

Primary Care Commissioning Committee

Date of meeting		27 February 2020	
Agenda item	3.1	Paper No	PCCC20/002

Minutes of the Previous Meeting – 19 December 2019

Key issues	The draft minutes of the 19 December 2019 meeting of the West Hampshire CCG Primary Care Commissioning Committee are attached for review and comment.
Strategic objectives / perspectives	<p>This paper addresses the following CCG strategic objectives:</p> <ul style="list-style-type: none"> • Ensure safe and sustainable high quality services • Work in partnership to commission health and social care collaboratively • Establish local delivery systems • Ensure system financial sustainability <p>This paper supports the above by ensuring there are robust systems of internal control, governance and external validation' which demonstrate:</p> <ul style="list-style-type: none"> • Openness and transparency in the organisation's decision making processes and • That there is robust discussion in relation to any issues of concern.
Actions requested / recommendation	<p>The Primary Care Commissioning Committee is asked to:</p> <ul style="list-style-type: none"> • Receive and agree the Minutes of the meeting held on 19 December 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 February 2020

Primary Care Commissioning Committee (Draft)

Minutes of the West Hampshire CCG Primary Care Commissioning Committee Meeting held on Thursday 19 December 2019 at 9.00am 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 Operating Officer and Chief Finance Officer
	Simon Garlick	Lay Member, Governance
	Judy Gillow	Lay Member, Quality
	Adrian Higgins	Medical Director
	Rachael King	Director of Commissioning South West
	Ellen McNicholas	Director of Quality, Board Nurse
	Alison Rogers	Lay Member Strategy and Finance
	Jim Smallwood	Secondary Care Board Member
	Sarah Schofield	Clinical Chairman
In attendance:	Neil Hardy	Associate Director Medicines Optimisation (Item 8)
	Terry Renshaw	Governance Manager
Apologies:	Maggie Maclsaac	Chief Executive: Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups; Southampton City Clinical Commissioning Group; West Hampshire Clinical Commissioning Group
		Local Medical Committee Representative

Summary of Actions

Minute Ref:	Action	Who	By
5.3	GPFV 2019-20 Work Programme: <ul style="list-style-type: none"> Re-focus main workforce risk on corporate risk register to highlight overarching risk as well as specific areas such as general practice RAG Ratings – Provide more detail around what they mean in practice, that is what is outstanding and when will this be achieved. 	EM RK	ASAP 14.02.20
6.7	Operational Report: <ul style="list-style-type: none"> 1.3 Seasonal Influenza: Vaccination Programme 2019-20 – Check with team if there has been any communications aimed specifically for children. 	EM/RK	ASAP

Minute Ref:	Action	Who	By
6.18	<ul style="list-style-type: none"> 1.7 Improving Physical Healthcare for People Living with SMI – Update to next meeting whether this population group are accessing their Flu vaccinations to include also people with Learning Disability and Autism 	RK	14.02.20

1.	<u>Chairman's Welcome</u>
1.1	Caroline Ward welcomed all present to the twenty-third 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 (Paper PCCC19/091)</u>
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: <ul style="list-style-type: none"> Agreed to note the updated Register of Interests for Committee members.
3.	<u>Minutes of the Last Meeting (Paper PCCC19/092)</u>
3.1	Caroline Ward asked Committee Members to confirm the minutes of the meeting held on the 24 October 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: <ul style="list-style-type: none"> Approved the Minutes of the meeting held on 24 October 2019 as being a correct record and commended them for signature by the Chairman.

