

## Primary Care Commissioning Committee

Date of meeting		24 October 2019	
Agenda item	<b>3.1</b>	<b>Paper No</b>	<b>PCCC19/074</b>

### Minutes of the Previous Meeting – 29 August 2019

<b>Key issues</b>	The draft minutes of the 29 August 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 29 August 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>	Jackie Zabiela, Governance Manager
<b>Sponsoring director</b>	Rachael King, Director of Commissioning, South West
<b>Date of paper</b>	17 October 2019

## Primary Care Commissioning Committee (Draft)

Minutes of the West Hampshire CCG Primary Care Commissioning Committee Meeting held on Thursday 29 August 2019 at 9.30am in the Boardroom, Omega House, 112 Southampton Road, Eastleigh, SO50 5PB

<b>Present:</b>	Caroline Ward	Lay Member, New Technologies and Digital ( <b>Chair</b> )
	Liz Angier	Clinical Director Primary Care
	Ian Corless	Head of Business Services/Board Secretary
	Mike Fulford	Chief Finance Officer and Deputy Chief Officer
	Simon Garlick	Lay Member, Governance
	Judy Gillow	Lay Member, Quality
	Adrian Higgins	Medical Director
	Rachael King	Director of Commissioning: South West
	James Lawrence-Parr	Deputy Director of Commissioning: Mid Hampshire (Deputising for Jenny Erwin)
	Maggie Maclsaac	Chief Executive: Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups; Southampton City Clinical Commissioning Group; West Hampshire Clinical Commissioning Group
	Ellen McNicholas	Director of Quality, Board Nurse
	Alison Rogers	Lay Member Strategy and Finance
	Sarah Schofield	Clinical Chairman
	Jim Smallwood	Secondary Care Board Member
<b>In attendance:</b>	Jackie Zabiela	Governance Manager
<b>Apologies:</b>	Jenny Erwin	Director of Commissioning Mid-Hampshire
		Local Medical Committee Representative

### Summary of Actions

Minute Ref:	Action	Who	By
4.2.3	<b>Communications / Briefings</b> - To arrange to add lay members / Jim Smallwood to distribution lists for all communications, e.g. In Practice / PCN communications / comms updates (media releases) etc, with specific request for Alison Rogers to be added to list for communications to PPGs (reference discussion in Part 2).	EM	Immediate
5.3	<b>Primary Care Strategy</b> - To clarify when the final version of the Primary Care Strategy will be signed off.	RK	ASAP
6.2	<b>General Practice Forward View</b> - To provide an update to the next meeting on the headlines regarding how PCNs are shaping up and what intelligence is telling us of how things	RK	ASAP

Minute Ref:	Action	Who	By
	are embedding in practice, to include an update on PCN organisational development /Clinical Director development.		
6.2	<b>General Practice Forward View: Risk Register – Engagement / Communications with key stakeholders -</b> To discuss with Simeon Baker how might frame potential risk for the risk register in relation to PCNs being in their infancy, are critical to ICS development, to include how might share communications with stakeholders given issues are wider than just comms.	EM/RK	ASAP
9.4	<b>Risk Register: GP IT Support Out of Hours (Risk ID 484)</b> - To confirm if there is now extended GP IT support 24/7 (Out of Hours).	MF	ASAP
10.2.2	<b>Antimicrobial Prescribing:</b> <ul style="list-style-type: none"> <li>• <b>Link between secondary and primary care</b> - To contact HHFT and UHSFT again to obtain data on antimicrobial prescribing in ED / to compare with primary care prescribing (to support / ensure same messages in secondary care).</li> <li>• <b>Delayed prescriptions</b> - To consider if it would be possible to determine how many delayed scripts are being issued and why this is being done e.g. when patients are being seen on a Friday in case they should deteriorate over the weekend.</li> </ul>	NH  NH	ASAP  ASAP

<b>1.</b>	<b><u>Chairman's Welcome</u></b>
1.1	Caroline Ward welcomed all present to the twenty-first 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 PCCC19/055)</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	Sarah Schofield drew attention to the fact that she is not included on the register of interests for this meeting; this will be addressed for the next meeting. Sarah declared that she is a GP Associate at St Francis and Park Surgery (not a partner).
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. Attention was drawn to the fact that should a conflict arise at any point during the meeting members will need to declare this fact.

