

Minutes of the meeting held in Public of the NHS North East Hampshire and Farnham Clinical Commissioning Group Governing Body held on Wednesday 3 July 2013 at 2pm in Rooms PCT06/PCT07, Aldershot Centre for Health, Hospital Hill, Aldershot, Hampshire, GU11 1AY

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| Present: | <p>Dr Andy Whitfield, Clinical Lead and Chair , NHS North East Hampshire and Farnham Clinical Commissioning Group</p> <p>Mrs Maggie Maclsaac, Chief Officer, NHS North East Hampshire and Farnham Clinical Commissioning Group</p> <p>Mr Peter Cruttenden, Chair of Audit and Lay Member with Governance Portfolio</p> <p>Dr Peter Bibawy, GP, Southlea Practice, GP Lead for Unscheduled Care NHS North East Hampshire and Farnham Clinical Commissioning Group</p> <p>Dr Steven Clarke, GP, Branksholmewood Healthcare Centre, GP Lead for Planned Care, NHS North East Hampshire and Farnham Clinical Commissioning Group</p> <p>Dr Jane Dempster, GP, Farnham Dene Medical Centre, GP Lead for Long Term Conditions, NHS North East Hampshire and Farnham Clinical Commissioning Group</p> <p>Mrs Alison Huggett, Nurse and Quality Director, NHS North East Hampshire and Farnham Clinical Commissioning Group (joint appointment with NHS Surrey Heath Clinical Commissioning Group)</p> <p>Mr Jonathan Molyneux, Interim Chief Financial Officer, NHS North East Hampshire and Farnham Clinical Commissioning Group</p> <p>Dr Ruth Milton, Director of Public Health, Hampshire County Council</p> <p>Mrs Sue Pidduck, Area Director North and East Hampshire, Hampshire County Council</p> <p>Ms Emma Holden, Associate Director of Strategy Implementation, NHS North East Hampshire and Farnham Clinical Commissioning Group</p> |
| Observing | <p>Dr David Brown, GP and Chair of the Practice Council</p> <p>Mr David Giles, Practice Manager and Secretary to the Practice Council</p> |
| Apologies | <p>Mrs Chandra McGowan, Lay Member with Patient and Public Involvement Portfolio</p> <p>Dr Olive Fairbairn, GP, Alexander House Practice, GP Lead for Mental Health NHS North East Hampshire and Farnham Clinical Commissioning Group</p> <p>Dr Mary Armitage, Secondary Care Clinician</p> |
| In attendance: | <p>Mrs Angela Baxter, Business Manager, NHS North East Hampshire and Farnham Clinical Commissioning Group</p> |
| 1a | Apologies and Introductions |
| | <p>Dr Whitfield welcomed everyone present to the second meeting held in public of NHS North East Hampshire and Farnham Clinical Commissioning Group and noted the apologies for absence.</p> |

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| | <p>A welcome was also extended to Dr Brown, GP and Chair of the Practice Council and Mr Giles, Practice Manager and Secretary to the Practice Council who were attending the meeting in an observational capacity.</p> |
| <p>1b</p> | <p>Minutes of the Governing Body meeting held in Public on Wednesday 8 May 2013 (Paper 01/13)</p> |
| | <p>Dr Whitfield asked Governing Body members to confirm the minutes of the Governing Body meeting held on 8 May 2013 as a correct record of proceedings. He explained that he had received no amendments in advance of the meeting.</p> <p>No amendments for accuracy were identified at the meeting.</p> <p>AGREED</p> <p>The NHS North East Hampshire and Farnham Clinical Commissioning Group Governing Body approved the minutes of the meeting held on 8 May 2013 as being a correct record and commended them for signature by the Chairman.</p> |
| <p>1c</p> | <p>Action Tracker (Paper 02/13)</p> |
| | <p>The Governing Body reviewed the Action Tracker, noting those which had been completed. The following updates were provided.</p> <p><u>Minute reference 5a): Finance, Performance and Planning</u> Mr Molyneux confirmed that he would circulate information regarding the GP information and technology budget to members.</p> <p><u>Minute reference 5 b): Finance, Performance and Planning</u> Mr Molyneux stated that the Governing Body will receive a Quality, Innovation, Productivity and Prevention report on a monthly basis.</p> <p><u>Minute reference 7a): Questions from the Public</u> This action referred to learning disability annual health checks and Dr Whitfield confirmed that the Primary Care Liaison Nurse for learning disabilities had been invited to attend the next GP Forum to be held on 8 August 2013. He explained that GP Forums were held on alternative months and attendees included representatives from the Clinical Commissioning Group's 24 GP member practices.</p> |