3.3	<p>Matters Arising</p> <p>Attention was drawn to minute reference 5.3bp3. <i>West Hampshire CCG General Practice Forward View 2019-20 Work Programme</i> and it was questioned what as a CCG are we are doing to sell the success of Primary Care Networks (PCNs) and how will this will be promoted in moving forward. It was responded that learning from PCN development has been shared and that the final new member of the Comms and Engagement Team will be joining the CCG in January. The Team will then fall into the new portfolio arrangements which will focus on specific areas, one of which will be PCN development.</p>
4.	<p><u>Action Tracker</u> (Paper PCCC19/093)</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"> 1. 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 – It was reported that an update is provided within confidential agenda item 8, paper PCCC19/104.
	<ol style="list-style-type: none"> 2. Ref No 43 Primary Care Strategy : To clarify when the final version of the Primary Care Strategy will be signed off – It was reported that comments have been submitted and confirmation is awaited from HLOW STP. Strategy has been to EDG who have said subject to ratification/support by the Primary Care Commissioning Committee it can be published. Closed.
	<ol style="list-style-type: none"> 3. Ref No 45 General Practice Forward View Risk Register Engagement/communications with key stakeholders : 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 communication with stakeholders – It was noted that there are monthly communications to Practices and local stakeholders on PCNs, including attendance at events to raise awareness. Closed.
	<ol style="list-style-type: none"> 4. Ref No 46 Risk Register GP IT Support Out of Hours (Risk ID 484) : To confirm if there is now extended GP IT Support 24/7 (Out of Hours) – It was reported that this will be taken forward collectively with WHCCG, SCCCG and Portsmouth City CCG to ensure more appropriate support is put in place. Closed.
	<ol style="list-style-type: none"> 5. Ref No 47a) Antimicrobial Prescribing Link between Secondary and Primary Care : To contact HHFT and UHSFT again to obtain data on antimicrobial prescribing (to support/ensure same messages as secondary care). If not shared, potential of contractual route to be explored – It was reported that Neil Hardy has been discussing this issue with Dr Sanjay Patel (Consultant Paediatrician, UHS) and is producing a summary of the work undertaken within UHS to improve prescribing in ED. This will be presented to the Clinical Governance Committee, which is a Sub-Committee of the Board, on 7 January 2020.

	<p>6. Ref No 47b) Antimicrobial Prescribing delayed prescriptions – To consider if it would be possible to determine how many delayed scripts are being issued and why this is being done for example when patients are being seen on a Friday in case they should deteriorate over the weekend – It was reported that discussion around delayed prescriptions has taken place at all Practice mid-year review meetings and a summary will be included in the report being provided to the Clinical Governance Committee on 7 January 2020. Terry Renshaw to liaise with Jackie Zabiela following this meeting and a decision is to be made as to whether this action can be closed.</p>
	<p>7. Ref No 48 SHREWD : National programme is looking at the potential of using SHREWD across the whole system. Three pilot sites are proposed. WHCCG has expressed an interest in being one of them – It was reported that the CCG has been notified that national pilots have been delayed and the revised timescale is not known. It was noted that there has also been a change in people running the programme. Programme is to progress and CCG has reinforced that we are keen to be considered as a pilot site.</p>
	<p>8. Ref No 49 29 August 2019 Minutes : Add to action tracker minute reference 5.3bp4 reference to SHREWD and possibility of WHCCG becoming a pilot site – Refer to action reference number 48. Closed.</p>
	<p>9. Ref No 50 GPFV Work Programme 2019-21 : Include in next report update/context within page 7 around increased uptake of health checks in at risk groups with SMI receiving a physical health check – Update included in GPFV work programme and operational report. Closed.</p>
4.3	<p>AGREED</p> <p>The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> • Reviewed the Action Tracker and received the updates. • Agreed that five actions are complete and can be closed.
5.	<p><u>West Hampshire CCG General Practice Forward View 2019-20 Work Programme (Paper PCCC19/094)</u></p>
5.1	<p>Rachael King introduced paper PCCC19/094 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, proactive joined up care for vulnerable people and those with complex need and a shift to community based care.</p>

