NHS
West Hampshire
Clinical Commissioning Group

Primary Care Commissioning Committee

Date of meeting		**27 June 2019**	
Agenda item	**3.1**	**Paper No**	**PCCC19/039**

Minutes of the Previous Meeting – 25 April 2019

Key issues	The draft minutes of the 25 April 2019 meeting of the West Hampshire CCG Primary Care Commissioning Committee are attached for review and comment.
Strategic objectives / perspectives	This paper addresses the following CCG strategic objectives: • Ensure safe and sustainable high quality services • Work in partnership to commission health and social care collaboratively • Establish local delivery systems • Ensure system financial sustainability This paper supports the above by ensuring there are robust systems of internal control, governance and external validation' which demonstrate: • Openness and transparency in the organisation's decision making processes and • That there is robust discussion in relation to any issues of concern.
Actions requested / recommendation	**The Primary Care Commissioning Committee is asked to:** • **Receive and agree the Minutes of the meeting held on 25 April 2019** • **Discuss any matters arising from the Minutes that are not covered by the Action Tracker.** • **Note that the approved Minutes of the Primary Care Commissioning Committee will be submitted to the next CCG Board meeting held in public.**
Principal risk(s) relating to this paper	Not applicable.
Other committees / groups where evidence supporting this paper has been considered	Not applicable.

Financial and resource implications / impact	There are no financial or resource implications arising from this paper.
Legal implications / impact	There are no legal implications arising from this paper.
Data protection impact assessment required?	Not applicable.
Public / stakeholder involvement – activity taken or planned	Not applicable.
Equality and diversity – implications / impact	As a record of what was discussed/agreed at a meeting, minutes do not have an equality impact.
Report author	Terry Renshaw, Governance Manager
Sponsoring director	Rachael King, Director of Commissioning, South West
Date of paper	20 June 2019

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Primary Care Commissioning Committee (Draft)

Minutes of the West Hampshire CCG Primary Care Commissioning Committee Meeting held on Thursday 25 April 2019 at 10.00am in the Boardroom, Omega House, and 112 Southampton Road, Eastleigh, SO50 5PB

Present:	Caroline Ward	Lay Member, New Technologies and Digital **(Chair)**
	Liz Angier	Clinical Director Primary Care
	Ian Corless	Head of Business Services/Board Secretary
	Jenny Erwin	Director of Commissioning Mid-Hampshire
	Mike Fulford	Chief Finance Officer and Deputy Chief Officer
	Judy Gillow	Lay Member, Quality
	Heather Hauschild	Chief Officer
	Rachael King	Director of Commissioning: South West
	Heather Mitchell	Director of Strategy and Service Development
	Jim Smallwood	Secondary Care Board Member
In attendance:	Neil Hardy	Associate Director Medicines Optimisation (Item 9.2)
	Terry Renshaw	Governance Manager
Apologies:	Sallie Bacon	Director, Public Health
	Simon Garlick	Lay Member, Governance
	Adrian Higgins	Medical Director
	Ellen McNicholas	Director of Quality, Board Nurse
	Alison Rogers	Lay Member Strategy and Finance
	Sarah Schofield	Clinical Chairman
	Local Medical Committee Representative	

Summary of Actions

Minute Ref:	Action	Who	By
8.3	**Risk Register** – Review following low risks to identify if the risks are fully mitigated and can be closed: • Risk ID 132 Winchester Practice Development • Risk ID 534 Paper Referrals	RK/(SM)	31.05.19
12.2	**Primary Care Finance Report** – Circulate copy of M12 report to Committee.	MF/(TR)	03.05.19 Action Complete