2.4	<p><b>AGREED</b></p> <p><b>The Primary Care Commissioning Committee:</b></p> <ul style="list-style-type: none"> <li>• <b>Agreed to note the updated Register of Interests for Committee members.</b></li> </ul>
3.	<p><b><u>Minutes of the Last Meeting</u> (Paper PCCC19/056)</b></p>
3.1	<p>Caroline Ward asked Committee Members to confirm the minutes of the meeting held on the 27 June 2019 as a correct record of proceedings. She explained that she had received no amendments in advance of the meeting.</p>
3.2	<p><b>AGREED</b></p> <p><b>The Primary Care Commissioning Committee:</b></p> <ul style="list-style-type: none"> <li>• <b>Approved the Minutes of the meeting held on 27 June 2019 as being a correct record and commended them for signature by the Chairman.</b></li> </ul>
3.3	<p><b>Matters Arising</b></p> <p>There were no matters arising from the minutes that are not covered by the action tracker.</p>
4.	<p><b><u>Action Tracker</u> (Paper PCCC19/057)</b></p>
4.1	<p>Caroline Ward referred the Committee to the action tracker.</p>
4.2	<p>The following updates were provided:</p> <ol style="list-style-type: none"> <li>1. <b>Ref No 39) 2019-20 General Practice Work Plan: Cyber Security: Undertake a review on CCGs compliance with New Cyber Security standards and report back to the Committee</b> – It was reported that the deadline for cyber security standards is June 2021 so there is still time to review full compliance. A full review will be undertaken with our IT provider (SCWCSU) in due course, however, currently other items are taking priority such as the GPIT Capital Programme and some of the earlier targets as detailed in that same presentation. Assurance can be provided as the CSU has achieved Cyber Essentials Plus accreditation – which is the highest status currently achievable which gives assurance and confidence in current position. New requirements in force by 2021 which will be factored into ongoing review of capital programme to be undertaken in the New Year given quite a significant pressure area for GPIT Programme. Quarterly updates on the GPIT programme will come to Committee, starting from next meeting.</li> </ol>
	<ol style="list-style-type: none"> <li>2. <b>Ref No 40a Operational Report Primary Care Networks (PCNS): Share copy of updating boundary map, to include population numbers, with the Committee</b> – It was reported that this action is complete. <b>Complete.</b></li> </ol>
	<ol style="list-style-type: none"> <li>3. <b>Ref No 40b Operational Report Primary Care Networks: Communications team to promote establishment and development of PCNs</b> – It was noted that the Communications team have promoted the establishment of the 13</li> </ol>

	<p>PCNs and the role and purpose of PCNS. Ongoing communications to be undertaken as PCNs continue to develop. <b>Complete.</b></p> <p>Simon Garlick raised PCN communications and advised that he had met with Simeon Baker and it was identified that lay members and Jim Smallwood are not being copied into what has been communicated. It was requested that the lay members/all Board members be included within portal/package system. It was agreed that Ellen McNicholas is to arrange for lay members/Jim Smallwood to be added to the distribution lists for all communications for example In-Practice/PCN communications/comms updates(media releases) etc. There was a specific request to add Alison Rogers to the list for communications to PPGs (reference discussion in Part 2). A new action is to be opened.</p> <p><b>ACTION: Ellen McNicholas</b></p>
	<p>4. <b>Ref 41 Risk ID 329 Andover ETTF: Change manager to read Jenny Erwin. Complete.</b></p>
	<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>Following general discussion linked with PCNs, Clusters and Localities it was stated that feedback has been received that people working in health services genuinely don't know how to access/signpost to all these things for example minor injuries. So there is a big generic issue around signposting people regarding their points of need. It was responded that this is part of the urgent care recovery plan where resource has been put in for wider Choose Well comms campaigns to raise awareness of the various different services they can access. It is also about ensuring that professionals in the system also know who to contact when 'in the moment'. It was reported that the CCG has just recruited a new member of staff to look at all these issues.</p>
4.4	<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 three actions are complete and can be closed.</b></li> </ul>
5.	<p><b><u>Hampshire and Isle of Wight Primary Care Strategy (Paper PCCC19/058)</u></b></p>
5.1	<p>Rachael King introduced paper PCCC19/058 and explained that this document sets out a vision and ambition for primary care services in Hampshire and Isle of Wight. Primary care services include general practice, community dentistry, optometry and community dental services.</p>
5.2	<p>Rachael King provided an overview of the plan and explained that the strategy is written within the context and framework of the emerging Hampshire and Isle of Wight (HIOW) Long Term Strategic Delivery Plan and describes the future of primary care services, how they will work with partners and the contribution they will make to the following system-wide objectives and goals:</p> <ul style="list-style-type: none"> <li>• <b>Supporting people to stay well.</b> Will work together to prevent ill-health and promote self-care. Citizens, patients, service users and communities will be better empowered and technology will be harnessed more effectively to support</li> </ul>