5.2	<p>It was highlighted that the update this month will focus on PCN development and attention was drawn to:</p> <ul style="list-style-type: none"> • NHSE/I PCN Development Support Prospectus has been issued. £480k funding allocated to WHCCG by STP to support PCN organisational development and Clinical Director development. All PCNs have completed an organisational development plan detailing how funding is to be utilised. Funding has been allocated and PCNs are to sign Memorandum Of Understanding based on diagnostic tools. Commissioning support will be provided to support delivery. On moving forward PCNs will be working collaboratively with wider parties for example the Voluntary Sector and Community Partners. • All PCNs have selected at least one service improvement project to implement for example Wound Care, Respiratory, Sexual Health, Immunisation. This will involve wider partners and support from the Commissioning Team around implementation, outcomes and delivery. • Recruitment of additional roles staff funded in 2019/20 is in progress by all PCNs for example, Social Prescribing Link Workers and Clinical Pharmacists. It was reported that the appointment to the Clinical Pharmacy roles are proving more challenging which relates to the level of allocation that does not match the level of skills required to undertake these roles. Therefore the MOIS Team are exploring alternative solutions with Southern Health, UHS and HHFT in terms of joint appointments. It is crucial that staff are in place in order to support the five Service Specifications around Medicine Optimisation, Enhanced Health in Care Homes, Anticipatory Care, Personalised Care and Early Cancer Diagnosis that are to be introduced in 2020-21. • PCN/SHFT Workshops were held during October/November 2019 to facilitate the development of integrated community teams at PCN level. Action plans are being developed and implemented, key focus is development of integrated Wound Care Clinics.
5.3	<p>As a result of discussion:</p> <ul style="list-style-type: none"> • Attention was drawn to the wider workforce issues and the priorities around workforce which has provided an increased focus in terms of the skills required for the additional roles for example Physician Associates and Physiotherapists which are crucial to the achievement of the Out of Hospital Strategy. • It was questioned what is the Primary Care position in terms of numbers in order to understand the scale of the problem. It was reported that details around Prescribing Link Workers and Clinical Pharmacists are included within the report and the CCG has available the overarching workforce position. The Committee were reminded that an annual stocktake is undertaken each year usually in Quarter 1. It was suggested that the refreshed data is brought back to the Committee once the next exercise has concluded. • Clarification was sought around the impact of the EU Exit on recruitment to the new roles and wider workforce situation. It was responded that there are very few staff impacted regarding the differential, also some staff are yet to apply as they have not decided what they want to do. The STP are linking with European and other partners around work programmes to bring workforce into the UK. Attention was drawn to the launch of a fast-track visa simplifying the process to enable workforce from abroad to gain work in this country. • Attention was drawn to the Risk Register and it was recognised that there is a need to re-focus the workforce risk on the Risk Register. It was explained that the workforce risk is wider than just Primary Care and it was agreed to refocus main workforce risk on the corporate risk register to reflect one overarching

	<p>risk that is then sub-divided into specific focus areas with actions and mitigations focused on each of the areas of concern.</p> <p>ACTION: Ellen McNicholas</p> <ul style="list-style-type: none"> It was requested that more information is provided around RAG ratings and what they mean in practice for example what is outstanding and when this will be achieved. It was stated that we constantly need to challenge ourselves and need to ensure there is clarity around the qualitative elements. <p>ACTION: Rachael King</p>
5.4	<p>AGREED</p> <p>The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> Noted the progress in delivery against the West Hampshire CCG GP Forward View Work Programme 2019-20. Agreed the actions outlined at paragraph 5.3
6.	<p><u>Operational Report (Paper PCCC19/095)</u></p>
6.1	<p>Rachael King introduced paper PCCC19/095 and explained that West Hampshire CCG received approval by NHS England for delegated primary care commissioning arrangements from 1 April 2015.</p>
6.2	<p>Particular attention was drawn to:</p> <p>Premises Improvement Grants</p> <p>It was reported that:</p> <ul style="list-style-type: none"> NHS West Hampshire CCG was invited by NHS England in July 2019 to submit applications for Premises Improvement Grants for 2019-20. Expressions of Interest were invited from all member practices and 21 applications were received. In total 13 applications totalling an estimated gross of £204,000 (which at the maximum grant level of 66% would require an NHS capital investment of £135,100) were prioritised using the agreed criteria and submitted by the CCG to NHS England. The Schemes include improvements to access, fire safety and security, infection control arrangements and the delivery of increased consultation space. NHS England has confirmed approval of all 13 applications and associated funding of £135,100. Practices have been notified that funding has been approved in principle, subject to completion of 'due diligence' to ensure compliance with the NHS (GMS - Premises Costs) Directions 2013. All of the premises projects are currently expected to be completed in full by 31 March 2020
6.3	<p>AGREED</p> <p>The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> Noted the update regarding Premises Improvement Grants Scheme 2019-20.

