

**Minutes of the Portsmouth Clinical Commissioning Group Governing Board meeting held on Wednesday 20 February 2013 at 2.00pm – 4.30pm in the Entertainments Hall, St James' Hospital, Locksway Road, Milton, Portsmouth PO4 8LD**

**Summary of Actions  
Governing Board held on Wednesday 20 February 2013**

<b>Agenda Item</b>	<b>Action</b>	<b>Who</b>	<b>By</b>
5	Quality Report – Detailed report on CCGs response to the Francis Report to be provided at next meeting.	I Richens	Apr 13
5	Quality Report – Confirmation from providers that they do not have “gagging clauses” in place in contracts or agreements.	I Richens	Apr 13
7	Finance Report – Delegated responsibility to Clinical Executive via the Chief Clinical Officer and Chief Finance Officer to sign off the final “transfer scheme” on behalf of the Governing Board. Update to be presented to next meeting.	J Gooch/ J Hogan	Apr 13
8	2013/14 Plan and Draft Budget – Identify measures in Quality Premium relevant to practices and translate for practices the contribution they should make.	K Hovenden	Apr 13
8	2013/14 Plan and Draft Budget – Delegated responsibility to Clinical Executive via the Chief Clinical Officer and Chief Finance Officer to sign off final budgets in March to be reported to the next meeting.	J Gooch/ J Hogan	Apr 13
9	38 Degrees Petition to NHS Portsmouth Clinical Commissioning Group – Discussion on the incorporation of “whole life cost” into the CCGs revised procurement strategy.	J Gooch/ I Richens	Apr 13
9	38 Degrees Petition to NHS Portsmouth Clinical Commissioning Group – Recommendations from the paper to be implemented.	I Richens	Apr 13
10	Register of Interests – Updated register to be presented to next meeting.	T Wilkinson/ J Collis	Apr 13

**Present:**

Dr Dapo Alalade	- Clinical Executive
Paul Cox	- Practice Manager Representative
Dr Julie Cullen	- Registered Nurse
Dr Elizabeth Fellows	- Clinical Executive
Jo Gooch	- Chief Financial Officer
Dr Jim Hogan	- Clinical Leader and Chief Clinical Officer
Jackie Powell	- Lay Member
Innes Richens	- Chief Operating Officer
Dr Tahwinder Upile	- Secondary Care Specialist Doctor
Dr Tim Wilkinson	- Chair of Governing Board/Clinical Executive

**In Attendance**

Jayne Collis	- Business Services
Margaret Geary	- Local Authority Representative (from 2.10pm)
Katie Hovenden	- Director of Professional and Clinical Development
Dr Andrew Mortimore	- Interim Director of Public Health
Jo York	- Associate Director, Strategy & Service Design (Item 11)

## Apologies

Tom Morton

- Lay Member

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### 1. Apologies and Welcome

Apologies were received from Tom Morton. Dr Tim Wilkinson welcomed everyone to the second meeting of the NHS Portsmouth Clinical Commissioning Group Governing Board held in public. He reminded those present that although the meeting was being held in public it is not a public meeting and therefore no participation from members of the audience is allowed during formal business of the Board. However the Board had invited questions in advance and these would be addressed in a question and answer session at the end of the meeting.

Dr Tim Wilkinson thanked members of the public for their feedback from the previous meeting and in response to some of the issues raised the CCG has:

- Made available limited copies of the full papers at the meeting
- Will make them all available on our website in the future (unfortunately technical problems prevented this from happening this month)
- Made enquiries as to improvements we might be able to make to the sound system for the future

Dr Tim Wilkinson said that continued feedback is most welcome and feedback forms are again available for completion. He reminded members of the audience that a stakeholder event is due to take place on the afternoon of 8 May 2013 and the focus will be on health inequalities and prevention of illness and disease. He also briefing explained the procedure should the fire alarms sound.