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| | <p>AGREED</p> <p>The NHS North East Hampshire and Farnham Clinical Commissioning Group Governing Body agreed to receive the Action Tracker and the verbal updates received at the meeting.</p> |
| <p>2</p> | <p>Quality Report (Paper 03/13)</p> |
| | <p>Mrs Huggett explained that the Quality report detailed the key quality issues identified by the Quality and Clinical Governance Committee meetings held on 3 and 30 May 2013. She added that the Committee received detailed Quality reports providing assurance that provider compliance to contractual quality requirements continues to be monitored and actions taken where appropriate. She added that monthly Clinical Quality Review meetings are held with providers commissioned to delivery healthcare services. The main providers are Frimley Park Hospital NHS Foundation Trust, Southern Health NHS Foundation Trust, Virgin Care Limited and Surrey and Borders Partnership NHS Foundation Trust.</p> <p>Key areas identified in the report are:</p> <ul style="list-style-type: none"> • Surrey and Borders Partnership NHS Foundation Trust – there were concerns regarding the numbers of Serious Incidents Requiring Investigation over the last year. Soft intelligence indicates that although the numbers reported are high, this sits within an open reporting culture with no further indications of Surrey and Borders Partnership NHS Foundation Trust being an outlier. Mrs Huggett advised she was working with Quality Leads on a focused piece of work to review the Serious Incidents Requiring Investigation reported in context of population, incident reporting requirements and management processes with involvement of other agencies such as Public Health. External Mental Health expertise has been commissioned to lead this review. She added that the learning from this will be shared with the Governing Body. • Serious Incidents Requiring Investigation – the Quality team continue to work with NHS South Commissioning Support Unit to improve South East Coast Ambulance NHS Foundation Trust's Serious Incidents Requiring Investigation data and intelligence sharing across Clinical Commissioning Groups. • Frimley Park Hospital NHS Foundation Trust Never Event in May 2013 - Mrs Huggett and Dr Dempster met with the Trust to review the incident. A full Root Cause Analysis investigation has been instigated. |

- Infection Prevention and Control – Mrs Huggett explained that Frimley Park Hospital NHS Foundation Trust has reported one case of healthcare acquired Clostridium Difficile with two more reported since completion of the report.

She corrected the figures in the report for the target across the healthcare community. This is 29 for 2013/14. The figures stated were for NHS Surrey Heath Clinical Commissioning Group. Dr Whitfield advised that Mrs Huggett is also Quality and Nursing Director for NHS Surrey Heath Clinical Commissioning Group.

- Safeguarding children and adults – Mrs Huggett advised that from 1 July 2013 the safeguarding children and adult team of designated and named professionals would be co-located and hosted by NHS West Hampshire Clinical Commissioning Group. This aims to promote consistency of standards across Clinical Commissioning Groups and enhance team working. She added that NHS West Hampshire Clinical Commissioning Group also hosts the Safeguarding Adults Team.

In respect of NHS 111, Dr Bibawy advised that the Hampshire service had gone live in January 2013 and Surrey had followed in June 2013. He added that a collaborative local NHS 111 Programme Board had been established which had representation from Frimley Park Hospital NHS Foundation Trust, the Out of Hours service, NHS Surrey Heath Clinical Commissioning Group and two ambulance providers.

Mr Cruttenden queried how complaints were reported and recorded by the Clinical Commissioning Group. Mrs Huggett replied that all following investigation the responses were agreed and signed by Mrs MacIsaac as Chief Officer. The complaints are shared weekly with the senior management team and the themes arising taken to the Quality and Clinical Governance Committee. In addition, reports on the complaints received by the providers are monitored on a quarterly basis with learning shared with the commissioners. She added that the Governing Body will receive a six monthly report on the complaints received.