1.	**Chairman's Welcome**
1.1	Caroline Ward welcomed all present to the nineteenth meeting in public of the Primary Care Commissioning Committee since responsibility was delegated to the CCG in April 2015. She noted the apologies for absence and highlighted that this was a

	meeting being held in public, rather than a public meeting.
1.2	It was confirmed that the meeting was quorate.
2.	**<u>Declaration of Interests</u> *(Paper PCCC19/019)***
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.
2.3	**AGREED** **The Primary Care Commissioning Committee:** • **Agreed to note the updated Register of Interests for Committee members.**
3.	**<u>Minutes of the Last Meeting</u> *(Paper PCCC19/020)***
3.1	Caroline Ward asked Committee Members to confirm the minutes of the meeting held on the 28 February 2019 as a correct record of proceedings. She explained that she had received no amendments in advance of the meeting.
3.2	**AGREED** **The Primary Care Commissioning Committee:** • **Approved the Minutes of the meeting held on 28 February 2019 as being a correct record and commended them for signature by the Chairman.**
3.3	**Matters Arising** There were no matters arising from the minutes that are not covered by the action tracker.
4.	**<u>Action Tracker</u> *(Paper PCCC19/021)***
4.1	Caroline Ward referred the Committee to the action tracker.
4.2	The following update was provided: 1. **Ref No 32a) GPFV Work Programme: Include specific reference to the governance reporting routes in terms of monitoring, delivery and outcomes** – It was reported that the new DES includes requirement for governance arrangements to be detailed in Network Agreements. Further assurance is to be provided through scheduled Board briefing.

	2. **Ref No 32c) GPFV Work Programme: For Q3 report identify measurables and how trajectories are achieving in order to provide assurance** – Further development is being undertaken with the Performance Team and a summary dashboard, linked to the Primary Care Dashboard, is included as part of the Q4 report. **Closed**.
	3. **Ref No 34 Primary Care Finance Report: Include in next report detail around cluster resourcing** – It was reported that financial schedules are under development and are to be brought to the June 2019 meeting.
	4. **Ref No 35a) GPFV 2018/19: Heather Mitchell to provide post meeting note by 8 March 2019 to Committee around deadline for achievement of, 100% practices live with E-prescribing, 100% referrals sent electronically via ERS** – It was reported that Digital progress reports will now be presented at Board to avoid having the discussions in several places. **Closed**.
	5. **Ref No 35b) GPFV 2018/19: Report for next meeting to include an update on the status of the key digital work streams** – It was reported that Digital progress reports will now be presented at Board to avoid duplication. **Closed**.
	6. **Ref No 36 GP Contract Reform: Chairs action delegated for sign-off of mini QPS April – June 2019** – Final paper included at agenda item 9.1 paper PCCC19/026. **Closed.**
4.3	**AGREED** **The Primary Care Commissioning Committee:** • **Reviewed the Action Tracker and received the updates.** • **Agreed that four actions are complete and can be closed.**
5.	**<u>WHCCG General Practice Forward View 2018-19 Work Programme Key Achievements</u> (*Paper PCCC19/022)***
5.1	Rachael King introduced paper PCCC19/022 and explained that the report provides a summary of the key achievements in 2018-19 delivered through the West Hampshire General Practice Forward View Plan and provides assurance regarding the effective discharge of the CCG's responsibilities under delegated commissioning. It was reported that: • The plan was developed in line with the requirements of the national GP Forward View and the 2017-19 Operational Planning and Contracting Guidance. • The four key **care design** work streams are: 1. Health Promoting Care 2. Improving Access to Care 3. Holistic, person centred co-ordinated care 4. Consistently High Quality Care • The four key **enablers** are: 1. Workload 2. Workforce 3. Infrastructure – Estates and Technology 4. Transformation Support