Dr Tim Wilkinson explained that at the last meeting a presentation by Dr Kar on changes being made to the Diabetes service in Portsmouth was received. As part of the presentation Dr Kar referred to Portsmouth having some of the worst outcomes in the country for amputation rates related to Diabetes. He was pleased to announce that the latest data that has recently been published shows a significant improvement from 2 per 1,000 adults to 1.4 per 1,000 adults. We remain above the national average but are moving in the right direction and hope the changes that are being made to the Diabetes pathway will continue to support improvement of this outcome indicator.

### 2. Declarations of Interest

Dr Elizabeth Fellows declared a possible conflict of interest on Item 11, Integrated Care Strategy as she is a partner in a practice in the City that is part of the team.

### 3. Minutes of Previous Meetings

The minutes of the NHS Portsmouth Clinical Commissioning Group Governing Board meeting held on Wednesday 19 December 2012 were approved as an accurate record.

An update on actions from the previous meeting was provided as follows:

Agenda Item	Action	Who	By	Progress
3	Summary of Actions - Dr Andrew Mortimore to provide a report on immunisation and vaccination	AM	20 Feb 13	Future meeting.

Agenda Item	Action	Who	By	Progress
	performance and actions being taken to a future board meeting.			
6	Commissioning Intentions for 2013/14 – Document to be sent to all providers.	IR	20 Feb 13	Complete.
6	Commissioning Intentions for 2013/14 – Document to be shared with third sector via Community Action Portsmouth.	TM	20 Feb 13	Complete
6	Commissioning Intentions for 2013/14 – To be taken to Health and Wellbeing Board for noting.	IR	30 Jan 13	In hand.
7	Outcome of Authorisation – Get Rectification Plan and outstanding threshold for authorisation signed off by NHS Commissioning Board.	JH	20 Feb 13	Has been presented to BoCC. Awaiting template which will be reviewed and submitted as evidence to National Commissioning Board. Feedback to date is positive.
8	Quality Report – Amend reporting of TIA.	IR	20 Feb 13	Error in figures fed back to Quality team. Complete.
9	Finance and Performance Report – Work with Charlotte Moar from NHS Commissioning Board on review of specialised services and impact on CCG allocations.	JG	1 April 13	Next meeting. <b>Action: Jo Gooch</b>
9	Finance and Performance Report – To arrange a joint presentation on plans to address urgent and integrated care.	IR	Future meeting	Future meeting. <b>Action: Innes Richens</b>

#### 4. Deferred Items

None.

#### 5. Quality Report

Dr Tim Wilkinson stated that Board members would be aware of the publication of the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry – chaired by Robert Francis last week. He noted that a full report setting out how the CCG will be delivering the recommendations of the Inquiry locally would be brought to the April Board meeting.

Innes Richens went on to provide a summary of the key messages and recommendations. This included outlining a number of warning signs that could and should have alerted the system to the problems developing as well as the key recommendations from the overall 290 recommendations of the report. Innes went on to explain that he was currently working with clinical and quality leads to review the recommendations and set out how the CG will ensure its lessons remain a core part of how we operate.

**Action: Innes Richens**

Dr Wilkinson concluded that whilst the inquiry had at its focus failings and concerns within a hospital, it is important that we apply the lessons of this Inquiry to all healthcare services being delivered for the people of Portsmouth.

Innes Richens presented a paper which provided a summary of key quality issues and developments and explained that a full report of all issues is reviewed in detail via the CCGs sub-committee structure.

Dr Dapo Alalade explained that the Quality report provided reports from four providers; Portsmouth Hospitals NHS Trust (PHT), Solent NHS Trust, South Central Ambulance Service and NHS 111 and new Out of Hours Service in Southern Hampshire and highlighted some of the main points as follows:

#### Portsmouth Hospitals NHS Trust

- MRSA – Still reporting 4 cases year to date. Visits are being conducted to PHT to test their action plans.
- Areas of improvement for quarter 3 include:
  - Reduced number of reported serious incidents
  - Reduced number of recorded falls
- Areas that remain a concern as they are moderately below their intended target are:
  - Dementia case finding and assessment – behind target of 90%
  - Pressure ulcer incidents - still high
  - Medication errors – still behind target

#### Solent

- 54 Serious Incidents reported at month 9; last year their total was 58.