With regard to the infection control figures of Frimley Park Hospital NHS Foundation Trust, Dr Whitfield queried how they compared to other Trusts. Mrs Huggett replied that the Trust had a target of eight Clostridium Difficile cases for 2013/14, compared to the Royal Surrey County Hospital NHS Foundation Trust's target of 14.

AGREED

The Governing Body agreed to note the Quality report (June 2013)

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| 3 | <p>NHS North East Hampshire and Farnham Clinical Commissioning Group Constitution (Paper 04/13)</p> |
| | <p>Mrs Maclsaac explained that in May 2013 Sir David Nicholson wrote to all Clinical Commissioning Group Clinical Leaders regarding whistleblowing and severance payments. Sir David had encouraged all Clinical Commissioning Groups to reaffirm that they value openness, transparency and all staff, committee and Governing Body members should feel that they can raise concerns in an environment which is safe.</p> <p>On 23 May 2013, NHS England had provided a draft statement for inclusion in Clinical Commissioning Group's Constitutions and in light of these national issues, NHS North East Hampshire and Farnham Clinical Commissioning Group's Constitution has been refreshed to reflect these changes. Mrs Maclsaac said the revisions were highlighted in yellow for ease of reference and advised that the revised Constitution will replace the 13 January 2013 version and will be available to the public via the Clinical Commissioning Group's website.</p> <p>Dr Whitfield suggested the following amendments to the document:</p> <ul style="list-style-type: none"> • Section 7.3 Leadership Roles to be replaced with: <i>Clinical Leadership Roles</i> • Section 7.3.5 to be replaced with: <i>Clinical Leads: These roles will involve GPs and nurses from Member Practices or elsewhere, supporting the Governing Body GPs in developing and delivering specific elements of its commissioning programme.</i> <p>AGREED</p> <p>The NHS North East Hampshire and Farnham Clinical Commissioning Group agreed to the revised Constitution subject to the two amendments above and for the revised Constitution to then be circulated to GP member practices for their comments, prior to submission to NHS England for final approval.</p> <p>Action a): Mrs Maclsaac and the Clinical Commissioning Group's Business Services team to update the revised Constitution and circulate to GP member practices requesting feed back by end of July 2013.</p> |
| 4 | <p>Out of Hours Contract Update (Paper 05/13)</p> |
| | <p>Ms Holden introduced the paper and explained that it outlined the current provision of Out of Hours services to the patients of NHS North East Hampshire</p> |

and Farnham Clinical Commissioning Group (together with NHS Surrey Heath Clinical Commissioning Group and NHS Bracknell and Ascot Clinical Commissioning Group). She added that the paper describes the current re-procurement project for Out of Hours services and provided an update to the Governing Body on the timelines involved.

Ms Holden advised that up until 31 March 2013, NHS Hampshire Primary Care Trust and NHS Surrey Primary Care Trust managed the respective Out of Hours contracts for North East Hampshire and Farnham areas. When the contract expiry became imminent, NHS Hampshire Primary Care Trust began the process for re-procurement and to ensure the needs of the local population were reflected in the tender process, the shadow Clinical Commissioning Groups took responsibility for the process.

With regard to the tender process, Ms Holden confirmed that a robust service specification reflecting the objectives was agreed by the three procuring Clinical Commissioning Groups. She added that at this stage, the outcome of the procurement process is commercially sensitive and confidential and following due process, the three Clinical Commissioning Groups will jointly announce the outcome in September 2013.

Mr Cruttenden acknowledged that this was the first significant tender process following the Clinical Commissioning Group's authorisation and asked if the Governing Body could be assured that there were no conflict of interests. Mr Molyneux stated that all those involved in the development of the specification and tender documents, including GPs and all Governing Body members, were asked to declare any conflict of interest and sign a confidentiality policy prior to viewing any documentation.

