

# Primary Care Commissioning Committee

Date of meeting		25 April 2019	
Agenda item	3.1	Paper No	PCCC19/020

## Minutes of the Previous Meeting – 28 February 2019

<b>Key issues</b>	The draft minutes of the 28 February 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 28 February 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>	17 April 2019

## Primary Care Commissioning Committee (Draft)

Minutes of the West Hampshire CCG Primary Care Commissioning Committee Meeting held on Thursday 28 February 2019 at 2.30pm 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
	Simon Garlick	Lay Member, Governance
	Mike Fulford	Chief Finance Officer and Deputy Chief Officer
	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
	Jim Smallwood	Secondary Care Board Member
	Alison Rogers	Lay Member Strategy and Finance
<b>In attendance:</b>	Sarah Schofield	Clinical Chairman
	Terry Renshaw	Governance Manager
<b>Apologies:</b>	Liz Angier	Clinical Director Primary Care
	Sallie Bacon	Director, Public Health
	Heather Mitchell	Director of Strategy and Service Development

### Summary of Actions

Minute Ref:	Action	Who	By
5.3	<b>GPFV 2018/19</b> <ul style="list-style-type: none"> <li>Heather Mitchell to provide post meeting note by 8 March 2019 to Committee around deadline for achievement of: <ul style="list-style-type: none"> <li>100% practices live with E-prescribing.</li> <li>100% referrals sent electronically via ERS.</li> </ul> </li> <li>Report for next meeting to include an update on status of the key digital work streams.</li> </ul>	HM	08.03.19
		HM	17.04.19
6.4	<b>GP Contract Reform</b> <ul style="list-style-type: none"> <li>Chairs action delegated for sign-off of QPS for April – June 2019.</li> </ul>	RK/CW/MF	ASAP

<b>1.</b>	<b><u>Chairman's Welcome</u></b>
1.1	Caroline Ward welcomed all present to the eighteenth 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 PCCC19/001)</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 PCCC19/002)</u></b>
3.1	Caroline Ward asked Committee Members to confirm the minutes of the meeting held on the 1 November 2018 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 1 November 2018 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 PCCC19/003)</u></b>
4.1	Caroline Ward referred the Committee to the action tracker.
4.2	The following update was provided:

	<ul 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 governance arrangements for Clusters (PCNs) have been established. Cluster plans to be finalised by March 2019 setting out key priorities, deliverables and outcomes. To be monitored via Local Delivery System New Models of Care Groups, Clinical Cabinet and Primary Care Commissioning Committee. The Primary Care Network Contract Directed Enhanced Service and Network Agreement is to be published in March 2019 setting out key requirements for delivery by Networks. Governance arrangements are to be kept under review. It was agreed that this action should remain open and not be closed at this point. Status changed to Amber.</li> <li>• <b>Ref No 32b) GPFV Work Programme: Raise with Referral Support Service (RSS) poor patient experience for frequent fliers in terms of being allocated to another consultant’s clinic on e-referrals</b> - It was noted that this has been discussed with the RSS and will be addressed as an integral part of the Referral Strategy. <b>Complete.</b></li> <li>• <b>Ref No 32c) GPFV Work Programme: For Q3 report identify measurable and how trajectories are achieving in order to provide assurance</b> – It was reported that the GPFV work programme has been strengthened to increase visibility of delivery against key achievements. Further development is being undertaken with Performance Team to produce a summary dashboard, linked to Primary Care Dashboard, for inclusion in Q4 report.</li> <li>• <b>Ref No 33 PMS Contract Change: In future reports include reference as to reason why change has been requested</b> – It was reported that this has been highlighted to the Primary Care Team and is to be actioned on an ongoing basis as and when PMS Contract change requests are submitted for approval. <b>Complete.</b></li> <li>• <b>Re No 34 Primary Care Finance Report: Include in next report detail around cluster resourcing</b> – It was noted that this is to be included in the year-end report due in April 2019.</li> </ul>
4.3	<p><b>AGREED</b></p> <p><b>The Primary Care Commissioning Committee:</b></p> <ul style="list-style-type: none"> <li>• Reviewed the Action Tracker and received the updates.</li> <li>• Agreed that two actions are complete and can be closed.</li> </ul>
5.	<p><b><u>WHCCG General Practice Forward View 2018-19 Work Programme (Paper PCCC19/004)</u></b></p>
5.1	<p>Rachael King introduced paper PCCC19/004 and explained that this report details progress to date against the agreed key priorities for delivery in 2018-19 in line with the five key components of the integrated care model and key enablers. The key priorities have been identified and agreed with our six Localities and Clinical Cabinet. It was stated that delivery will make a difference both in terms of improved patient care, as well as supporting the sustainability of general practice.</p>
5.2	<p>An update was provided on Primary Care Networks (PCNs) that included:</p> <ul style="list-style-type: none"> <li>• The establishment of thirteen PCNs following the merger of Winchester rural north and east.</li> </ul>