	<p>wellbeing.</p> <ul style="list-style-type: none"> <li>• <b>Joining up care locally.</b> Will strengthen and join up care in local neighbourhoods. This will be done by integrating health and social care teams to better support the needs of the local communities they serve, use technology to revolutionise people's experiences and outcomes, ensure we have a sustainable primary care workforce, and deliver care in the right place at the right time to reduce reliance on hospitals and care homes.</li> <li>• <b>Specialised care when needed.</b> Will improve services for people who need specialist care by identifying, understanding and reducing unwarranted variation in outcomes, clinical quality and efficiency and through the consolidation of more specialised care on fewer sites.</li> </ul> <p>The HIOW Long Term Strategic Delivery Plan (SDP) will set the vision and strategic direction for our health and care system over the next five years. This is currently in development and due to be published in autumn 2019.</p> <p>For this reason the strategy is iterative. It will both inform the development of, and evolve in response to, the ambition, objectives and plans that will be described for the whole system over the coming months.</p>
5.3	<p>As a result of discussion it was:</p> <ul style="list-style-type: none"> <li>• Commented that the pace seems really slow as is deployment of funding and investment and it was questioned as to what will be the impact on secondary care and what does the bigger picture look like in terms of the Long Term Plan and the balance between secondary and primary care services. It was responded that we are planning to fully utilise the uplifts for primary care and there will be elements which evolve as the framework develops and more intelligence becomes available around the full elements which will form part of the ongoing review. The plan is to uplift by 4 or 5% on annual plan. Clinical Cabinet has also queried what we can do over and above the allocation and shift from acute. This is in line with the Strategy.</li> <li>• Commented that whilst volunteers are mentioned it was questioned if the Strategy could be more overt regarding the role of volunteers and how they complement existing teams particularly within the headline summary.</li> <li>• Stated that workforce is a challenge in going forward and it was suggested that it might be helpful to give examples or case histories so people can understand the innovative models that could be developed in going forward.</li> <li>• Queried as to how do you measure GP workload, page 11 of the Strategy says GP workload 2.5% increase; it was questioned as to an increase in what. It was responded that a frustration exists nationally down to coalface GPs in that there is very limited visibility of what actual workload is. It does not mean caseload it means contacts and this has been raised nationally. It was reported that SHREWD is a system which is used across the acute system and one of the innovation fellows working on the national programme is looking at the potential of using SHREWD across the whole system for example for GPs regarding how many appointments, how many home visits, ambulance usage. However, there is not quite functionality yet and it is proposed that three pilot sites are identified and WHCCG has expressed an interest in being one of them.</li> <li>• Questioned if there is an intention from HIOW to develop other strategies for example community, which fit alongside the Primary Care Strategy as we need to see the totality. It was reported that there is a requirement to develop a</li> </ul>

	<p>Primary Care Strategy as part of the Long Term Plan (LTP). It was highlighted that this focuses on GPs and community sits alongside this, and there is also an acute strategy at Sustainability and Transformation Partnership (STP) level. The Primary Care Strategy is part of a wider LTP strategy which will be pulled together by the STP.</p> <ul style="list-style-type: none"> <li>• Clarification was sought as to what is the status of this report. It was responded that this is a final draft for comment prior to the final version being signed off by the STP and then an STP wide group being established to ensure delivery, alongside local plans to deliver. Rachael King agreed to check the sign off process and timescale.</li> </ul> <p><b>ACTION: Rachael King</b></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 and provided comment on the draft Hampshire and Isle of Wight Primary Care Strategy prior to approval by the Hampshire and Isle of Wight Sustainability and Transformation Partnership (STP)</b></li> <li>• <b>Agreed the action outlined at paragraph 5.3</b></li> </ul>
6.	<p><b><u>West Hampshire CCG General Practice Forward View 2019-20 Work Programme (Paper PCCC19/059)</u></b></p>
6.1	<p>Rachael King introduced paper PCCC19/059 that provides details on 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.</p> <p>The plan has been developed in line with the requirements of the National Primary Care Network Directed Enhanced Service (DES) and the West Hampshire CCG 2019-20 Operating Plan, building on the National GP Forward View Plan.</p> <p>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.</p>
6.2	<p>As a result of discussion it was:</p> <ul style="list-style-type: none"> <li>• Highlighted that the CCG continues to support the development of Primary Care Networks (PCN). Network Plans are under development and work is taking place to agree the funding of network plans and priorities are being considered in line with local need. STP funding has been received to support development and is in the region of around £30k for each PCN. The 30k for organisational development was questioned around how PCNs will assess their needs and if there is a formal self-assessment process and how this relates to the development of Clinical Network Directors. It was reported that this needs to be formally submitted which will help identify what can be done at scale as well as locally. Discussions are ongoing through the Network Forum regarding</li> </ul>