#### South Central Ambulance

- Some pressure on ambulance handovers with delays increasing has been seen in January. However further Winter Pressures monies have been used to support improvements and delays have reduced in February.

#### NHS 111 Service

- This has now gone live throughout Hampshire. A number of improvements have been introduced locally to the service including the ability of the 111 service to directly book appointments with an Out of Hours GP.

#### Duty of Candour

- There will now be a contractual obligation on all NHS providers to have a duty of openness or candour. Although this has been an expectation of all providers to date, this introduces a contractual obligation.

Julie Cullen commented that she would be interested in “Never Events” as it seems that there is green light for organisations to report zero “Never Events” and she would be interested to learn how the targets are set. Dr Tim Wilkinson agreed that this would be fed back to the Quality Team and Portsmouth Hospitals Trust. Dr Tahwinder Upile commented that if there is under-reporting then there will be zero “Never Events”. Complications have to be reported and therefore if they are reporting zero complications then they are not undertaking operations.

Dr Tahwinder commented on duty of candour and Dr Jim Hogan said that the CCG needs to reassure itself that who it commissions from does not have any “gagging” clauses. Innes Richens agreed to look into this further.

**Action: Innes Richens**

Jackie Powell commented on the NHS 111 service and asked if any feedback from patients or GPs had been received. Dr Jim Hogan explained that two new services had come on line since October, the out of hours service and NHS 111. Initially there were issues around relationships with the two services and there were concerns of delays in the system when it was set up. The CCG continue to monitor the service and as of yesterday two more services went live to NHS 111 so it is becoming a national service rather than a local one. There has been less impact locally than with the pilot and we are not seeing more patients transported to hospital as a consequence of the service changes but the CCG was reviewing the impact on GP services in hours. The feedback system is a bit meaningless at the moment until we understand how feedback can be delivered on all areas of the journey.

**The NHS Portsmouth Clinical Commissioning Group Governing Board accepted the Quality Report.**

## **6. Performance Report**

Jo Gooch presented the Performance Report for January 2013. She explained that most areas are on track for the expected performance standards and provided the following update:

Public Health Targets - The latest data shows a slight improvement in relation to immunisation and vaccination rates.

RTT – Achieving however it is driving activity above expected levels and we need to be aware of this and understand what is required.

A&E 4 Hour Wait Target – 95% standard at PHT has been short for the last few weeks however a series of actions are being taken to bring performance up to standard. Further information is detailed in the report and the situation is being monitored by the CCG. Dr Tim Wilkinson asked for reassurance that the action would not reduce the amount of activity in elective. Jo Gooch explained that it was about planning well together to understand patient flows so that it is within our spend and their plan, and is about how we manage and prioritise patients in the most clinically and cost effective way.

Dr Andrew Mortimore commented on the immunisation targets and explained that they are looking at strategies to improve such as providing support to practices and looking at profiling. There is a public campaign to raise awareness of the importance of immunisation. Dr Tim Wilkinson commented that the public campaign is very important as he had recently seen his first case of measles in 20 years as a GP.

Margaret Geary commented on the Francis Report which was raised in the Quality Report and said that there were lots of indicators and targets and asked if there was any way of monitoring perverse responses. Jo Gooch said that we need to take all data together and triangulate to see what it means ie quality data, performance data, finance data etc and it is an ongoing challenge.

Innes Richens said that to follow up on the importance of going in and seeing services we have had an unannounced visit to A&E. The CCG also wants to hear from patients on their experiences.

Dr Jim Hogan commented that during transition there is a risk of who will be looking at and owning data as we go forward and we need to be careful around information governance.

### **The NHS Portsmouth Clinical Commissioning Group Governing Board accepted the Performance Report.**

## **7. Finance Report**

Jo Gooch presented the Finance Report for Month 10 2012/13. She explained that the year to date spend on the CCG devolved budgets is on plan, with a year to date surplus of £2.1m.

There are some areas of variation of the plan such as spend on the PHT contract related to RTT and emergency demand is higher than planned. However emergency admissions are lower than at this time last year.