	<ul style="list-style-type: none"> <li>• Cluster Clinical Leads have been appointed, 2 sessions per week</li> <li>• Cluster Lead/s appointed for all Networks.</li> <li>• A Cluster Lead Induction event was held on the 19 January 2019 and Cluster Leadership training is scheduled for March 2019.</li> <li>• Network events have been held in North and Mid Hampshire and South West Hampshire. Further organisational development support including peer support networks is being progressed.</li> <li>• Cluster Plans are to be developed by March 2019 setting out key local priorities in line with local population need and in support of the sustainability of general practice.</li> </ul> <p>It was reflected that following the publication of Investment and evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan the CCG is well placed to build on the work undertaken to date.</p>
5.3	<p>As a result of discussion it was:</p> <ul style="list-style-type: none"> <li>• Questioned as to whether there are any plans for the Committee to interact with Cluster Leads. It was responded that there are currently no arrangements in place around the induction and development programme but in moving forward consideration is to be given as to whether there are common topics where it would be good to interface.</li> <li>• Clarification was sought around the terminology to be used for example Clusters or Primary Care Networks. It was responded that in line with national guidance and the view of the STP New Models of Care Group Clusters in moving forward will be called Primary Care Networks and communications are in place to support this.</li> <li>• Highlighted that page 16 of the slide pack (key targets &amp; delivery overview states that: <ul style="list-style-type: none"> <li>• 100% of practices to be live with E-prescribing by March 2018 and current status is reported at 96%</li> <li>• 100% referrals sent electronically via ERS by the end of October 2018 and current status is reported at 97%.</li> </ul> <p>It was reported that this is not currently a contractual obligation but it will be under the new contract. It was agreed that Heather Mitchell is to be asked to:</p> <ul style="list-style-type: none"> <li>• Provide a post meeting note to the Committee around the deadline for achievement of both these targets.</li> </ul> <p><b>Action: Heather Mitchell</b></p> <ul style="list-style-type: none"> <li>• Include within the report to the next meeting an update on the status of the key digital workstreams.</li> </ul> <p><b>Action: Heather Mitchell</b></p> </li> </ul>
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 progress in delivery against the West Hampshire CCG General Practice Forward View Action Plan 2018-19.</b></li> <li>• <b>Agreed the actions outlined in paragraph 5.3.</b></li> </ul>