providing more facilitated sessions. It was reported that there have been discussions about the need to look at the individual needs of Clinical Directors and then at Network and cross-network needs. Will need to arrange workforce regarding what to do locally, as well as looking at population health. Account will be taken of quality improvement and the need for coaching to achieve transformation programmes. The CCG will provide ongoing support, creating a platform via kahootz that other PCNs can go to. It was stated that the £30k is proposed to be managed via a nominal split of 90% organisational development and 10% personal development for Clinical Directors. Attention was drawn to the fact that Clinical Directors are feeling overwhelmed by the scale of work and it has been agreed to hold a facilitated workshop. There was discussion around the fact that PCNs are at different stages and the balance facing Clinical Directors of setting-up PCNs versus their 'day job', it was agreed to provide an update to the next meeting on the headlines regarding how PCNs are shaping up and what intelligence is telling us of how things are embedding in practice, to include an update on PCN organisational development /Clinical Director development.

**ACTION: Rachael King**

- Reported that opportunities are to be explored with neighbouring CCGs to share some of the development across geography in order to break down/mix and match across the STP. Attention was drawn to the fact that WHCCG has held one joint Network Forum with Southampton City CCG and will continue discussion as to how we can work more closely together.
- Questioned if there is a toolkit and a comms structure in terms of sharing best practice regarding early adopters and how much can be facilitated to avoid reinventing the wheel/ensure continuous improvement. It was responded that the STP has a New Models of Care (NMOC) programme with primary care leads from all CCGs that HIOW use for shared learning and is also trying to do the same with Network Directors to ensure a shared learning approach is adopted. In addition the STP is also looking at establishing a wider forum across HIOW. It was questioned if there is anything nationally regarding sharing not so good practice. It was responded that at each network meeting there is discussion around what is not going so well. It was suggested that it is important for PCN Clinical Directors to link with research institutes to ensure that research is built into the PCN agenda at an early stage.
- Questioned if there should be a risk articulated on the Risk Register around communications and making sure that communities and key stakeholders are well briefed on PCNs, on phases of change, and when will engage as feedback received from GPs is that they are inundated with concerns. It was agreed that this will be given further thought and discussed with Simeon Baker around how we might frame a potential risk for the risk register in relation to PCNs being in their infancy, are critical to ICS development, also to include how we might share communications with stakeholders given that issues are wider than just comms.

**ACTION: Ellen McNicholas/Rachael King**

6.3

**AGREED**

**The Primary Care Commissioning Committee:**

- **Noted the progress in delivery against the West Hampshire CCG GP Forward View Work Programme 2019-20.**
- **Agreed the actions outlined at paragraph 6.2.**

7.	<b><u>Operational Report</u> (Paper PCCC19/060)</b>
7.1	Rachael King introduced paper PCCC19/060 and explained that West Hampshire CCG received approval by NHS England for delegated primary care commissioning arrangements from 1 April 2015.
7.2	<p>The Primary Care Commissioning Committee were asked to note the following:</p> <p><b>CCG Wide:</b></p> <ul style="list-style-type: none"> <li>• The national General Practice Access Review</li> <li>• The update on national flu planning 2019-20</li> <li>• The planned work to increase the uptake of immunisations and screening programmes</li> <li>• The GP Premises Policy review and data collection</li> <li>• The Primary Care Premises Minor Improvement Grants 2019-20</li> <li>• The Primary Care Resilience Scheme 2019-20</li> </ul>
7.3	<p>Particular attention was drawn to:</p> <p><b>1. National Review of Access to General Practice</b></p> <p>The national Review of Access to General Practice Services in England announced in ‘Investment and Evolution – A Five Year Framework for General Practice Reform’ (January 2019) is currently taking place. The review will look at ways to enable the development and implementation of a coherent access offer to patients accessing general practice appointments.</p> <p>The initial focus will be on in-hours and extended access with a view to understanding capacity, demand and improving productivity. Data gathering has commenced to inform the review. National data sets and practice visits are being used for in-hours access. CCGs have been requested to submit data on extended access services by 29 August 2019.</p>
	<p><b>2. National Flu Immunisation Programme 2019-20</b></p> <p>The national flu immunisation programme aims to provide direct protection to those who are at higher risk of flu associated morbidity and mortality. Groups eligible for flu vaccination are based on the advice of the Joint Committee on Vaccination and Immunisation (JCVI) and include older people, pregnant women, and those with certain underlying medical conditions.</p> <p>In 2019-20, the following are eligible for flu vaccination:</p> <ul style="list-style-type: none"> <li>• all children aged two to ten (but not eleven years or older) on 31 August 2019</li> <li>• those aged six months to under 65 years in clinical risk groups</li> <li>• pregnant women</li> <li>• those aged 65 years and over</li> <li>• those in long-stay residential care homes</li> <li>• carers</li> <li>• close contacts of immunocompromised individuals</li> </ul> <p>The only change to the eligibility criteria is the planned extension of the programme to school year 6 children. This means that all primary school aged</p>