5.2	Rachael King drew to the attention of the Committee the following key highlights:
	• This report provides a summary of key achievements in 2018-19 delivered against the five components of our Integrated Care Model and the difference made both to local people and in supporting the future sustainability of our general practices. It provides assurance regarding the effective discharge of the CCG's responsibilities under delegated commissioning and in line with the national framework for GP contract reform, sets out emerging priorities for delivery over the next five years.
	• Clusters of GP Practices covering populations of 30,000 to 70,000 choosing to work together alongside acute and community services and the voluntary sector to deliver better joined up care for local people. There are 13 Clusters in West Hampshire and these will become known as Primary Care Networks from 1 July 2019. GP Cluster Clinical Leads appointed and in post, Cluster Plans are being developed that will be focused on local need.
	• Supporting people to stay well:
	  • Influenza and pneumococcal vaccinations – Significant work has been undertaken to promote the uptake of flu vaccination, particularly for people aged over 65 and children aged 2-3 years. West Hampshire CCG flu vaccination uptake 2018-19 for those aged 65+ years was 75.6% against a national target of 75%. National achievement was 71.3%. It was reflected that this achievement is due to the hard work of GP Practices despite the difficulties encountered in sourcing vaccinations this year.
	  • Weight Watchers – West Hampshire Practices have worked with Weight Watchers to invite eligible patients to join a 12 week programme. Twenty – two Practices have invited over twenty thousand patients to join the weight management services and of those accessing this service 91% saw a loss in weight.
	• Proactive Joined-up Care – The Frailty Support Team has been established across seventeen Practices across the New Forest to provide rapid assessment, diagnosis and care to reduce unnecessary hospital admissions and support people to remain at home. From April 2018 to February 2019:
	  • 1,293 patients supported to remain at home avoiding an admission to hospital
	  • 1,135 General Practice visits avoided, 1,135 hours of GP time saved.
	  • 232 patients accepted directly from the ambulance service rather than transferring patient to A&E.
	  • Admissions to Care Homes where the Team have supported are down by 43.5%.
	• Primary Care Mental Health Service Model – A co-produced model has been developed to strengthen the support available and the benefits will include:
	  • Reducing demand in secondary care mental health for assessment
	  • Reducing referral to crisis services for short term social crisis.
	  • Helping to deliver prevention and early intervention in social care.
	  • Helping to maintain independent living, particularly around housing support.
	  • Creating opportunities to bring other disciplines into closer delivery in primary care.

	• Better Access to Care – People encouraged to make the right choices at the right time. Easier access to self-help information and advice and guidance to make informed decisions. This includes: • Practice Reception staff trained in Active signposting, Benefit: Right care at

	right time, reduces 5% GP consultations. (Practices trained in 2018-19 and 25 practices in 2017-18, equating to a total of 34 (70%). • 36 Practices (76%) using eConsult, with 38,863 eConsults submitted in 2018-19, saving an estimated 23,318 GP appointments. An average of 3,329 eConsults are submitted per month, an increase from 1,710 in 2017-18. Initiatives of this type should reduce demand on general practice and help practices to manage their workload in different ways. • Referral Support Service – Phased implementation of the Referral Support Service from October 2018. Ensures that patients are referred to the right place, first time for routine (planned) care. There has been a 7% reduction in referrals and the use of advice and guidance has increased. There will be full roll-out across West Hampshire by March 2020. • Medicines Management Optimisation – 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 those reduced, for clinical reasons.
5.3	As a result of discussion: • The Committee reflected on the thorough report and thanks were extended to all who have contributed to the impressive set of achievements realised over the last year and it was asked how it is planned to communicate to patients the achievements made. It was reported that a communication plan is in development that will provide a platform for sharing this head-line information with our local population. It was reflected that there is also a need to promote achievements wider for example with NHS England and local stakeholders • Attention was drawn to the fact that we benchmark well against our peers. • It was highlighted that 77% of all GP Practices in West Hampshire are Dementia Friendly accredited but there are still 23% of Practices who to date are not and it was questioned as to what is the plan to improve the figure this year. It was responded that the CCG continues to encourage more practices to come on board and we are building on this year on year and the ultimate aim is to have 100% of Practices accredited. • The wording in respect of the Frailty Support Team supported 1,293 patients to remain at home avoiding an admission to hospital was questioned and clarification was sought as to whether this includes figures relating to alternative point of care such as a care home or other supported service. It was responded that the figures are subjective and based on information from assessment teams and GPs on what would have happened. • Attention was drawn to a recent Health Select Committee discussion on the overall plan for the NHS which implied it was not obtainable due to workforce issues and concern was expressed that there is not enough base-line detail in the report around GP issues for example vacancy rates. It was responded that this is one of the biggest challenges and a separate more detailed report is available developed via a tool that provides a rich data source. It was stated that this information will be updated each year and forms the basis for the Primary Care Networks (PCN) to develop their plans. It was observed that PCNs moving forward the reality is that they will not get the required GP numbers and therefore will need to consider putting in other health care professionals. Work is being undertaken locally around identifying competencies for some roles that will work alongside GPs.