6.	<b><u>A Framework for GP Contract Reform to Implement the NHS Long Term Plan (Paper PCCC19/005)</u></b>
6.1	<p>Rachael King introduced paper PCCC19/005 and stated that General Practice is the bedrock of the NHS, and the NHS relies on it to survive and thrive. The NHS Long Term Plan set out a 5 year framework for GP services contracts and confirms the direction for primary care for the next 10 years. It seeks to:</p> <ul style="list-style-type: none"> <li>• Address workload issues resulting from workforce shortfall</li> <li>• Bring a permanent solution to indemnity costs and coverage</li> <li>• Improve the Quality and Outcomes Framework</li> <li>• Introduce automatic entitlement to a new Primary Care Network (PCN) contract</li> <li>• Help join up urgent care services</li> <li>• Enable practices and patients to benefit from digital technologies</li> <li>• Deliver new services to achieve NHS Long Term Plan commitments</li> <li>• Give 5 year funding clarity and certainty for Practices.</li> </ul>
6.2	<p>Particular attention was drawn to the new Network Contract DES. PCNs are an essential building block of every Integrated Care System and under the Network DES general practice takes the leading role in every PCN. It ensures integration of primary and community health services. PCNs are about provision not commissioning, and are not new organisations. It was noted:</p> <ul style="list-style-type: none"> <li>• PCNs to submit completed registration form to CCG no later than 15 May 2019 providing six factual pieces of information and have all Practices signed up. CCGs are to confirm registration requirement by 31 May 2019.</li> <li>• The network area serves population of at least 30,000 but do not tend to exceed 50,000</li> <li>• All PCNs must appoint a Clinical Director as its accountable leader.</li> </ul>
6.3	<p>The next steps were outlined that included:</p> <ul style="list-style-type: none"> <li>• The CCG are fully supportive of the direction of travel for primary care and the further development of Primary Care Networks building on existing work undertaken locally.</li> <li>• Attendance at local and national conferences to gain greater understanding of the requirements within the framework.</li> <li>• Further guidance is to be issued including National Network Contract DES and Network Agreement in March 2019.</li> <li>• CCG and global sum allocations are required in order to assess affordability.</li> <li>• The need to work through requirements and local implementation, working in collaboration with STP New Models of Care Group.</li> </ul>
6.4	<p>As a result of discussion it was:</p> <ul style="list-style-type: none"> <li>• Reflected that we have a lot of work to around the financial implications including a number of elements that we still don't have any detail on.</li> <li>• Highlighted that the new Network Contract DES includes guaranteed cash payment of £1.50 per registered patient and from the 1 July 2019 this will become a Network Entitlement based on an agreed network registered list size. This funding is an extension of the existing £1.50 per head, CCGs to continue to fund through CCG allocations. Locally this has implications on the Quality Progression Scheme and the Medicines Optimisation Incentive Scheme resulting in a gap in service between April and the end of June in order that work can continue within Clusters a mini QPS will need to be</li> </ul>

	<p>developed. In view of the time frame involved it was agreed to delegate Chairs action to sign off the mini QPS.</p> <p><b>Action: Rachael King / Caroline Ward / Mike Fulford</b></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 five year framework for GP contract reform to implement the NHS Long Term Plan</b></li> <li>• <b>Noted and discussed the next steps in regard to the implementation of the framework.</b></li> <li>• <b>Agreed the action outlined at paragraph 6.4.</b></li> </ul>
7.	<p><b><u>Operational Report (Paper PCCC19/006)</u></b></p>
7.1	<p>Rachael King introduced paper PCCC19/006.</p>
7.2	<p><b><u>Special Allocation Scheme</u></b></p> <p>It was reported:</p> <ul style="list-style-type: none"> <li>• It is important that practices can maintain a safe environment for their patients and all staff working in the practice. NHS Regulations allow a GP practice to immediately remove a patient from their list following any incident where a GP or member of practice staff has feared for their safety or wellbeing, resulting in the incident being reported to the police with an associated crime number.</li> <li>• Special Allocation Schemes were created to ensure that patients who have been removed from a practice patient list can continue to access healthcare services at an alternative, specific GP practice. NHS England has a responsibility to ensure that all patients can access good quality GP services and that patients are not refused healthcare following incidents that are reported to the police.</li> <li>• Patients are registered on the scheme by the submission of a Violence Reporting Form to NHS England Primary Care Support Services by a GP practice. Patients are sent a letter informing them that they have been registered on the scheme.</li> <li>• Agreement was reached in October 2018 with Partnering Health Limited (PHL) to provide the Special Allocation Scheme jointly across the Portsmouth City, Fareham &amp; Gosport, South East Hampshire and West Hampshire CCG areas, using the same service specification. Each CCG has a separate contract with PHL with an end date of 31 March 2020.</li> <li>• There are currently 13 West Hampshire patients on the Special Allocation Scheme. As with the previous provider, on commencement, the PHL service experienced a high level of demand. This level of demand has now reduced.</li> <li>• Patients can access the service on line, by telephone and face to face ensuring flexibility. It is recognised that the location of the service in central Portsmouth can be problematic for some patients due to the associated travel distance. WHCCG is actively working with PHL to explore whether the service can be provided from a location within West Hampshire.</li> </ul>