children will now be offered the vaccine for the first time in England.

West Hampshire CCG's Immunisation, Vaccination and Screening Group in conjunction with local practices, has undertaken a review of the 2018-19 local flu immunisation programme. Learning from the review has been incorporated in a tips and hints briefing for increasing uptake rates across all at risk groups which will be circulated to West Hampshire GP Practices in August.

A specific targeted local focus will be on increasing flu immunisation uptake amongst patients with Chronic Respiratory Disease. This is a key component of the South West Hampshire Urgent and Emergency Care Plan and joint work has commenced with the West Hampshire CCG Clinical Lead for Respiratory and Public Health England to inform the development of a local action plan.

West Hampshire CCG has supported the NHS England audit of flu vaccination orders by primary care. Whilst practices have guaranteed delivery dates, one pharmaceutical company (Sanofi UK) have confirmed phased deliveries of vaccines for the under 65's to be scheduled from October to November 2019. West Hampshire CCG is working with NHS England Wessex to support practices to ensure vaccines are available for all at risk groups.

As a result of discussion it was questioned if there are any implications from Brexit given timeframe as October/November is key to provision of vaccinations. It was advised that it is public knowledge that medicines are at a higher priority at government level than food, so there is a massive work stream regarding this. This is an area of focus for the National Pharmacy Group and whilst it cannot be said that there won't be an issue, there is a huge amount of work to try and ensure there is a supply chain. Planning for flu vaccines started a while ago and there is a slight delay in delivery of flu vaccinations, not related to Brexit but a manufacturing delay. The impact this will have on uptake rates is not known however there are plans in place to take account of this for example for WHCCG staff the dates have been pushed back for staff vaccinations.

### **3. GP Premises Policy Review**

The GP Premises Policy Review was published in June 2019 following engagement with key stakeholders to understand the issues currently impacting general practice premises and to explore potential solutions. The areas considered by the review were:

- De-risking leases in strategically important estate
- Central estate ownership and state backed loans
- Property ownership as part of the partnership model
- Professionalism of property ownership and management
- New models and the premise cost directions
- Developing greater support for community and primary medical care in local estate planning and in developing strong and future facing Integrated Community Services (ICS) capital funding

The outcome is a series of policy responses to the issues which were explored, which are set out in this report. The report can be found via:

<https://www.england.nhs.uk/publication/general-practice-premises-policy-review/>