6.4	<p>General Practice Resilience Fund 2019-20</p> <p>It was reported that:</p> <ul style="list-style-type: none"> • The General Practice Resilience Fund is part of the NHS England GP Forward View 5 year programme 2016-2021; it was formerly known as the Vulnerable Practice Scheme. • The purpose of the fund is to deliver support that will help practices become more sustainable and resilient, better placed to tackle the challenges they face now and in the future and to secure continuing high quality care for patients. • The Hampshire and Isle of Wight (HIOW) Sustainability and Transformation Partnership (STP) confirmed an allocation of funding of £362,000 for 2019-20. The STP elected not to award the funding to each CCG on a 'fair shares' population size basis and instead designed a process, with the agreement of CCGs under which all CCGs sought applications from practices for support via the Resilience Fund. All applications received from practices were prioritised by each CCG in the first instance and then collectively by the HIOW STP Primary Care Programme Board (which included Local Medical Committee representation). • NHS West Hampshire CCG received 5 applications for support and funding totalling £125,000 (covering 8 Practices). All 5 applications were prioritised and submitted to the STP. The CCG has been advised that 4 of these applications have been approved and resilience funding totalling £65,000 has been awarded. • All 5 applicants have been formally notified of the outcome. Those practices offered funding will sign a Memorandum of Understanding (MoU) describing the intention to deploy the funding as per the application submitted. The CCG will be required to submit periodic progress reports relating to each scheme undertaken by the practices to the HIOW STP Primary Care Programme Board.
6.5	<p>AGREED</p> <p>The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> • Noted the update on the GP Resilience Fund for 2019/20 2019-20.
6.6	<p>Seasonal Influenza : Vaccination Programme 2019-20</p> <p>It was highlighted that:</p> <ul style="list-style-type: none"> • The 2019-20 Seasonal Flu season is proving to be challenging due to delays in the anticipated dates for delivery of some vaccines (those used in the children's vaccination programme) and by some suppliers (Sanofi UK). • Whilst uptake is lower than the same period last year for the majority of 'at risk' patient groups (except those aged 65 years and over), the CCG uptake overall is higher than local, regional and national comparators (except in the 2 year old group). • On 3 December 2019, the Chief Medical Officer (England) confirmed that due to the increase in influenza cases in the community, prescribers may now prescribe and pharmacists may now supply antiviral medicines for the prophylaxis and treatment of influenza funded by the NHS. This action is usually taken to be a mark of the beginning of the 'official' Flu season. Prior to this action, in West Hampshire one Flu outbreak was recorded.

6.7	<p>As a result of discussion it was:</p> <ul style="list-style-type: none"> • Questioned whether any work has been undertaken to assess if there is good or poor uptake within deprived areas of our community and whether alternative techniques/approaches need to be put in place. • It was explained that uptake is known at a practice and PCN level and that further work is being undertaken with Networks to increase immunisations and vaccination uptake rates. • Attention was drawn to the fact that we have shared national and local learning and Practices already work well together. Greater collaborative working and sharing best practice through Primary Care Networks will further help to reduce variation. • Highlighted that in terms of communications around Flu there has been no real evidence of a real focus on children. It was responded that the CCG takes its lead from the National Campaign and there has been a lot of comms locally. It was agreed to clarify with the team around whether there has been any children specific communications. . <p>ACTION: Ellen McNicholas</p>
6.8	<p>AGREED</p> <p>The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> • Noted the update regarding the Seasonal Flu Vaccination Programme for 2019-20. • Agreed the action outlined at paragraph 6.7
6.9	<p>Section 7A Funding</p> <p>It was reported that:</p> <ul style="list-style-type: none"> • NHS England's area team has offered an opportunity via CCGs for Primary Care Networks (PCN) to apply for non-recurrent funding of up to a total of £200,000 available across the H10W STP area. • The funding is allocated from the NHS England ring-fenced Section 7A Screening and Immunisation budget (Section 7A services are those relating to screening and immunisation services and are not included in the scope of the delegation agreement for primary care commissioning between CCGs and NHS England). • The funding is available to support the implementation of objectives and actions from a pre-determined menu intended to increase uptake of the Section 7A primary care screening programmes; bowel, breast and cervical cancer. • NHS England is seeking applications for funding that support joint working by practices working at the PCN or CCG wide level. The scheme and funding must be completed by March 2021. Participants are required to share good practice and outcomes with other PCNs and CCGs across England. • In view of the short timescales for submission of applications, the CCG has submitted a bid to NHS England covering all 13 PCNs across the three screening programmes. The funding applied for is £60,230 which equates to a 'fair share' allocation from the £200,000 based on the CCG patient population. • Notification of the outcome of the bid is awaited.