There is a risk relating to the Continuing Healthcare budget in relation to retrospective claims and £2m of this is forecast in the position. Jo Gooch explained that Portsmouth were looking at around 107 claims compared to Hampshire who were looking at around 2000-3000 claims. However as Hampshire review the cases it is likely that some may be passed to Portsmouth which is why it is difficult to assess the exact cost.

Jo Gooch reported that Prescribing were under budget. Dr Tim Wilkinson commented that in the past we had relied on the prescribing underspend to help “balance the books” and asked what effect the high cost drugs transfer to the Commissioning Board would have on the CCG. Katie Hovenden explained that she has been working with secondary care colleagues to try to reduce the amount of high cost drugs which will transfer to the Commissioning Board via Specialised Services. Anti TNF and Wet AMD are the two big areas that remain CCG responsibility and it is about how we ensure they are used clinically and cost effectively. The outcome of a new drug license is expected by NICE which could be slightly cheaper and introduce competition into the market for Wet AMD. Volatility remains in the cost of drugs in prescribing in Primary Care and there is a plan next year to work with GPs to maximise savings.

Jackie Powell asked about ambulance handover delays and asked if the ambulance hub had made any difference. Jo Gooch explained that the work with PHT has stabilised the situation however there is still work to do but we want to get to a point where we do not have ambulances waiting. She further explained that day cases relate to no-one waiting over 18 weeks and we are working to improve planning as we go forward as a CCG.

Dr Elizabeth Fellows commented on prescribing and since it has been under Katie Hovenden’s guidance it has been one of the best for quality markers. Dr Tim Wilkinson agreed and commended Katie Hovenden and her team for the hard work put in over the years.

Jo Gooch explained that during the transition from PCT to CCG there will be a number of contracts, assets and liabilities that will transfer to the CCG. There are 20 receiving organisations and the transfer will include estate, property and transfer of staff. Receiving organisations are not in a position to refuse to accept the transferring items and the CCG will need to understand the transferring obligations and any inherent risk. The process will not be concluded until mid-March 2013. The Governing Board is asked to acknowledge that this is work in progress and requested to approve the recommendation that delegated authority is given to the Chief Finance Officer and Chief Clinical Officer to validate the final “transfer scheme”. An update will be presented to the April Board meeting.

**Action: Jo Gooch**

**The NHS Portsmouth Clinical Commissioning Group Governing Board accepted the Finance Report and approved the recommendation that delegated authority is given to the Chief Finance Officer to validate the final “transfer scheme” to the CCG during March. The Chief Clinical Officer and Chair to acknowledge receipt on behalf of the Board and an update on the full “transfer scheme” will be brought to the April Board meeting.**

**Action: Jo Gooch/Jim Hogan**

## **8. 2013/14 Plan and Draft Budget**

Jo Gooch presented the 2013/14 Plan and Draft Budget. She explained that the paper comprised of four parts;

- i. Summary of the national planning guidance ‘Everyone Counts: Putting Patients First 2013/14’
- ii. Summary of the CCG’s Planning Priorities as submitted to the Wessex Area Team on 25 January 2013
- iii. CCG’s budget setting policy
- iv. CCG’s draft financial strategy and budget.

Also included was an A3 version of the Plan on a Page as detailed on page 17 of the paper.

The Wessex Area Team have reviewed the draft plan and initial feedback is very positive.

The Quality Premium – The premium paid to CCGs will be based on four national and three local measures. The three local measures for NHS Portsmouth CCG are related to Childrens Paediatrics, Frail Elderly and Dementia. These are all consistent with the Health and Wellbeing Board priorities.

Draft Budget – There is a national requirement to achieve a surplus of £2.4m within plan. The CCG will have a QIPP target of £6.7m. There are schemes outlined and they are currently being risk assessed and discussed with providers. Until contracts are finalised for next year the budget cannot be finalised.

Jo Gooch highlighted the key risks detailed on page 40 in particular the CCG allocation and Legacy Financial Position.

Dr Jim Hogan acknowledged that the CCG has a good legacy position from the PCT where it will go forward with no debt. The planning process was started early and all plans had clinical input and as a CCG we set aside a higher contingency that was required nationally.

Jo Gooch commented that NHS Portsmouth CCG QIPP is £6.7m and its sister CCGs is more so we need to support them in going forward.