	<p>The outcomes of the review will now be taken forward to implementation stage. The outcomes will help ensure that future investment is made in a more coherent and strategic way into a professionally managed estate.</p> <p>However, it is recognised that capital is required both to bring up the standard of current estate and to transform primary care estates across England, to deliver what is required for the clinical and service vision of the Long Term Plan in purpose-built premises.</p> <p>The work that follows this Review will therefore create an implementation framework, informed by the government's future spending review timetable and outcome, to start the delivery of that transformation.</p>
7.4	<p><b>AGREED</b></p> <p><b>The Primary Care Commissioning Committee:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the updates in the Primary Care Operational Report.</b></li> </ul>
8.	<p><b><u>National GP Patient Survey Results (Paper PCCC19/061)</u></b></p>
8.1	<p>Rachael King introduced paper PCCC19/061 National GP Patient Survey Results and explained the background that:</p> <ul style="list-style-type: none"> <li>• The GP Patient Survey is an England wide survey providing practice level data about patients' experience of their GP Practices. Ipsos MORI administers the survey on behalf of NHS England. The slides presented showed the key results for NHS West Hampshire CCG for the July 2019 survey publication conducted January to March 2019.</li> <li>• In West Hampshire CCG, 12,904 questionnaires were sent out and 5,948 were returned completed. This represents a response rate of 46%. This is above the overall national response rate to the survey of 33.1%, based on 770,512 completed surveys.</li> <li>• The GP Patient Survey measures patients experiences across a range of topics including: <ul style="list-style-type: none"> <li>• Your local GP Service</li> <li>• Making an appointment</li> <li>• Your last appointment</li> <li>• Overall experience</li> <li>• Your health</li> <li>• When your GP Practice is closed</li> <li>• NHS Dentistry</li> </ul> </li> <li>• The limitations of the survey should be noted but the survey data can be triangulated with other sources of feedback, such as Patient Participation Groups and the Friends and Family Test to develop a fuller picture of patients' experience, enabling the identification of best practice and areas for potential improvement.</li> </ul>
8.2	<p>A summary of the survey results for NHS West Hampshire CCG showed:</p> <p><b>Overall Experience of GP Practice</b></p> <ul style="list-style-type: none"> <li>• 87% of patients described their experience of their GP Practice as good</li> </ul>

compared to 83% nationally. The CCG also compares favourably to neighbouring CCGs. Satisfaction by practice ranged from 39% to 99%, with the majority of Practices above the national average.

#### **Local GP Services**

- 79% of patients said that it was easy to get through to someone at their GP practice on the phone, compared to 68% nationally. 92% of patients said that they feel that receptionists are helpful when coming into contact with their Practice compared to 89% nationally.

#### **Access to online services**

- 48% of patients are aware that they are able to book appointments online, compared to 44% nationally. 47% of patients are aware that they are able to order repeat prescriptions online, compared to 41% nationally. 18% of patients are aware that they can access their medical records online, compared to 15% nationally.
- Although the use of online services was either the same or higher than the national average (at CCG level), overall utilisation remains relatively low, with an average of 73% of patients using none of the online services listed in the last 12 months.

#### **Making an appointment**

- 64% of patients said that they were offered the choice of an appointment when they last contacted their Practice compared to 62% nationally. 77% of patients said that they were satisfied with the type of appointment they were offered, compared to 74% nationally. 72% of patients said that their overall experience of making an appointment was good, compared to 67% nationally. Only 12% of patients said their overall experience of making an appointment was poor, compared to 16% nationally.

#### **Perceptions of care at patients last appointment**

- At their last appointment 89% of patients said that they were given enough time, 91% said the healthcare professional listened to them and 90% felt they were treated with care and concern. 96% of patients felt involved in the decisions about care and treatment, 96% had confidence and trust in the healthcare professional and 95% felt that their needs were met. 90% of patients felt that the healthcare professional recognised and/or understood any mental health needs that they may have had, compared to 86% nationally.

#### **Managing health conditions**

- 84% of patients said that they felt they had enough support from local services or organisations to help them to manage their condition/s. This compares to 74% nationally. 16% of patients said no to the above, compared to 22% nationally.

#### **Satisfaction with general practice appointment times**

- 67% of patients said that they are satisfied with the general practice appointment times that are available to them, compared to 65% nationally. 15% of patients said that they were dissatisfied with the above compared to 18% nationally.