	The Chair on concluding the discussion reflected on the impressive set off results that are moving forward in line with the CCG Strategy.
5.4	**AGREED** **The Primary Care Commissioning Committee:** • **Noted the key achievements in 2018-19 for West Hampshire CCGs General Practice Forward View.**
6.	**<u>A Framework for GP Contract Reform to Implement the NHS Long Term Plan</u>** ***(Paper PCCC19/023)***
6.1	Rachael King introduced paper PCCC19/023 which provided a summary of the five-year framework for GP Contract reform to implement the NHS Long Term Plan. The key elements of the contract reform are: • Addressing the workforce shortfall • Quality and Outcomes Framework • Network Contract Directed Enhanced Services • Digital Programmes – Improving access.
6.2	It was reported that General Practice is the bedrock of the NHS, and the NHS relies on it to survive and thrive. Attention was drawn to the following key areas: • New centrally funded clinical negligence scheme for General Practice commences in April 2019 operated by NHS Resolution. All General Practices are to be covered including out of hours and all staff groups working in the delivery of primary care services. To be funded through a one-off permanent adjustment to global sum. • Changes to the Quality and Outcomes Framework stepping down a number of indicators and associated points. 101/175 points to move into 15 more clinically appropriate indicators covering 5 areas: 1. Reducing iatrogenic harm and improving outcomes in diabetic care (43) 2. Aligning blood pressure control targets with NICE guidance (41) 3. Supporting an age appropriate cervical screening offer (11) 4. Offer pulmonary rehabilitation for patients with COPD (2) 5. Improving focus on weight management for patients with schizophrenia, bipolar, psychoses (40) Remaining 74/175 points for two Quality improvement modules within a new quality improvement domain. Each module to be supported through QOF for one year. For 2019-20, modules to cover include prescribing safety and end of life care. • Network Direct Enhanced Service: • PCNs are the essential building block of every Integrated Care System and under the Network DES, general practice takes the leading role in every PCN. This ensures integration of primary and community health services. PCNs are about provision not commissioning and are not new organisations. The Network Contract DES has 3 main parts: 1. National service specifications setting out what networks have to deliver 2. National schedule of Financial Settlements 3. Supplementary Network Services which can include local schemes

	developed by CCGs and PCNs and added as supplements to the contract. • All PCNs must appoint a Clinical Director as its accountable leader. • New additional roles reimbursement scheme to fund 5 reimbursable roles. Model role specifications published March 2019 as a guide. Networks will decide the job descriptions of their own staff but in doing so, will need to consider the new service requirements in the DES. There will be phased implementation. 2019-20 will focus on clinical pharmacists and link workers. • Existing Extended hours access DES to transfer to Network Contract DES from July 2019. • Delivering new network services. Seven specific national service specification under the DES. To be focused on areas where PCNS can have significant impact. To be developed in 2019-20 covering: 1. Structured medications review and optimisation (from 2020/21) 2. Enhanced Health in Care Homes (from 2020/21) 3. Anticipatory care requirements (from 2020/21) 4. Personalised care (from 2020/21) 5. Supporting early cancer diagnosis (from 2020/21) 6. CVD prevention and diagnosis (from 2021/22) 7. Tackling neighbourhood inequalities (from 2021/22) • Network governance arrangements: • The requirements for all Networks to deliver are set out in the Network Contract DES Contract specification. All Practices signing up to the DES accept that funding is dependent on the Network delivering these requirements. • The Network Agreement is required to be completed and signed by all Network Practices. This consists of 7 schedules that set out the Network specifics, the way in which the relevant members will deliver the requirements of the DES, financial arrangements, how the workforce will be employed and utilised and the governance arrangements, including meetings and decision making. • This includes any details of sub-contracting arrangements. All sub-contracting arrangements must be approved by WHCCG. • With agreement between the CCG and PCN, the CCG may commission local supplementary services as an agreed supplement to the Network DES, supported by additional local resources. This would be commissioned via a separate local incentive scheme in discussion with the LMC. • Monitoring of the DES: • CCGs to calculate payments based on delivery • Member practices to use SNOMED codes to record link worker and pharmacist activity. • Indicates that national PCN dashboard will also be developed.
6.3	As a result of discussion it was: • Stated that it is important to reflect on the changing boundaries and mergers of Practices and the report was commended for describing the changes in an easily understandable format. It was responded that this framework enables the CCG to build on the work that we have already undertaken to date. Thanks were extended to Rachael King and her team.