7.3	<p><b><u>Addition of a Branch Surgery to St Luke's Practice</u></b></p> <p>It was reported that:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• The St Lukes and Botley Surgery underwent a CQC inspection in February 2018 where they were rated inadequate with a number of areas requiring improvement. West Hampshire CCG has supported the practice through this process with regular assurance meetings.</li> <li>• In May 2018 the practice requested that one of the Southampton practices, Ladies Walk, was made available to the St Lukes and Botley patients as a branch surgery to support the sharing of resources and improving patient access. The decision was made, giving approval of Ladies Walk surgery premises as a branch of St Lukes and Botley practice for 6 months ending in October 2018.</li> <li>• The practice has subsequently requested an extension to the use of the Ladies Walk premise as a branch surgery, which was reviewed under the urgent decision making process. Southampton City CCG has been consulted and their Primary Care Commissioning Committee supported the addition to extend the arrangements for just the Ladies Walk site. The Committee also felt it would be beneficial to monitor the numbers of patients registered with St Luke's Surgery who access Ladies Walk.</li> <li>• The request to extend the temporary use of Ladies Walk Surgery until 1 September 2019 was approved under the urgent decision making process and noted at the Primary Care Steering Group on 7 February 2019.</li> </ul>
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 update on the Special Allocation Scheme</b></li> <li>• <b>Ratified the urgent decision regarding the approval of the use of Ladies Walk surgery premises as a branch of the St Luke's and Botley practice until 1 September 2019.</b></li> </ul>
8.	<p><b><u>Medicines Management Optimisation Scheme 2019-2021</u></b> <i>(Paper PCCC19/007)</i></p>
8.1	<p>Ellen McNicholas introduced paper PCCC19/007 that provides detail around the Medicines Optimisation Incentive Scheme (MOIS) 2019-2021. It was highlighted:</p> <ul style="list-style-type: none"> <li>• All West Hampshire practices are currently signed up to the 2018/19 Medicines Optimisation Incentive scheme.</li> <li>• This is a two year scheme to focus on practices further improving the safe, high quality and cost effective use of medicines for the benefit of their patients. The incentive scheme is one of the main vehicles for the delivery of the CCG's Medicines Optimisation QIPP plan (Quality, Innovation, Productivity and Prevention) and as such the two are complementary.</li> <li>• It is recognised that the publication of the 5 Year Framework for GP contract reform to implement the NHS Long Term Plan may have implications with regard to the scheme including funding streams or potential duplication. The Medicines Management Team have confirmed that the MOIS will not duplicate any medicines related requirements in the Five Year Framework and funding</li> </ul>