6.10	As a result of discussion it was highlighted that the LMC had questioned the CCGs approach around the allocation of funding. It was stated the CCG would have preferred that funding was allocated direct to CCGs. PCNs were asked to submit bids within a very short time-scale and there have been questions around the level of work that PCNs are required to do against the level of allocated funding. The bid has been re-submitted following requests for clarification around some areas. The revised bid has been jointly developed with the LMC. An outcome is awaited.
6.11	<p>AGREED</p> <p>The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> • Noted the application for Section 7A funding submitted to NHS England.
6.12	<p>Transfer of Transactional Work from NHS England</p> <p>It was reported that:</p> <ul style="list-style-type: none"> • NHS West Hampshire CCG received approval from NHS England to undertake delegated primary care commissioning functions and responsibilities set out in a delegation agreement effective from 1 April 2015. • At this point, NHS England continued to perform on behalf of CCGs some transactional functions included in the scope of the delegation agreement. These included the: <ul style="list-style-type: none"> • Processing of GP Premises lease and notional rent reimbursement reviews • Processing of claims for financial support under the GP Retention Scheme • Processing of claims for reimbursement of Locum costs related to Parental Leave and Sickness leave by GP performers • Issues of statutory and non-statutory GMS, PMS and APMS contract variations • NHS England has informed CCGs of their intention to transfer the above to all CCGs with delegated commissioning responsibility by December 2019, with a phased handover during November and December. The handover is being managed in line with an agreed transition plan. • This aligns with a reorganisation of local teams currently in progress by NHS England. • NHS West Hampshire CCG Primary Care and Finance teams have been working with NHS England locally to enable the safe transfer of the above transactional work by 31 December 2019. NHS England has provided training for the CCGs staff and has provided standard operating procedures to support this process. The work will be managed within the existing teams but this will be kept under review based on actual experience of the volume of work involved. • The CCG will issue communications to all practices clearly explaining the changes and providing clear guidance as to where and to whom future applications and correspondence should be addressed when the changes take effect.
6.13	As a result of discussion it was questioned as to whether there would be any additional funding received in support of this function. It was responded that it is to be absorbed within existing CCG teams and will be kept under review in terms of the impact on the Primary Care and Finance Teams.

6.14	<p>AGREED</p> <p>The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> • Noted the transfer of transactional work from NHS England to the CCG.
6.15	<p>Translation and Interpretation Services for Patients and Carers</p> <p>It was reported that:</p> <ul style="list-style-type: none"> • NHS England as the commissioning body with a statutory responsibility for commissioning primary care services, that is medical (GP), community pharmacy, optometry and dental services, funds and holds contracts with a large number of organisations able to support patients and carers accessing primary care service with their translation and interpretation (T&I) needs. • The NHS England Wessex local team (covering Dorset, Hampshire and the Isle of Wight) have been working to re-procure translation and interpretation services during 2019. The objective of NHS England was to procure the T&I services across the Wessex area and that ultimately there would be two contracts with a lead provider; one for HIOW and one for Dorset. The intention was that services would have been mobilised by 1 April 2020. The cost of the GP element of the service for HIOW in 2018-19 was approximately £180,000. • Whilst NHS England had planned to issue an invitation to tender in September 2019 they elected to pause and incorporate procurement of the services for dental, pharmacy and optometry services across the South East and separately, determined that additional patient involvement in the procurement was required. • In view of the pause and the reconfiguration of NHS England regional teams, a decision was required as to how to proceed in respect of the T&I service provision in HIOW. NHS England asked all HIOW CCGs to consider the following options: <ul style="list-style-type: none"> • Retain non-contractual arrangements with existing providers in the short term with the procurement to be taken forward by CCGs working together • Stay with the existing arrangements in the short term with the procurement to be taken forward by the HIOW STP/ICS in the longer term • Continue with the existing procurement plan to be delivered by NHS England with HIOW CCGs representation on the procurement project board • Having considered the options, the HIOW CCGs determined that the preferred option is to allow NHS England to continue to lead and deliver the existing procurement process. This decision has been communicated to NHS England. NHS West Hampshire CCG will seek representation on the procurement board and will ensure engagement with our patients, carers and practices informs the design of the service specification and the evaluation of potential providers.
6.16	<p>AGREED</p> <p>The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> • Note the progress with the re-procurement of translation and interpretation services covering Hampshire and the Isle of Wight.