	<p><b>Services when the GP Practice is closed</b></p> <ul style="list-style-type: none"> <li>73% of patients responded positively when asked ‘how do they feel about how quickly they received care or advice on that occasion’, compared to 66% nationally. 93% said that they had confidence and trust in the person they saw or spoke to compared to 91% nationally. 74% said that their overall experience of their last contact with NHS services was good when they wanted to see a GP but their GP Practice was closed. This compared to 69% nationally.</li> </ul>
8.3	<p>It was reported that:</p> <ul style="list-style-type: none"> <li>The CCG benchmarks well against both local and national comparators with every patient satisfaction question scoring above the national and local average.</li> <li>There has been a small reduction (1-4%) in the CCG average for a number of questions when compared to the 2018 survey.</li> <li>There is variation across Practices, with an opportunity for sharing of best practice and shared learning. This will be facilitated through Primary Care Networks.</li> <li>St Luke’s and Botley remains the most challenged provider in the survey results, with overall patient satisfaction deteriorating since 2018. The Living Well Partnership has taken action to address this.</li> <li>Although the use of online services was either the same or higher than the national average (at CCG level), overall utilisation remains relatively low. The CCG will take continued action to promote the availability and use of online services, as well as actively working with local Practices to increase uptake rates.</li> <li>Although below the national average, patient experience of Out of Hours Services compared with a couple of years ago has dramatically improved, however 27% of patients felt that it took too long to receive care or advice when their practice was closed. The CCG will correlate this with patient experience satisfaction of its out of hours providers and continue to work with them to identify actions to improve responsiveness.</li> </ul>
8.4	<p>As a result of discussion it was:</p> <ul style="list-style-type: none"> <li>Questioned as to whether there is anything further we need to do at St Lukes given that they are such an outlier. It was advised that this correlates with other information and feedback that is more complaints and concerns regarding access than others. The Living Well Partnership has taken action to improve patient experience and processes and support better access. It was stated that it will be interesting to see the result of the next survey but the CCG is concerned as it correlates with wider information. The CCG Quality Team continues to work with St Lukes. It was queried if there are any early indicators regarding the impact of the Living Well actions rather than waiting for the next GP Survey, for example Friends and Family Test (FFT) results. It was responded that this point can be picked up under the part 2 agenda item. It was therefore agreed to discuss this further in Part 2. (See minute reference 6)</li> </ul>
8.5	<p><b>AGREED</b></p> <p><b>The Primary Care Commissioning Committee:</b></p> <ul style="list-style-type: none"> <li><b>Noted the results of the GP Patient Survey, the key messages and the actions to be taken.</b></li> </ul>

9.	<b><u>Primary Care Risk Register (Paper PCCC19/062)</u></b>
9.1	<p>Rachael King introduced paper PCCC19/062 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	The Committee reviewed the Risk Register and an update was provided on each of the high level risks.
9.3	<p>It was reported that:</p> <ul style="list-style-type: none"> <li>• The risk has decreased for Risk ID 329 Andover ETTF.</li> <li>• The risk remains very high for Risk ID 411 Eastleigh ETTF. Noted that Project manager is working closely with Eastleigh Borough Council and the CCG continues to hold briefing discussions with NHSE for support and guidance.</li> <li>• In terms of GPIT the position has changed significantly from where we were this time last year. Now as a result of how we are managing the programme and issues it feels as though the risks have substantially reduced. Not to say that GPIT because of scale and pace of delivery required is not without risk, but the way that services are being overseen, led and delivered means that the risk is much more reduced.</li> </ul>
9.4	<p>As a result of discussion attention was drawn to Risk ID 484 Out of Hours and cyber-attack and the statement that we 'Have a quote to extend to 24/7' and it was questioned as to whether we have actually got the extended support. It was stated that it is believed that it is in place and this will be confirmed outside of the meeting.</p> <p><b>ACTION: Mike Fulford</b></p>
9.5	<p><b>AGREED</b></p> <p><b>The Primary Care Commissioning Committee:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the report of the Primary Care Commissioning risk register, the identified high risks and mitigating actions.</b></li> </ul>
10.	<b><u>Primary Care Prescribing Report – August 2019 (Paper PCCC19/063)</u></b>
10.1	Neil Hardy introduced paper PCCC19/063 and explained that the paper provided a summary of CCG and individual practice performance for total prescribing and for a number of key interventions contained within the QIPP (Quality, Innovation, Productivity and Prevention) plan and Medicines Optimisation Incentive Scheme (MOIS) for 2019/20.