	will be clarified when NHS England have confirmed details of the financial breakdown within the Framework.
8.2	<p>As a result of discussion it was:</p> <ul style="list-style-type: none"> <li>• Reflected that this is a good example of where WHCCG is ahead of the curve in terms of the MOIS.</li> <li>• The Five Year Framework Contract Reforms includes a lot around medicines management and the role of pharmacists in moving forward which we will need to map into our action plan in order to avoid duplication.</li> <li>• Reflected that one element missing from the 'Investment and evolution document' and that is around cost savings.</li> <li>• Stated that the MOIS scheme is valued by general practice.</li> </ul>
8.3	<p><b>AGREED</b></p> <p><b>The Primary Care Commissioning Committee:</b></p> <ul style="list-style-type: none"> <li>• <b>Approved the Medicines Management Optimisation Scheme 2019-21 subject to the confirmation:</b> <ul style="list-style-type: none"> <li>• <b>That medicines related work will not be duplicated</b></li> <li>• <b>Finance for the scheme is not included within the Five Year Framework.</b></li> </ul> </li> </ul>
9.	<b><u>Primary Care Risk Register</u> (Paper PCCC19/008)</b>
9.1	<p>Rachael King introduced paper PCCC19/008 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 529 - Capital for hub development, mitigated by close working with NHS Property services and ensuring all opportunities for capital funding are known and fully explored</li> <li>• Risk ID 210 - Delivery of the Primary Care Strategy mitigated by locality and cluster 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 re- 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><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 Finance Report – Month 9 (Paper PCCC19/009)</u></b>
10.1	<p>Mike Fulford introduced paper PCCC19/009 and explained that:</p> <ul style="list-style-type: none"> <li>• The budget for Delegated Primary Care for 2018-19 is £70,522k.</li> <li>• Across all Primary Care funding streams the budget is £175,795k.</li> </ul>
10.2	<p>Particular attention was drawn to:</p> <ul style="list-style-type: none"> <li>• <b>Non Delegated Primary Care Key Variances:</b> <ul style="list-style-type: none"> <li>• Locally Commissioned Services – There is currently a forecast underspend of £207k. This is due to underspends on Anti-Coag, that has had a declining spend over the last 2 years. Minor Injuries and Extended Hours due to not all practices signing up to the service.</li> <li>• Medicines Management – The year to date expenditure is showing an underspend of £1,856k. This is due to achievement of the QIPP and growth being lower than anticipated. It is forecast that expenditure will be higher during the winter months than planned and the forecast has been adjusted to reflect this and is showing an underspend of £1,289k.</li> <li>• Primary Care IT – The year to date over spend and forecast overspend is due to the increase in IT charges for the CCG. This includes the SMS text services for the GP Practices.</li> </ul> </li> <li>• <b>Key Delegated Primary Care Key Variances:</b> <ul style="list-style-type: none"> <li>• The 1% surplus of £710k will be shown within the Primary Care budget with an expenditure forecast of zero.</li> <li>• There is a forecast overspend of £74k on maternity and sickness cover which has seen an increase on claims from last year.</li> <li>• There is a forecast overspend of £127k on retainer fees which has seen an increase on claims from last year.</li> <li>• There is an underspend forecast on seniority of £209k due to seniority payments reducing in line with the GP contract.</li> <li>• There is an underspend on business rates of £85k</li> <li>• There is an underspend forecast on rents and other premises of £832k.</li> </ul> </li> </ul>
10.3	<p>As a result of discussion:</p> <ul style="list-style-type: none"> <li>• It was stated that there continues to be a significant number of widely prescribed medicines that are in short supply which leads to the DHSC agreeing a temporary increase in the reimbursement price, recognising that dispensers are being charged higher process. These are known as ‘Price Concessions’ formerly No Cheaper Stock Obtainable and this impacts on the CCG primary care prescribing spend and this is monitored on a monthly basis.</li> <li>• It was reflected that the underspend on the core delegated budget needs to be seen in the context of a range of primary care pressures for example the national uplift contract costs are higher than signalled within the NHSE Planning Guidance and this has been managed in year with the use of the benefits realised as a result of the outcome of the national rent reviews.</li> <li>• The good performance of the budget was reflected and the fact that the CCG as not restricted programmes of spend in place for this financial year. There are however pressures when rolling forward to 2019-20 and a more detailed update will be provided to the next meeting once an in-depth review of the Planning Guidance has been undertaken.</li> </ul>

10.4	<p><b>AGREED</b></p> <p><b>The Primary Care Commissioning Committee:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the month 9 Finance Report 2018-19.</b></li> </ul>
11.	<p><b><u>Any Other Business</u></b> - There were no new items identified on this occasion.</p>
12.	<p><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.</p>
13.	<p><b><u>Date of Next Meeting</u></b></p>
13.1	<p>The next meeting of the Primary Care Commissioning Committee is scheduled for:</p> <ul style="list-style-type: none"> <li>• Thursday 25 April 2019, 9.00am to 11.00am, Boardroom, Omega House, 112 Southampton Road, Eastleigh SO50 5PB.</li> </ul>
14.	<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>