNicholas, Neil Hardy and the wider team.</p>
<b>8.3</b>	<p><b>AGREED</b></p> <p><b>The Primary Care Commissioning Committee:</b></p> <ul style="list-style-type: none"> <li><b>Ratified the decision of the Primary Care Steering Group to support the Medicine Optimisation Incentive Scheme Quarters 2 – 4 2019-20 and the associated budget of £170,229 to be funded as part of the Medicines Management QIPP target.</b></li> </ul>
<b>9.</b>	<p><b><u>Primary Care Risk Register</u> (Paper PCCC19/045)</b></p>
9.1	<p>Rachael King introduced paper PCCC19/045 and explained that the Primary Care Risk Register has been updated to include identified risks and mitigating actions. Attention was drawn to the following high risks:</p> <ul style="list-style-type: none"> <li>Risk ID 329 - Estates &amp; Technology Transformation Fund (ETTP) due diligence timescales mitigated by locality working groups and Primary Care Steering Group oversight, detailed timelines with milestones and regular reviews.</li> <li>Risk ID 210 - Delivery of the Primary Care Strategy mitigated by locality and Network plans.</li> <li>Risk ID 484 - Out of Hours IT issues, mitigated by contract variation and further negotiation.</li> <li>Risk ID 495 - GP remote connection, mitigated by existing security solutions and investigation regarding alternative connection.</li> </ul>
9.2	<p>The Committee reviewed the Risk Register and an update was provided on each of the high level risks.</p>
9.3	<p>As a result of discussion it was requested that for Risk ID 329 Andover ETTF the Manager be changed to read Jenny Erwin.</p> <p><b>ACTION: Rachael King</b></p>
<b>9.4</b>	<p><b>AGREED</b></p> <p><b>The Primary Care Commissioning Committee:</b></p> <ul style="list-style-type: none"> <li><b>Noted the report of the Primary Care Commissioning risk register, the identified high risks and mitigating actions.</b></li> <li><b>Agreed the action outlined at paragraph 9.3.</b></li> </ul>

10.	<b><u>Primary Care Finance Report – Month 2 (Paper PCCC19/046)</u></b>
10.1	<p>Mike Fulford introduced paper PCCC19/046 and explained that at Month 2:</p> <ul style="list-style-type: none"> <li>• The budget for Delegated Primary Care for 2019-20 is £72,990k.</li> <li>• Across all funding streams Primary Care is, at 31 May 2019, overspent by £17k.</li> <li>• The Forecast outturn is an underspend of £657k.</li> <li>• The forecast excluding the Primary Care Delegated 1% surplus is an overspend of £73k.</li> </ul>
10.2	<p>As a result of discussion it was reflected that this year is the most complex to date in terms of the changes introduced and the budget is still subject to small in-year variances. It is believed that we are on target for the year to date and full year forecast is on plan. The report to the next Committee will include an updated position in respect of the funding agreed around the Quality Progression Scheme.</p>
10.3	<p><b>AGREED</b></p> <p><b>The Primary Care Commissioning Committee:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the month 2 Finance Report 2019-20.</b></li> </ul>
11.	<b><u>Any Other Business</u></b>
11.1	<p><b><u>Parliamentary Awards</u></b></p> <p>Attention was drawn to two innovative healthcare projects which support people in Hampshire which have been chosen as regional winners for the prestigious Parliamentary Awards, and have been shortlisted for the national awards these are:</p> <ol style="list-style-type: none"> <li>1. <b>Regional Winner for ‘Excellence in Primary Care’ - Restore2</b>  NHS West Hampshire’s Quality Team introduced an early warning system in local care homes to help staff decide if a resident is just ‘under the weather’ or at risk of a serious illness, like sepsis. When care and nursing home staff see a resident is becoming unwell, they can use the system Restore2 to combine these ‘soft signs’ with standard observations, using the National Early Warning Score, and get the right level of urgent or emergency help.</li> </ol> <p>The National Early Warning Score returns a score between 0 and 20 based on the results of:</p> <ul style="list-style-type: none"> <li>• Breathing rate</li> <li>• Blood oxygen level</li> <li>• Blood pressure</li> <li>• Pulse</li> <li>• Level of consciousness or new confusion</li> <li>• Body temperature</li> </ul> <p>Patients with a score of five or more are at risk of severe illness and poor recovery and need urgent assessment and treatment. The tool supports local GP’s to make an assessment around what care is required when and by whom and to intervene promptly. West Hampshire CCG is trailblazing and the roll-out to care homes has already had enquiries from colleagues in Lancashire, Surrey, Sussex, Somerset and Berkshire who are keen to learn about the</p>

	<p>CCG's initiative. The system has also been presented to the Royal College of General Practice and at the National Safety Conference.</p> <p>Ellen McNicholas reflected on how proud she is of the team and their achievements.</p>
	<p><b>2. Regional Winner for 'Excellence in Healthcare' – ICON Preventative Programme</b></p> <p>The ICON Preventative Programme, supports parents to cope with a crying baby, reducing the risk of Abusive Head Trauma. An inability to cope with a crying baby is one of the key reasons that caregivers can lose control and shake a baby, causing lasting damage or death. The word 'ICON' represents the following message:</p> <ul style="list-style-type: none"> <li>• I – Infant crying is normal</li> <li>• C – Comforting methods can sometimes soothe the baby</li> <li>• O – It's OK to walk away</li> <li>• N – Never, ever shake a baby</li> </ul> <p>The ICON Programme incorporates these messages through a series of touch point interventions across a range of NHS services for children and families. It also incorporates a simple 'safe sleep' message. There has been a lot of interest in the ICON programme from NHS services elsewhere in the Country.</p> <p>On concluding this item the Chair reflected that it has been notable that the meeting today has identified three areas of work, Primary Care Networks, Restore2 and the ICON Programme where the strong leadership from within the CCG has been identified to bring about change/improvements for our local population and on behalf of the Committee thanks were extended to all those involved.</p>
<b>12.</b>	<b><u>Risks Arising From Discussion of Agenda Items To Be Included on The Primary Care Risk Register</u></b> - There were no new items identified on this occasion.
<b>13.</b>	<b><u>Date of Next Meeting</u></b>
13.1	The next meeting of the Primary Care Commissioning Committee is scheduled for: <ul style="list-style-type: none"> <li>• Thursday 29 August 2019, 9.00am to 11.00am, Boardroom, Omega House, 112 Southampton Road, Eastleigh SO50 5PB.</li> </ul>
<b>14.</b>	<b>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].</b>

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