	• Questioned how these messages are taken out to Practices. It was stated that to date this has been via :
	  • Cluster Clinical Leads
	  • Network Forum
	  • Briefing at Locality meetings
	  • LMC have provided detailed briefings.
	This has increased knowledge and dialogue has commenced as understanding has grown.
	• Highlighted that it would be helpful to have on reports, in the future, an understanding of how communication is being executed and whether plan is on/off target. It was responded that the current focus is on increasing the understanding of our Practices and our wider partners and how we involve and support them as we move forward. Consideration is to be given to communication aspects.
	• Stated that for our local population we need to communicate messages that cover off the question 'so what does this mean for me'. It was responded that it is still early days and Locality Clinical Directors have been very supportive and helpful in respect of messaging within Localities and in moving forward a consistent messaging approach is to be adopted.

6.4	**AGREED** **The Primary Care Commissioning Committee:** • **Noted the five year framework for GP contract reform to implement the NHS Long Term Plan**
7.	**<u>Operational Report</u>** ***(Paper PCCC19/024)***
7.1	Rachael King introduced paper PCCC19/024.
7.2	**<u>Hedge End Boundary Change</u>** It was reported that: • Hedge End Medical Centre (list size 15,008 at 1 January 2019) has submitted a boundary change request to reduce their Inner Boundary. The practice has had a steady increase in their patient list size over the last 10 years (2,000 patients in the last 6 years) and significant housing development is planned in the area which will put additional pressure on the practice. The boundary reduction request is to support them in managing the increased popultation in their boundary area. • The practice has communicated with their patients and out of 216 responses 96% supported the change. They have also communicated with local practices in WHCCG who also support the change. • The request was reviewed by the Primary Care Steering Group, and following discussion, the Steering Group approved the reduction in practice boundary area shown in the striped yellow section on the map within paper PCCC19/024 . This area is covered by another local practice, Bursledon Surgery who supported the change. The proposal was also supported by Wessex LMC and NHS England (Wessex). • Approval was not given to reduce the practice boundary area shown in the yellow dotted area on the map within paper PCCC19/024 as this area is not covered by any other practice within West Hampshire CCG. • The Practice will retain all patients currently registered within the change of boundary area. The change will only apply to new patient registrations.

7.3	As a result of discussion : • Clarification was sought in respect of people in the hatched area which are to be excluded and the fact that people who are within area are to stay in area and new people moving into the area are to be advised to register with another Practice and how Practices are to be supported in managing expectations of their local population and in view of the numerous developments in place/planned what is being considered in terms of strategic comment for all Practices in the future. It was responded that in terms of patients within the striped area they will remain and new patients are to be advised to register at an alternative Practice. However, individual circumstances will be taken account of on a case by case basis. • Attention was drawn to the wider estate provision implications for Primary Care and it was reported that work has commenced with Practices and wider Partners around strategic planning and requirements for the future.
7.4	**AGREED** **The Primary Care Commissioning Committee:** • **Ratified the decision to reduce the Hedge End Medical boundary (striped area only) subject to the requirement that patients from this area currently registered with the Practice are retained on the registered list.**
8.	**<u>Primary Care Risk Register</u>** ***(Paper PCCC19/025)***
8.1	Rachael King introduced paper PCCC19/025 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: • Risk ID 329 - Estates & 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. • Risk ID 210 - Delivery of the Primary Care Strategy mitigated by locality and Network plans. • Risk ID 484 - Out of Hours IT issues, mitigated by contract variation and further negotiation. • Risk ID 495 - GP remote connection, mitigated by existing security solutions and investigation re- alternative connection.
8.2	The Committee reviewed the Risk Register and an update was provided on each of the high level risks.
8.3	As a result of discussion it was: • Questioned as to whether a risk needs to be included that encompasses the overarching change agenda. It was responded that this is more a mitigating action as it relates to reputation and there are clear arrangements in place in respect of communication plans around specific areas of focus. It was recognised there is a need to identify a better way to celebrate the wider success of Primary Care. • Agreed to review the following low risks to identify if the risks are fully mitigated and can be closed: • Risk ID 132 Winchester Practice Development