Dr Brown asked if there was flexibility within the contract to change how it is delivered. Ms Holden confirmed that there was flexibility within the contract as other services could impact its delivery and added that the new contract is for three years with potential to extend. Dr Bibawy said that the contract should develop around the unscheduled care agenda in order to be a fully integrated care model. Dr Whitfield agreed and added that it should be specifically designed around unscheduled care providers and should also encourage innovation.

In concluding the discussions, Dr Whitfield advised that the process of selection continues and following the tender process, the new service will commence from 1 October 2013.

AGREED

The Governing Body agreed to note the Out of Hours contract update (June 2013)

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| 5 | <p>Annual Review – Hampshire Public Health Working with NHS North East Hampshire and Farnham Clinical Commissioning Group 2012/13 (Paper 06/13)</p> |
| | <p>Dr Milton referred the Governing Body to her report and advised that it sets out how Hampshire Public Health and NHS North East Hampshire and Farnham Clinical Commissioning Group have worked together during 2012/13, the lessons learnt and recommendations for 2013/14. She advised that she had worked with Surrey Public Health colleagues, together with the three Berkshire Directors of Public Health and had attended regular meetings both at a strategic and local level. Dr Milton said that she welcomed thoughts and comments from the Governing Body on an on-going basis throughout the year.</p> <p>Dr Whitfield said he was happy with the input from the Public Health team and the collaborative work around the Frimley system. He added that Dr Milton would have a leading role in the newly formed Priorities Committee which would provide expert priority setting advice to Clinical Commissioning Groups across Surrey, Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP). Previously this had occurred separately in both Surrey and SHIP creating differing guidelines in the local health system. The Priorities Committee consisted of GP representatives from Surrey, SHIP, Public Health, finance leads, primary care leads and had access to legal advice. Dr Whitfield advised that the Priorities Committee will meet every six to eight weeks and confirmed that the first meeting is to be held on 17 September 2013 at the Aldershot Centre for Health.</p> <p>Mrs Maclsaac acknowledged that the work being undertaken by Dr Milton and her team working in collaboration with the Surrey Public Health team was very good for the local population. Dr Whitfield agreed, adding that Frimley Park Hospital NHS Foundation Trust was also happy with the collaborative work being undertaken.</p> <p>Dr Bibawy applauded Dr Milton and her team on evidence briefing around unscheduled care and added that the System Transformation Board had also utilised this fantastic piece of work. Ms Holden added that she was working with the Public Health team in respect of Out of Hours services and had found their input very helpful.</p> <p>Mr Cruttenden referred to the last bullet point in Dr Milton's paper which stated "<i>further clarity should be sought form Surrey County Council to ensure their appropriate resource contribution for the Surrey population of the Clinical Commissioning Group</i>" and queried whether Surrey County Council were providing the appropriate resource. In reply, Dr Milton said that Surrey County Council had now confirmed that the appropriate resource contribution for the Surrey population would be received.</p> |

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| | <p>In concluding the discussion, Dr Milton thanked the Governing Body for their comments and said she would feed back to her team.</p> <p>AGREED</p> <p>The Governing Body accepted the report and the recommendations.</p> |
| <p>6</p> | <p>NHS North East Hampshire and Farnham Clinical Commissioning Group - Practice Council Terms of Reference (Paper 07/13)</p> |
| | <p>Dr Whitfield presented the paper explaining that the Clinical Commissioning Group as a membership organisation wished to ensure the continuous on-going engagement of membership practices. The Practice Council will be valuable in providing two way dialogue between the Clinical Commissioning Group and GPs.</p> <p>He added that the Practice Council will also be a mechanism to hone ideas to benefit patients and will provide further opportunity for discussion to augment the bi monthly GP Forums. Dr Brown said that discussions had taken place between the Clinical Commissioning Group and the Practice Council and comments from these discussions had been incorporated into the draft Terms of Reference.</p> <p>In concluding the discussion, Dr Whitfield confirmed that the Governing Body would review the draft Terms of Reference and submit their suggested revisions in writing to the Practice Council.</p> <p>Action a): The Governing Body to review the draft Terms of Reference and submit their revisions to the Practice Council.</p> <p>AGREED</p> <p>The Governing Body agreed to review the Practice Council's draft Terms of Reference.</p> |
| <p>7</p> | <p>Finance, Performance and Planning (Paper 07/13)</p> |
| | <p>Mr Molyneux introduced his report and explained that this is the first NHS North East Hampshire and Farnham Clinical Commissioning Group's Governing Body Performance and Finance Report for 2013/14, covering activity, contract and financial targets and performance. He added that the report is based on data for April and May 2013 and reflects the goals and core responsibilities of the Clinical Commissioning Group.</p> |