Paul Cox commented that this will be a challenge for practices however they are motivated and the targets set by the CCG will be achieved as best they can. He asked if there was any further information regarding the quality premium. Katie Hovenden said that a piece of work will be undertaken to ensure practices have a better understanding of the quality premium. Dr Tim Wilkinson commented that it was important how it is actioned at practice level.

**Action: Katie Hovenden**

Jo Gooch asked that the Board give delegated authority to the Clinical Executive to approve changes to the draft budget, including approving final investment requests with an update brought to the next meeting.

## **The NHS Portsmouth Clinical Commissioning Group Governing Board;**

- **Noted the 2013/14 planning priorities and planning submission made to the Wessex Area Team Office;**
- **Approved the draft 2013/14 budget and**
- **Agreed delegated authority be given to the Clinical Executive via the Chief Clinical Officer and Chief Finance Officer to approve changes to the draft budget, including approving final investment requests, with an update brought to the next Governing Board.**

**Action: Jo Gooch/Jim Hogan**

### **9. 38 Degrees Petition to NHS Portsmouth Clinical Commissioning Group**

Members of the Board have recently met with members of the '38 degrees' group who presented a petition for consideration by the CCG in relation to its constitution and other governance arrangements. Dr Tim Wilkinson explained that if the CCG receives a petition it is required to consider bringing it to the Board. In support of the petition the following statement is presented to the CCG on behalf of members of 38 Degrees Portsmouth NHS Monitoring Group:

“As members of 38 Degrees, the online campaigning group, we are part of a nationwide group of individuals who care deeply about the NHS and the values it represents. We are strictly non-party political and have come together out of a deep concern about the impact of the Coalition Government's restructuring of the NHS on health care provision.

We have deep reservations about the practicality of introducing such a major restructuring of health care provision within such a short time-scale, while at the same time imposing an unrealistic savings target from an already reduced NHS budget. We fear that this will inevitably lead to cost considerations taking priority over quality of service, which will in turn lead to fragmentation and the inevitable privatisation of our health service.

We have raised our concerns with CCG Board members, both in discussion and in writing, and until now have been very reassured by their responses to our questions.

We very much welcome the spirit of openness and transparency that PCC has shown and are impressed by the commitment they have given to working in the best interests of local people and to retaining our NHS as a public service free at the point of delivery.

As representatives of the 600-plus local people, who signed the 38 Degrees petition we will continue to remain involved as 'critical friends' of Portsmouth CCG to monitor their performance, bring any developments that cause us concern to their attention and to the attention of the public and make sure that NHS users in our city continue to have a strong representative voice through which to raise their concerns.”

Dr Tim Wilkinson commented that they were reassuring comments on the way we have dealt with things and he hoped members of the audience are reassured of the CCGs emphasis on quality.

Innes Richens explained that the CCG had met with members of 38 Degrees on 18 December 2012 where they presented a petition signed by over 600 signatories. He presented a paper which detailed the petition and lists each of the variations being proposed by 38 Degrees to the CCG's Constitution and makes a recommendation to the Governing Board in response.

Dr Elizabeth Fellows asked if changes were made to the Constitution would we have to go back to member practices for sign up. Innes Richens confirmed any changes to the constitution would require consultation and agreement with practices as well as approval by the NHS Commissioning Board. He noted though that by amending the supporting policies we can move faster with regard to the recommendations.

Jo Gooch commented that it was heartening to hear how 38 Degrees feel how the CCG is working and it is about how we can work with 38 Degrees and other organisations like them so that they do not have to present a petition in the future.

Jo Gooch commented on Recommendation 2 and the need to be clear on how it is worded. She agreed to work with Innes Richens on the wording and the incorporation of “whole life cost” into the CCGs revised procurement strategy.