	• Risk ID 534 Paper Referrals **Action: Rachael King/(Sylvia Macey)**
8.4	**AGREED** **The Primary Care Commissioning Committee:** • **Noted the report of the Primary Care Commissioning risk register, the identified high risks and mitigating actions.** • **Agreed the action outlined at paragraph 8.3**
9.	**<u>GP Incentive Schemes</u>** ***(Paper PCCC19/026)***

9.1	**<u>Quality Progression Scheme (QPS) Quarter 1 2019-20</u>**
	
	Rachael King introduced paper PCCC19/026 which set out the proposed Quality Progression Scheme for Quarter 1 2019-20 (April – June 2019). It was explained that:
	• The aim of the Quality Progression Scheme is to:
	  • Support practices to be active participants in their Locality and Clusters/Networks to progress improvements in the quality of care available to the locality population.
	  • Support practices, working together as a Locality and Clusters/Networks to review and better understand the health needs of the locality population.
	  • Provide the opportunities to improve the design and quality of care provision necessary to meet the needs of the Locality and Cluster/Network populations.
	  • Enable locality practices to co-design and participate in education programmes delivered at TARGET meetings to improve the quality of care delivered to the locality population.
	  • Support development of shared learning and cooperative working between all partners in the Network and the locality practices.
	• The Quality Progression Scheme has the following components: Component A: Locality and Cluster Plans to action
	  • Part 1: Developing and implementing Locality and Cluster Plans
	  • Part 2: Workforce mapping
	• Component B: Improving Quality in Primary Care
	  • Part 1: Patient Safety – Learning from significant events
	  • Part 2: Education for improving quality and health.
	• In light of the recent publication of the GP Contract Framework and the Network Contract Directed Enhanced Service (DES), it is proposed to initially fund the scheme for Quarter 1 (April – June 2019). This will ensure that plans are progressed and momentum maintained, building on all the work undertaken to date. Practices will therefore receive funding for participating in the QPS, as well as the financial entitlements outlined in the DES, placing Networks in a strong position going forward. The QPS will then be reviewed in collaboration with the Local Medical Committee, taking into account the requirements of the DES and QOF Quality Improvement modules to inform any requirements for the scheme from 1 July 2019.
	• This proposal was approved by the Primary Care Steering Group.

9.2	It was reported that: • At the point a decision needed to be made in terms of the Quarter 1 QPS national guidance was not available and there was a need to support the locality structure and good work undertaken to date in terms of Cluster and Network Plans, which is why this approach has been adopted. • There is a potential cost pressure as the £1.50 previously used to fund will go into network funding agreement. The team are currently working through financial allocations and the potential implications.
9.3	**AGREED** **The Primary Care Commissioning Committee:** • **Ratified the decision made by the Primary Care Steering Group to approve the Quarter 1 2019-20 Quality Progression Scheme and the associated budget of £226,139.**
	<u>Medicines Optimisation Scheme Quarter 1 2019-20</u> (PCCC19/026)

9.4	Neil Hardy introduced Paper PCCC19/026 and explained:
	• The paper sets out the proposed Medicines Optimisation Incentive Scheme for Quarter 1 2019-20. This scheme has been evaluated quarterly with reports to the Primary Care Steering Group and has resulted in significant quality improvements and associated savings in line with the 2018-19 QIPP plan.
	• The aim of this incentive scheme is to:
	  • Incentivise practices to engage with the CCG Medicines Optimisation Team and other practices within the Locality and Network through active participation at Locality Medicines Optimisation Groups.
	  • Agree and implement a practice specific annual medicines optimisation action plan which is based on the CCG medicines optimisation QIPP plan, national priorities and takes account of the individual practice's priorities and opportunities for quality improvement and savings. The medicines optimisation team will support practices in developing and implementing their plans.
	• In light of the recent publication of the GP Contract Framework and the Network Contract Directed Enhanced Service (DES), it is proposed to initially fund the scheme for Quarter 1 (April – June 2019). This will support the delivery of the 2019-20 QIPP and ensure that Practices continue to be actively engaged in the scheme. The scheme will then be reviewed in collaboration with the Local Medical Committee, taking into account the requirements of the DES and QOF Quality Improvement modules to inform requirements for the scheme from 1 July 2019.
	• This proposal was supported by the Primary Care Steering Group.