6.17	<p>Improving Physical Healthcare for People Living with Severe Mental Illness (SMI)</p> <p>It was reported that:</p> <ul style="list-style-type: none"> • People living with severe mental illness (SMI) face one of the greatest health inequality gaps in England. The life expectancy for people with SMI is 15–20 years lower than the general population. This disparity in health outcomes is partly due to physical health needs being overlooked. Therefore in the Five Year Forward View for Mental Health, NHS England committed to leading work to ensure that by 2020-21, 280,000 people living with severe mental illness (SMI) have their physical health needs met by increasing early detection and expanding access to evidence-based physical care assessment and intervention each year. In order to contribute to the delivery of this objective, the CCG is required to ensure that 60% (circa 2,597 individuals on practice SMI registers) of patients with an SMI receive a health check during 2019-20. • In order to support this objective, the CCG has offered all practices the opportunity to participate in a Local Commissioned Service (LCS) intended to support the delivery and reporting of health checks. All West Hampshire CCGs practices have taken up this offer. • Data on health checks undertaken by practices is reported quarterly and compared against the CCGs trajectory to deliver the minimum number of checks by the end of 2019-20, that is 60%. At the end of Quarter 1, the number of checks was below trajectory. This has recovered to plan in Quarter 2, although the trajectory assumes most checks are performed in Quarters 3 and 4 so delivery of the annual requirement remains challenging. • In order to recover performance to the trajectory and to support practices, eleven actions have been developed, and can be found at section 1.7 of paper PCCC19/095, and these are being implemented by the CCGs Mental Health team.
6.18	<p>As a result of discussion it was:</p> <ul style="list-style-type: none"> • Highlighted that following reports back from Primary Care this is more complex than first thought in terms of delivery. An SMI has a number of clinical elements and is a holistic assessment which is delivered by different people at different appointments. A successful approach is not to have a broad brush approach but to have an adaptive service with a concentrated approach. • Stated that there is a need to look at how we deliver the health check differently in order to get a better uptake as this patient group is less pro-active than others in asking for a health check. There is also a big cross-over/link with Southern Health Community Health Service. In moving forward there is the opportunity to step back and look at Community Service provision and to establish an annual process for managing the health check process for this hard to reach group. • Reflected as to whether this population group are also obtaining their Flu vaccinations and how they are accessing Flu clinics. Agreed that an update is to be provided at the next meeting as to whether this population group are accessing their Flu vaccinations and to also include people with Learning Disability and Autism. <p>ACTION: Rachael King</p>

6.19	<p>AGREED</p> <p>The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> • Noted the actions taken to support Practices to deliver and report health checks provided to people with an SMI. • Agreed the action outlined at paragraph 6.18.
	<p>Mid-Hampshire</p>
6.20	<p>Charlton Hill Surgery – Practice Area Change Request</p> <p>It was reported that:</p> <ul style="list-style-type: none"> • Charlton Hill Surgery in Andover with a registered patient list of 13,150 patients has submitted an application to NHS West Hampshire CCG to change the practice area and outer area, refer to appendix 1 of paper PCCC19/095, as described in its GMS contract. • Practices are obliged to accept requests to register as a patient, those persons ordinarily resident in their contractual area. They have discretion to refuse or accept requests from those living outside of the area described in the GMS/PMS contract. • The practice is seeking a contract variation to restate its current area (Upper Chute, Wiltshire), thereby reducing the practice area in line with the Hampshire county border. In addition, the practice proposes a change to the outer area to remove Ludgershall, Wiltshire. The map provided within the paper demonstrates the area that crosses the West Hampshire CCG boundary into Wiltshire. • The practice is a member of Andover Primary Care Network (PCN). The outer area of the Network follows the aggregated area of its member practices including Charlton Hill Surgery; meaning that the Network area also includes this small area of Wiltshire. • The practice has consulted with all other member practices of the Andover Primary Care Network. All have supported the request to reduce the area of both Charlton Hill Surgery and, consequently of the Network. • The practice has consulted with two member practices of NHS Wiltshire Clinical Commissioning Group who would be affected by the proposed area reduction; one of which supported the change and one which has not responded. Both of the practices consulted have contractual areas that also cover the part of the Charlton Hill Surgery boundary that lies in Wiltshire. NHS Wiltshire report that they are supporting the practices in the area concerned to develop greater resilience and therefore, approving a boundary change (albeit of low impact in terms of patient numbers) would not be helpful at this point in time. As a consequence, NHS Wiltshire CCG does not support the proposed changes to the areas of Charlton Hill Surgery. • Charlton Hill Surgery has confirmed that 54 of its 13,150 (April 2019) registered patients reside in the area affected by the proposed area change. Without patient consent, the GMS contract does not permit the practice to deregister patients who are resident outside of a practice area following an agreed change in the contractual area. The change would only allow the practice discretion to decline new patient registrations from persons resident in Wiltshire. • Charlton Hill Surgery has seen a significant year on year increase in its registered patient list size of 2,546 (24.6%) between 2013-2019 and forecast population growth related to housing developments in Andover indicate that the list will continue to increase by a further circa 3,277 (24.92%) between 2019-