**Action: Jo Gooch/Innes Richens**

#### **The NHS Portsmouth Clinical Commissioning Group Governing Board;**

- (i) Note the Petition and its Signatories presented to the CCG by representatives of 38 Degrees.**
- (ii) Support the amendment of the CCG Procurement Framework to include reference to the consideration of whole life cost and quality as criteria to be considered in any CCG procurement decision – Jo Gooch and Innes Richens to agree wording.**
- (iii) Support the amendment of the CCG’s Procurement Framework and its Principles of Business and Provider Management to include the principles suggested by this petition, specifically that contractors and providers:**
  - are good employers who comply with all relevant employment legislation, including the Public Interest Disclosure Act 1998;**
  - maintain acceptable standards of health and safety and comply fully with all legal obligations;**
  - meet all tax and National Insurance obligations;**
  - meet all equal opportunities legislation;**
  - are reputable in their standards of business conduct;**
  - respect the environment and take appropriate steps to ensure that they minimise their environmental impact.**
- (iv) Support the amendment of the CCG’s Procurement Framework to include more explicitly the principle that the CCG, in any procurement, will exclude companies which have been convicted of offences, or whose directors have been convicted of offences in the conduct of their business. However, any corrective/remedial action taken by the company in response to such an offence will also be taken into account in determining its suitability as a bidder.**
- (v) Support the amendment of the CCG’s Procurement Framework to state more explicitly that the CCG will expect all suppliers and contractors to fully comply with UK, EU and international tax and accounting law. If it comes to the attention of the CCG, through its usual procurement and due diligence checks, that any supplier is not compliant with the law, the CCG will notify the relevant authorities.**
- (vi) Support the on-going practice of the CCG in having a plain English summary of the CCG Constitution.**
- (vii) Support the inclusion of any CCG consultations on its website in addition to the usual communications routes.**

**Action: Innes Richens**

## 10. Register of Interests

Dr Tim Wilkinson presented the Register of Interests for acceptance by the Board. He explained that it was likely there would be some changes from April and therefore an amended version would be presented to the next meeting.

**Action: Tim Wilkinson/Jayne Collis**

**The NHS Portsmouth Clinical Commissioning Group Governing Board accepted the Register of Interests.**

## 11. Integrated Care Strategy

Dr Jim Hogan explained that most of what the CCG does is around planned and unplanned care and the main focus in the past year is to work on unplanned care and where we can make improvements. Locally we have seen a 5%-7% increase in demand and lots of reasons have been blamed for this such as Choice and Access, NHS 111 and changes in secondary care such as the walk in centre and minor injuries unit. As a result it was decided that a major redesign of the strategy was needed locally to look at integrated service provision particularly focused on services for the frail elderly. The CCG wanted to ensure the strategy was as patient centred as possible focussing on outcomes and collaboration to ensure better use of resources.

Dr Jim Hogan introduced Jo York, Associate Director lead who gave a presentation on the Integrated Care Strategy.

Jackie Powell commented that the presentation was very encouraging and asked about patient and public involvement. Jo York explained that the pilot with the central team covered 7 practices running from September/October and the department are just carrying out the first wave of evaluation which will give an idea of the size of problem and where the issues are. She said that some of it is about the way people work and changing the way teams work and it is hoped it will start to roll out from April. Some work with clusters of practices is underway and patient and public involvement is an area that needs more focus and will be worked on.

Jo Gooch commented that information sharing is absolutely key and that it is a very complex matter and we need to think about it in terms of planning for the CCG. There may be an opportunity for national funding available.

Innes Richens asked the primary care members of the Board for their comments.

Dr Elizabeth Fellows commented that practices in Portsmouth have been rising to the challenge and it is about how GPs structure their day and if admittance can be avoided. There are relative simple things that can be done in the long term around freeing GPs to do other things and practices are up for the challenge.

Dr Tim Wilkinson commented that he supported Dr Elizabeth Fellows comments and it is about collaborating practices working together. Dr Dapo Alalade commented that he also supported the comments however he has concerns regarding 24/7 working and communication between practices involved and system integration.

Margaret Geary commented that the work is very important and puts people in the centre of what we are doing and it is important for organisations to learn how to work together effectively.

Dr Julie Cullen commented that it was very encouraging to hear that the CCG is putting patients in the middle and not worrying about where the money is coming from and is there anything the Board can do to speed things up.