Mr Molyneux drew member's attention to a number of key areas:

Performance Assurance

The internal performance assurance process includes a monthly Quality, Innovation, Productivity and Prevention review and a formal performance review covering Quality, Operational targets, Quality, Innovation, Productivity and Prevention, contracting and Finance. In addition the Clinical Commissioning Group reports on key performance indicators to the NHS England Wessex Area Team and these are reviewed at formal monthly and quarterly review meetings.

Mr Molyneux advised that a formal finance report will be provided at the next Governing Body meeting to be held in public on 11 September 2013.

Key performance targets

- Referral to Treatment Times Admitted - marginally below 90% target in April 2013 (89.7%). Mr Molyneux advised that discussions had taken place with Frimley Park Hospital NHS Foundation Trust during a contract meeting on 11 June. The Trust are achieving 90% target against all specialties (exception: Urology 80%).
- Ambulance Response Times – the Clinical Commissioning Group is achieving all response time targets in month one. South East Coast Ambulance NHS Foundation Trust is not achieving Red 2 urgent calls (72% against target of 75%).
- Ambulance and Emergency 4 hour waits – Mr Molyneux advised that an Accident and Emergency Improvement plan was submitted to the Wessex Area Team on 29 May 2013 and positive feedback has been received. He confirmed that the latest position for quarter one 2013/14 is 95.53%.
- Activity trajectories 2013/14 - outpatient and inpatient activity for April is above planned levels and further clarification work is being undertaken with providers to understand trends.
- Quality, Innovation, Productivity and Prevention Schemes - savings target is £7.2m net of investments. Mr Molyneux explained that schemes have been built into initial budgets against relevant expenditure headings and where possible have also been included in provider contracts for 2013. Quality, Innovation, Productivity and Prevention monthly performance reporting is being developed by end of July 2013 and a review of the schemes, together with performance management processes are currently being undertaken and will formally be report in August 2013.

Provider Contracts

- Frimley Park NHS Foundation Trust – this Trust represents 80% of acute activity; the contract is now signed with a cap of 1.25%
- The Royal Surrey County Hospital NHS Foundation Trust – negotiations are progressing
- Southern Health NHS Foundation Trust – the contract has now been signed
- Surrey and Borders Partnership NHS Foundation Trust – this contract is currently being finalised
- Virgin Health Care - in dispute relating to 2012/13; these issues are likely to impact on the 2013/14 contract
- South East Coast Ambulance NHS Foundation Trust – the contract has been signed

Mrs MacIsaac advised that the Clinical Commissioning Group was the lead commissioner with Frimley Park Hospital NHS Foundation Trust and also lead commissioner for mental health services in Surrey, with Surrey and Borders Partnership NHS Foundation Trust. She added that NHS North West Surrey Clinical Commissioning Group were the lead commissioners with Virgin Health Care for Surrey Clinical Commissioning Groups.

Finance

Mr Molyneux stated that the initial budget had been agreed by the Governing Body on 27 March 2013 and the revised budget will be updated on the basis of additional information and transfers and loaded into the ledger by end of July 2013. He advised that a new national ledger has been operational since 1 April 2013, however, further development was still required and the first draft of the management accounts has been produced for month two from the new ledger. Month three accounts will be published by end of July 2013.

Mr Molyneux explained that a number of budget transfers have been agreed between Clinical Commissioning Groups and actioned to ensure expenditure and budgets are correct for the six Surrey Clinical Commissioning Groups (Farnham) and the five Hampshire Clinical Commissioning Groups (North East Hampshire).