	<p>2029. The CCG has not been able to obtain evidence of any planned housing developments in Wiltshire that would affect the volume of new patients registration requests made to Charlton Hill Surgery in the area of the requested boundary change.</p> <ul style="list-style-type: none"> • In summary, the CCG notes that: <ul style="list-style-type: none"> • NHS Wiltshire CCG has requested that the application is not supported by the CCG due to the potential impact on general practice sustainability in Wiltshire • Confirmation of support has only been received from one of the two practices in Wiltshire affected by the proposed change • No clear link is demonstrated between significant historic and forecast future list size growth for Charlton Hill Surgery and the practice area in Wiltshire • No evidence is presented by the practice or established by the CCG of significant planned housing developments in the parts of Wiltshire covered by the practice area. • In considering the above, the recommendation of the WHCCG Primary Care Steering Group was not to support the application. • It is therefore recommended that the application is not supported by the Primary Care Committee.
6.21	<p>AGREED</p> <p>The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> • Agreed the recommendation not to support the application from Charlton Hill Surgery to change the current Practice area.
	<p>South West</p>
6.22	<p>Bursledon Surgery – GMS Contract Termination</p> <p>It was reported that:</p> <ul style="list-style-type: none"> • NHS West Hampshire Clinical Commissioning Group (CCG) has been liaising with local people about the future of Bursledon Surgery, Hamble in light of the forthcoming retirement of the lead GP at the surgery, Dr Vivian Ding. Dr Ding has been a GP for over 30 years and has provided care to patients at Bursledon Surgery for more than a decade. • Dr Ding has given the CCG notice that she will retire and end her NHS contract to provide GP services on 31 December 2019. The CCG has been able to assure patients and local people that GP services will continue to be provided from Bursledon Surgery from 1 January 2020. From this date, Blackthorn Health Centre will provide GP services to patients of Bursledon Surgery under an interim NHS contract agreed with the CCG. • The CCG has written to all patients to confirm that: <ul style="list-style-type: none"> • They will continue to access GP services from the current practice premises located at the Lowford Centre, with no interruption in services • The Bursledon Surgery telephone number will remain unchanged. • Their medical records will automatically be transferred to the new GP service provider following Dr Ding's retirement • They do not need to do anything to register with the new provider as all registrations will automatically commence on 1 January 2020.

	<ul style="list-style-type: none"> During the interim period, the CCG will be making arrangements for the long term provision of GP services for patients registered with Bursledon Surgery. The CCG held two drop-in events in November 2019 for the patients of Bursledon Surgery; circa 40 patients attended these sessions.
6.23	<p>AGREED</p> <p>The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> Noted the update regarding Bursledon Surgery.
7.	<p><u>Primary Care Risk Register</u> (Paper PCCC19/096)</p>
7.1	<p>Rachael King introduced paper PCCC19/096 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"> 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 regarding alternative connection.
7.2	<p>The Committee reviewed the Risk Register and an update was provided on each of the high level risks.</p>
7.3	<p>AGREED</p> <p>The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> Noted the report of the Primary Care Commissioning risk register, the identified high risks and mitigating actions.
8.	<p><u>Primary Care Prescribing Report – August 2019</u> (Paper PCCC19/097)</p>
8.1	<p>Neil Hardy introduced paper PCCC19/097 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>
8.2	<p>Attention was drawn to the following highlights:</p> <ul style="list-style-type: none"> BNF chapters comparison: <ul style="list-style-type: none"> The increased spend in cardiovascular system is largely due to the continued increase in the use of the direct acting oral anticoagulants (DOACs) for the prevention of stroke in people with atrial fibrillation The increase in endocrine is largely driven by increased prescribing of medicines for the treatment of diabetes.