9.5	As a result of discussion it was reflected that in taking stock of the changes to the GP contract it is encouraging to see that a lot of the quality and safety work WHCCG has been doing is embedded within the contract and the team are working through the finer detail of what is in/is out of contract.

9.6	**AGREED** **The Primary Care Commissioning Committee:** • **Ratified the decision of the Primary Care Steering Group to support the Quarter 1 2019-20 Medicine Optimisation Incentive Scheme and the associated budget of £70,866.**
10.	**<u>Quarter 1 PMS Premium Reinvestment 2019/20</u> *(Paper PCCC19/027)***

10.1	Rachael King introduced paper PCCC19/027 and explained that:
	• Following a review undertaken in 2016 of services offered under the premium funding of PMS contracts held with eight Practices, core and non-core services under the GMS contract were identified. Non-core GMS services were prioritised for commissioning across West Hampshire through the reinvestment of the PMS premium in line with national guidance.
	• The PMS Premium funding is £183,644 per annum, equating to a total of £918,220 over five years.
	• The prioritised areas for reinvestment of the PMS Premium 2016-17 to 2018-19 were the provision of:
	  • An equitable Minor Injuries Service for all WHCCG patients.
	  • A 'basket' of nursing services.
	  • A complex wound and leg ulcer service and
	  • A monitoring and prescribing service with additional medicines.

10.2	Following consideration by the Primary Care Steering Group of the proposals for the reinvestment of the PMS premium in 2019-20, the following was approved: • Continue to commission an equitable minor injuries service across WHCCG at a total cost of £174,403. • Continue to commission the basket of services at a total cost of £184,368. • Continue to commission the monitoring and prescribing of the thirteen shared care drugs at a total cost of £756,998 (which includes £200,788 funding from the PMS Premium), plus additional funding of £45,394 for the full year cost of Amiodarone and a fourteenth drug, Mycophenolate. This additional funding will be met through the primary care budget. • Invest year four of the PMS Premium of £183,644 in the Complex Wound and Leg Ulcer Service. This increases the total funding of the service to £472,144. • Commission a template with Snomed coding to ensure the accurate recording of complex wound and leg ulcer activity in 2019-20. This will enable a review of actual activity against plan (as at Month 9) to inform commissioning intentions in 2020-21.
10.3	Particular attention was drawn to: • The analysis of Read code data shows significant variation across practices. Work has been undertaken with Practices to understand the reasons for the variation. Despite the removal of post-operative wounds, which had been included in the data by some Practices, significant variation remains which cannot be explained by the size of the Practice or demographic need The variation ranges from 0 to 653 initial appointments and 0 to 1,407 follow-up appointments, as at Month 9. It is therefore not possible to use the data to accurately calculate the level of activity undertaken by general practices and the associated required investment.

	• It is therefore proposed that the year 4 PMS Premium investment of £183,644 is divided by weighted population across all Practices and commissioned through a block contract as the only equitable way of increasing the funding allocation for the Locally Commissioned Service. The block contract means that, as now, Practices will be paid monthly one twelfth of an annual agreed budget. • It is also proposed to include new Snomed codes and a specially written template for quarterly reporting in 2019-10 to ensure accurate data capture.
10.4	As a result of discussion it was: • Questioned as to how it is proposed to evaluate quality outcomes. It was responded that in respect of acute activity positive benefits have been seen for example a reduction in complex wound cases but cellulitis has increased and work is being undertaken with the quality team to undertake a detailed audit with our Practices. • Highlighted that some Primary Care Networks are keen to provide services across Practices in moving forward.
10.5	**AGREED** **The Primary Care Commissioning Committee:** • **Ratified the additional (recurrent) funding of £183,644 PMS premium reinvestment in the complex wound and leg ulcer service, equating to a total investment of £472,144 in 2019/20.**
11.	**<u>Business Case for Merger of Totton Health Centre and Forest Gate Surgery</u>** ***(Paper PCCC19/028)***
11.1	Rachael King introduced paper PCCC19/028 and explained that: • Totton Health Centre and Forest Gate Surgery merged Partnership contracts on 1 October 2018 following approval of the addition of partners to the two PMS contracts in August 2018. The partnership is now known as the New Horizons Medical Partnership. The practices have now submitted a Business case requesting a formal merger of their contracts. The potential benefits of the merger are detailed in the business case. • The practices have undertaken comprehensive public engagement, this included; a survey that was sent to all registered patients at the practices and three drop-in sessions and a Q&A sheet on their website. A summary of the patient feedback from the engagement was submitted as part of the paper. • Feedback showed that practice patients were generally supportive of the proposed merger and recognised that it supports sustainability of providing General Practice services and continuity of care in the local area. Some concerns were raised regarding travel to another site. • The Primary Care Steering Group at its meeting in February 2019 supported in principle the merger, subject to the practices undertaking patient and local stakeholder engagement regarding the proposed changes. • Following completion of the engagement period the final approval of the merger was now sought.