Dr Jim Hogan said that the main issues is traditional practices and it is about getting people to think differently as some feel threatened by collaboration. We need to ensure they understand what we are trying to do. One good thing out of clinical commissioning is that we have clinicians talking to clinicians.

Dr Tim Wilkinson thanked Jo York for her presentation.

## **12. Implementation of the Electronic Prescription Service within Portsmouth**

Katie Hovenden presented a paper which provided an update on the implementation of the Electronic Prescription Service within Portsmouth which, when fully implemented, would do away with the need for paper prescriptions generated by GP surgeries. There are many benefits to implementing EPS, to GP practices and patients especially. Also there will be efficiencies at a national level as we do away with the posting and handling of about one billion prescription items.

There are a number of challenges for Pharmacies and GPs as they will need to amend their business process and generate and dispense prescriptions in a different way.

Jackie Powell asked about the 28 day default for repeat dispensing. Katie Hovenden explained that, as part of the service, if the GP chooses repeat dispensary then they can authorise the number of repeats and set the interval at which it is dispensed. If the GP does not state the repeat interval then the default is 28 days, there has been a lot of work done nationally which shows that 28 days is the optimum amount of time to minimise waste in medicines. Dr Tim Wilkinson commented that most GPs will individualise to patients.

Jackie Powell asked about identification for automatic prescriptions. Katie Hovenden explained that the system can print out a token or patients will be asked to produce ID.

Jo Gooch said that she had met with Katie Hovenden regarding business processes and it was suggested that a group be reconvened so that all issues are picked up.

**The NHS Portsmouth Clinical Commissioning Group Governing Board agreed to support the following recommendations:**

- a) The Electronic Prescribing Service should continue to be rolled out across the city in a managed way, in order that surgeries can be adequately supported and the benefits can be realised.**
- b) The communications plan which was developed as part of the original application should be revisited and refreshed to ensure that patients and the public are prepared for the change**
- c) The provision of dedicated local support, particularly for community pharmacies, during the roll out period for at least one day per week to help resolve and escalate technical issues and provide support to realigning business processes.**

## **13. Chief Clinical Officer's Report**

Dr Jim Hogan presented a report which summarised the key decisions and actions taken by the Clinical Executive under the leadership of the Chief Clinical Officer on behalf of the Governing Board since the previous Board meeting in December 2012. He briefly highlighted the main areas of the report.

**The NHS Portsmouth Clinical Commissioning Group Governing Board accepted the Chief Clinical Officer's Report.-**

## **14. Director of Public Health Annual Report 2011**

Dr Andrew Mortimore presented the Director of Public Health's Annual Report for 2011. The report summarises key findings from the Joint Strategic Needs Assessment and specifically focuses on children with autism spectrum conditions, substance misuse in young people and veterans' health. He highlighted the main areas of the report and explained that the 2012 Annual Report will be presented to the Board at its May meeting.

**The NHS Portsmouth Clinical Commissioning Group Governing Board accepted the Director of Public Health Annual Report 2011.**

Dr Tim Wilkinson thanked Dr Andrew Mortimore for explaining the report and noted that more time will be set aside at the May Board meeting to focus on the 2012 Director of Public Health Report.

#### **15. Minutes of Other Meetings**

The minutes of the Clinical Commissioning Committee meeting held on 5 December 2012 and 2 January 2013 presented for acceptance by the Board.

**The NHS Portsmouth Clinical Commissioning Group Governing Board accepted the minutes.**

#### **16. Date of Next Meeting**

The next Governing Board meeting will be held in public and will take place on Wednesday 17 April 2013 at 1.00pm in the Entertainments Hall, St James' Hospital.

#### **17. Meeting Close**

Dr Tim Wilkinson thanked everyone for attending the meeting and reminded members of the public that feedback and comments would be welcomed. He declared the formal part of the meeting closed and explained that the Board would now consider and respond to a number of questions posed to the CCG in advance from members of the public. He explained that there had been a lot of questions submitted so in order to respond to as many as possible in the time available we have themed them and merged similar questions and abbreviated some of the statements made. The full list of all questions asked and a summary of the responses will be published on the CCG website in due course.

Jayne Collis  
14 March 2013