	<ul style="list-style-type: none"> • Musculoskeletal – The increase in costs (note items are not increasing) is due to shortages of a number of key generic medicines such as naproxen earlier in the year and a consequent increase in the national Drug Tariff reimbursement price. • Appliances – This section includes the new blood glucose testing device Freestyle Libre. The CCG has received additional funding for this device for this financial year. • Immunological products and vaccines – The increase in costs is mainly due to an increase in the costs of influenza vaccines (£376,000 increase year on year). The unit cost has increased from £6.63 to £8.72 per vaccine. The CCG recharges these costs to NHSE&I / PHE as the commissioner of this service. • Patient Engagement - The medicines optimisation team is working with the Wessex AHSN to pilot the introduction of the ‘Me and My Medicines’ campaign which aims to help people raise concerns and use their medicines better. It was noted that Neil Hardy has raised the question as to whether there is a mental health element to this pilot, a response is awaited. • Antimicrobial stewardship – Attention was drawn to the graph in section 3.2 that shows the CCG trend for anti-biotic prescription items for children aged 0-4 years. This age group was a focus for the educational input and Practice action plans to reduce unnecessary antibiotic prescribing. • Cost orientated interventions - 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 dashboard has been further developed and now includes data on <i>over the counter medicines</i> (at CCG and practice level) and data at CCG level for therapeutic areas (using BNF Chapter level data). The dashboard also contains the data for North Hampshire and Southampton City CCGs. Work is progressing to engage other CCGs in the dashboard.
8.3	<p>As a result of discussion:</p> <ul style="list-style-type: none"> • Attention was drawn to the recent praise at the STP Clinical Executive Group for the work that Neil and his team undertake around anti-microbial stewardship and the desire that the rest of the STP adopt the WHCCG approach and best practice. • Thanks were extended to Neil Hardy and Emma Harris for presenting such comprehensive reports which combined with the work Jon Rumsey has done on the Medicines Optimisation QIPP dashboard provides a detailed level of assurance of the work that is undertaken by the MOIS team.
8.4	<p>AGREED</p> <p>The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> • Noted and provided comment on the Primary Care Prescribing report.
9.	<p><u>Primary Care Finance Report – Month Five</u> (Paper PCCC19/098)</p>
9.1	<p>Mike Fulford introduced paper PCCC19/098 and explained that this report covers Month 7 2019-20 and :</p> <ul style="list-style-type: none"> • Across all funding streams Primary Care is, as at 31 October 2019 overspent by

	<p>£92k</p> <ul style="list-style-type: none"> • The position excluding the Primary Care Delegated 1% reserve is an overspend of £331k. • The forecast outturn is an underspend of £434k <p>Due to the timing of the report further information is now available and the financial performance will be subject to a detailed review. It was stated there is currently pressure around locum reimbursement and sickness and maternity claims. Currently forecasting breakeven for the primary care budget in overall terms. However, we need to be aware there are challenges and the current spikes in spend areas are very different to past trends and budget forecasts.</p>
9.2	<p>As a result of discussion:</p> <ul style="list-style-type: none"> • Attention was drawn to the step in provider premium. There is one known case this financial year to date where a step in provider has been commissioned by the CCG, for which significant financial support has been agreed. Such expenditure was not planned and will need to be managed within the overall delegated budget. • It was reflected that there is sufficient contingency to deliver a breakeven budget for the end of year. In terms of the breakeven there is a need to add in the recruitment underspend in terms of the additional PCN roles enabling the budget position to be utilised and we need to be aware of this when we plan for next year.
9.3	<p>AGREED</p> <p>The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> • Noted the Month 7 finance report 2019-20.
10.	<p><u>Any Other Business</u></p>
10.1	<p>Pandemic Flu Emergency Planning Exercise</p> <p>Attention was drawn to the event that was held at the beginning of December attended by representatives from WHCCG and system partners. The event highlighted that there are good plans in place across the system but recognises it is only as good as the supporting local Business Continuity Plans.</p>
11.	<p><u>Risks Arising From Discussion of Agenda Items To Be Included on The Primary Care Risk Register</u></p> <ul style="list-style-type: none"> • Workforce pertaining to Primary Care and PCNs.
12.	<p><u>Date of Next Meeting</u></p>
12.1	<p>The next meeting of the Primary Care Commissioning Committee is scheduled for:</p> <ul style="list-style-type: none"> • Thursday 27 February 2020, timing to be confirmed, Boardroom, Omega House, 112 Southampton Road, Eastleigh SO50 5PB.
13.	<p>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].</p>