11.2	As a result of discussion it was: • Highlighted that the CCG has supported the Practices with their communications and engagement activities. • Reflected that there is a third Practice, Test Vale, who for them at this time a formal merger with Forest Gate and Totton Health Centre is not the right time, however they will act as a single network and the three Practices will be working together to provide services for patients. • Questioned whether any premises changes are proposed as a result of this merger. It was responded that the Practices are aware that no premises changes can take place without agreement via a Business Case and the agreement of the CCG. • Questioned if lessons learnt as a result of mergers are being captured. It was reported that the benefits of mergers are being clearly documented so that learning can be shared.
11.3	**AGREED** **The Primary Care Commissioning Committee:** • **Approved the formal merger of Totton Health Centre and Forest Gate Surgery subject to the Caveat outlined above around changes to premises.**
12.	**<u>Primary Care Finance Report – Month 11</u> *(Paper PCCC19/029)***
12.1	Mike Fulford introduced paper PCCC19/029 and explained that at Month 11: • The budget for Delegated Primary Care for 2018-19 is £70,559k. • Across all Primary Care funding streams the budget is, at 28 February 2019, underspent by £989k. • The Forecast Out Turn is an underspend of £1,232k. • The forecast excluding the Primary Care Delegated 1% surplus is an underspend of £522k.
12.2	Mike Fulford reported that the M12 position has just been finalised and provided the following headlines: • Primary Care Delegated budget at M12 is showing a £435k underspend and the Locally Commissioned Services year end position is an underspend of £412k. This is broadly in line with the 1% contingency included in the plan. • There is an underspend on rent and other premises costs of £612k • There is an underspend on business rates of £101k • There is an overspend of £256k on prescribing and dispensing fees. • Due to the pricing concessions and supply issues around the availability of some drugs it was reported that the CCG has recently received £0.5m in support of prescribing 'price concessions' this is against a £1.6m cost pressure. It was agreed that a copy of the finalised Month 12 report will be circulated to the Committee. (**Post meeting note**: reported circulated 1 May 2019) **Action: Mike Fulford/(Terry Renshaw)**
12.3	It was reflected that in 2018-19 there has been a good overall performance and that there will be variances to play into the 2019-20 budget. Work is currently being

	undertaken to understand the complexity in respect of the money that is being moved around various parts of the contract. The general message is that the budget will be challenged for example aspects of Medicines Optimisation Incentive Scheme and the Quality Progression Scheme as to what is in/out of the core framework. Conscious that there will be changes/surprises in year as more detail becomes available.
12.4	**AGREED** **The Primary Care Commissioning Committee:** • **Noted the month 11 Finance Report 2018-19.** • **Received a highlight report on the M12 position** • **Agreed the action outlined at paragraph 12.2.**
13.	**Any Other Business** - There were no new items identified on this occasion.
14.	**Risks Arising From Discussion of Agenda Items To Be Included on The Primary Care Risk Register** - There were no new items identified on this occasion.
15.	**Date of Next Meeting**
15.1	The next meeting of the Primary Care Commissioning Committee is scheduled for: • Thursday 27 June 2019, 9.00am to 11.00am, Boardroom, Omega House, 112 Southampton Road, Eastleigh SO50 5PB.
16.	**The Committee approved a resolution that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.** ***[In accordance with section 1 (2) Public Bodies (Admission to Meetings) Act 1960].***

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