With regard to specialised commissioning transfers, Mr Molyneux advised that a project to review and revise the funding for specialist services was

being led by the Wessex Area Team and the team will be reporting back to Chief Finance Officers by the end of July 2013.

In respect of GP information and technology allocations, Mr Molyneux advised that there were some changes concerning allocations and work was currently being undertaken with NHS South Commissioning Support Unit. Mr Molyneux said that he would provide clarification to the Governing Body once this work had been completed.

Action a): Mr Molyneux to provide clarification to the Governing Body regarding the GP Information and Technology budget.

On a separate note, Mrs Maclsaac advised members that the recruitment of permanent staff to the finance team was currently in progress and added that following the authorisation process, the Clinical Commissioning Group had an outstanding condition relating to the recruitment of a Chief Finance Officer. Mrs Maclsaac confirmed that a national advertisement had now been placed and a large number of applications received. She added that interviews have been scheduled to take place in early July and a panel interview will be held on 17 July. Once recruitment to the Chief Finance Officer post has been successfully filled, further recruitment will take place in respect of the finance team.

Key Financial Risks

Mr Molyneux explained that there are a number of areas where work is being undertaken to finalise allocations, budget transfers and expenditure budgets and these may have financial implications for the Clinical Commissioning Group. The following areas were highlighted:

- Provider contracts - the contracts that are yet to be finalised could have an impact on the relevant expenditure budgets
- Specialist Commissioning - a major review is being undertaken and this could result in further significant adjustments to both income allocations and expenditure budgets
- Budget transfers between Clinical Commissioning Groups – work is being undertaken which may result in further transfers to correct the baseline
- Continuing Healthcare Costs - there are significant pressures on both the current expenditure and in respect of historical claims
- London providers - awaiting further relevant information regarding activity and associated contract costs
- Property company recharges
- Expenditure – additional cost pressures identified in year

In concluding his presentation, Mr Molyneux confirmed that a full finance and performance report would be provided to members at the next Governing Body meeting to be held in public on 11 September 2013.

Dr Clarke referred to slide five of Mr Molyneux's presentation which detailed South East Coast Ambulance NHS Foundation Trust not achieving Red 2 urgent calls (72% against target of 75%). Dr Clarke requested clarification regarding the A&E 4 hour target and the financial impact of non achievement. Ms Holden replied that she would seek clarification regarding the contract with South East Coast Ambulance NHS Foundation Trust and provide feedback. She added that NHS Kent and Medway Clinical Commissioning Group were the lead commissioners for the contract.

Action b): Ms Holden to seek clarification from South East Coast Ambulance NHS Foundation Trust in respect of the contract and provide feed back to the Governing Body.

Dr Bibawy highlighted that this point should also be discussed by the Urgent Care Board.

Action c): Dr Bibawy to discuss the South East Coast Ambulance NHS Foundation Trust contract at the next Urgent Care Board.

Quality, Innovation, Productivity and Prevention Delivery Contract

Dr Whitfield asked members to note that Mr Cruttenden would chair this item as it was not appropriate for him as a practicing GP to do so, due to the potential conflict of interest. Mr Cruttenden stated that Governing Body GPs will remain at the table throughout the discussions; however, they would not be permitted to vote. He added that any decisions made by the Governing Body in respect of the contract would be taken by Mr Molyneux, Mrs Huggett, Mrs Maclsaac and himself.

Ms Holden advised that the purpose of the paper is to share with the Governing Body the issues and proposed solutions to support GP practices implement and deliver the Quality, Innovation, Productivity and Prevention Delivery Contract.

She explained that historically, NHS Surrey and NHS Hampshire funded GP practices to participate in a Clinical Commissioning Local Enhanced Service. This budget transferred to NHS North East Hampshire and Farnham Clinical Commissioning Group on 1 April 2013.

In respect of the development of the contract, Ms Holden explained that the draft Quality, Innovation, Productivity and Prevention delivery contract was agreed at the shadow Governing Body meeting on 13 March 2013 and following some minor amendments, was circulated to GP practices on 2 April 2013.