	<p>Particular reference was drawn to the following CCG strategic objectives:</p> <ul style="list-style-type: none"> <li>• Ensure system financial sustainability (reducing unnecessary medicines and dressings spend)</li> <li>• Ensure safe and sustainable high quality services - improved medication review and de-prescribing of problematic medicines and antimicrobial stewardship.</li> <li>• Establish local delivery systems (the integrated pharmacy service is a high priority within the LDS)</li> <li>• Develop the CCG workforce (the development of a more clinical role for pharmacists is in line with the national direction of travel and supports the sustainability of primary care).</li> </ul>
10.2	<p>Attention was drawn to the following highlights:</p> <p><b>1. Primary Care Dashboard</b>  Jon Rumsey, CCG Analytics Manager, has developed a Medicines Optimisation QIPP Dashboard that contains data for all the <i>items less suitable for prescribing in primary care</i> at CCG and individual practice level. The Team are continuing to work with Jon to enable a dashboard that can be used with GPs in practice and at locality meetings to demonstrate performance against our key interventions. There is also a national system but is not that user friendly at GP practice level.</p>
	<p><b>2. Antimicrobial Stewardship</b>  The use of antimicrobials is an important issue globally. Whilst the total prescribing of antibiotics within the CCG, using weighted population, remains significantly lower 10% than the national average, the proportion of broad spectrum antibiotics prescribed continues to be higher. June data shows a continuing downward trend. This good news is to be shared with GPs and wider.</p> <p>As a result of discussion it was:</p> <ul style="list-style-type: none"> <li>• Stated that it is good to see some of the non GP prescribing data and it was reflected that it is often found that when GPs advise patients that they can't have antibiotics they will often present elsewhere for example ED and more widely across secondary care and it was questioned if there is any opportunity to look at if patients have been to GPs, and are ED staff well supported in saying 'no'. It was responded that secondary care are starting to share their prescribing data. Neil Hardy agreed to email HHFT and UHSF to obtain data on antimicrobial prescribing in ED in order to compare with primary care prescribing in order to support and ensure consistency of messages in secondary care.</li> </ul> <p><b>ACTION: Neil Hardy</b></p> <ul style="list-style-type: none"> <li>• Commented that there is some data regarding local prescribing, but it would be helpful to ask how many delayed scripts are being issued (for example being seen in surgery on a Friday and issued with a prescription just in case they deteriorate over the weekend) and why this is being done as this will help regarding the wider part of the picture. Neil Hardy agreed to give this further consideration.</li> </ul> <p><b>ACTION: Neil Hardy</b></p>
	<p><b>3. Patient Engagement</b>  The medicines optimisation team continues to engage with patient</p>

	<p>participation groups and other public and patient forums to encourage patients and their carers to take greater responsibility for their medicines and seek advice and medication reviews if they are concerned.</p> <p>The CCG easy-read version of the medication review prompt is now hosted on the WidgitHealth website which means it is now available for any organisation to use:  <a href="https://widget-health.com/easy-read-sheets/index.htm">https://widget-health.com/easy-read-sheets/index.htm</a>  The idea is that GPs will use this as part of an annual health check with people with a learning disability and their carers/relatives.</p>
<b>10.3</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 Primary Care Prescribing report (August 2019)</b></li> </ul>
<b>11.</b>	<p><b><u>Primary Care Finance Report – Month Three</u> (Paper PCCC19/064)</b></p>
11.1	<p>Mike Fulford introduced paper PCCC19/064 and explained that at Month 3:</p> <ul style="list-style-type: none"> <li>• Across all funding streams Primary Care is, as at 30 June 2019, underspent by 156k.</li> <li>• The position excluding the Primary Care Delegated 1% reserve is an overspend of £26k.</li> <li>• The forecast outturn is an underspend of £289k</li> </ul> <p>Alignment with strategic objective 1.9:</p> <ul style="list-style-type: none"> <li>• We will promote a sustainable model for primary care with improved access and choice with an increased focus on people with complex and multiple conditions through the provision of integrated care.</li> </ul>
11.2	<p>Mike Fulford reported that we are on plan for a small surplus; however there are some risks which will be reported within the part 2 meeting. We have resolved outstanding issues from last year so what is reflected is the current position. There are a number of small pressures compensated by some small underspends, resulting in a relatively small forecast underspend. It was reflected that this is the tightest the CCG has been since we have had delegated budgets; this is due to the challenges in implementing the new GP Framework which has caused more cost pressures than anticipated due to publication of late guidance.</p>
<b>11.3</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 Month 3 finance report 2019-20</b></li> </ul>
<b>12.</b>	<p><b><u>Any Other Business</u></b> – There were no items raised on this occasion.</p>

13.	<p><b><u>Risks Arising From Discussion of Agenda Items To Be Included on The Primary Care Risk Register :</u></b></p> <p>To consider adding the potential risk raised in Item 6 General Practice Forward View: with regard to engagement with key stakeholders.</p> <p>The Committee were reminded that an update on PCN Clinical Director workload / pressures would be provided to the next meeting, and that an action would be added to the Action Tracker regarding the link between antimicrobial prescribing in secondary and primary care.</p>
14.	<p><b><u>Date of Next Meeting</u></b></p>
14.1	<p>The next meeting of the Primary Care Commissioning Committee is scheduled for:</p> <ul style="list-style-type: none"> <li>• Thursday 24 October 2019, 9.00am to 11.00am, Boardroom, Omega House, 112 Southampton Road, Eastleigh SO50 5PB.</li> </ul>
15.	<p><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. <i>[In accordance with section 1 (2) Public Bodies (Admission to Meetings) Act 1960].</i></b></p>