Whilst the majority of the contract is being widely implemented there are areas which have been identified as a significant challenge for GP practices. Ms Holden confirmed that the Clinical Commissioning Group had sought and received feedback from GP practices and concerns had been raised.

She added that the feedback had been reviewed and a revised model had been developed which aligned with strategic priorities, whilst recognising challenges and complexities.

Mrs Maclsaac said that the Clinical Commissioning Group was keen to know about the GP's understanding of these issues and she understood that some practices might feel they had less control over unscheduled care that related to this payment mechanism some GP practices might feel they have less control of unscheduled care. She was clear that these proposals have been developed to recognise and address these concerns as much as possible.

Dr Brown noted that the paper addressed some of the concerns, but queried how many patients attended Accident and Emergency departments compared to those visiting GP practices. He added that practices were concerned by the scheme and further work should be undertaken with GPs in respect of unscheduled care and that strategic direction from the Clinical Commissioning Group would be very helpful. Dr Whitfield said that working collectively with GP practices and with other Clinical Commissioning Groups in the county was key and that the GPs on the Governing Body understand that difficult decisions need to be made to meet the challenges.

Dr Whitfield advised that in the Autumn three Clinical Commissioning Groups are holding a joint GP event, which will have expert facilitators focusing on how GP practices can work together, share learning and best practice.

Action d): Dr Whitfield to feedback to the Governing Body in respect of the GP event being held by three Clinical Commissioning Groups in September 2013.

AGREED

The Governing Body supported the three recommendations in order to address the areas of concern raised by GP practices. These are:

- **A proposal to adjust the funding model to support practices on an individual, rather than collective basis**
- **A proposal to adjust the funding model so that a stepped approach to funding will reflect the percentage of Quality, Innovation, Productivity and Prevention that is achieved**
- **A proposal to continue focussing on Frimley Park Hospital NHS Foundation Trust's Quality, Innovation, Productivity and Prevention schemes therefore achieving the maximum benefit and improved quality within the Clinical Commissioning Group's main provider.**

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| 8 | Any Other Business |
| | <p><u>Keep Calm Campaign</u></p> <p>Mrs MacIsaac announced that the Clinical Commissioning Group's Keep Calm campaign led by Dr Mark Tyrell and Charlotte Keeble, Senior Commissioning Manager, has won a Bronze Award in the annual Institute of Practitioners in Advertising Best of Health Awards. Young people aged 17-24 years helped adapt the 'Keep Calm' branding so that it appealed to the target age group across a wide range of media including Facebook, bus shelter advertising, and a live event at Princes Mead shopping centre in Farnborough.</p> <p><u>Dementia data</u></p> <p>Dr Clarke queried if the Clinical Commissioning Group had any feedback in respect of monitoring the number of patients diagnosed with dementia. Ms Holden replied that work was currently in progress and she would provide this information to the Clinical Executive Committee meeting.</p> <p>Action a): Ms Holden to provide information regarding monitoring the number of patients diagnosed with dementia to the Clinical Executive Committee.</p> |
| 9 | Questions from the Public |
| | <p>Mr Edge, a resident of Farnham, referred to the abolition of NHS Surrey and said that he had several concerns around which organisation had responsibility for the contract with Virgin Care to run Farnham Community Hospital.</p> <p>In reply, Dr Whitfield said that NHS North West Surrey Clinical Commissioning Group now leads on this contract and all Clinical Commissioning Groups in Surrey have a contract with Virgin Care. He also advised that mental health services for Surrey are hosted by NHS North East Hampshire and Farnham Clinical Commissioning Group.</p> <p>Dr Whitfield confirmed that he would provide further information to Mr Edge following the meeting.</p> <p>Action a): Dr Whitfield to provide further information to Mr Edge regarding his questions and concerns around the Farnham Community Hospital contract.</p> <p>The meeting closed at 1.55pm</p> |
| 10 | Dates of Future Governing Body Meetings held in Public |
| | <p>Wednesday 11 September 2013, 2.00pm to 4.00pm, The Princes Hall, Aldershot Wednesday 13 November 2013, 2.00pm to 4.00pm, Venue to be confirmed</p> |

Signed as a true record:

Name:

Title:

Signature:

Date: