

H&FGPF LIMITED

Company No: 09297632 (the "Company")

Minutes of the Board of Directors of the Company at Park Medical

18 March 2019

14.00-15.30 Dawes Road

• **Directors Present**

Laurie Slater (LS), Robert Jenkins (RJ), Robert McLaren (RMC), Caroline Jewels (CJ), Robert Jenkins (RJ), Anna Phelon (AP)

• **Apologies**

Sue Spiller (SS), Samia Hasan (SH) – dialed in for part of meeting, Caroline Durack (CD)

• **In attendance**

Helen Poole (HP)

Introductions and Apologies

Apologies noted.

February Minutes

The minutes were accepted as a true representation of the meeting.

Declaration of Interests

Noted, no new ones.

Action Log and Risk Log

Action Log – updated

It was acknowledged that the Extended Hours review will adversely affect a lot of practices financially.

VAT: it was agreed that we need a definitive view on VAT implications.

Shared Services: HP outlined length of remaining budget and how it will be used to the Board

Risk Log

Risks scoring over 20 were discussed.

Line 26: AP updated that the SIs were taken to the contract meeting and will be discussed at NWL level. RJ stated that Paul Carnduff had a different interpretation regarding the MH cap, HP explained that Paul had worked in other boroughs where there are different MH specifications.

A: HP to check that PC knows the spec for H and F

Spirometry: there is an equipment budget underspend that could be considered for training funding, subject to the CCG agreeing. There was a view that there was a fundamental issue re all practices trying to do everything so many services are not truly hub-based, and this could be agreed across networks. The network contract is expected to increase the hub service. RM felt that there is a need to push back on the spirometry requirements. HP stated that she had been raising it every month at the contract meeting and the CCG had committed to feeding back from their PCCC on the paper the Federation had contributed to some months ago. LS queried who set the assurance requirements. There is an issue re the cost of audit for ECG, which may not be viable going forwards as the funding mechanism is not clear and it is arguably not cost effective for every practice to be doing it.

Finance Pack

RM and HP met with DC to discuss the Board pack and had stated that they were not satisfied that it was in a

comprehensible format e.g. DC was unable to answer questions on specific budget lines. There was a website line discrepancy as just one example as the pack shows less income than budgeted but significantly more expense than budgeted. DC had stated that this was to do with how the budget had been set, to which HP had reminded him that he had set budgets in isolation from the Directors who had knowledge of the projects and forecasts. It was agreed that the budgets must be set including the relevant people going forwards. RM shared that we are seeking to change accountant. We expect to end the year with a small profit and some contingencies. HP explained that the contingencies listed cannot be clawed back as they were redundant from previous years so can be released. We will need discussion regarding how we treat any profit. HP shared that DC has stated there would be a tax liability on any dividend at both the Federation and potentially practice ends.

A: HP to explore accountant options

EGM debrief

LS felt that it was a good meeting, with a cohesive voice across the patch, a positive discussion with small and big practices in agreement and a very good outcome. RJ caveated that not all practices were present, and that the Federation may still need to wind down at some point even if not yet. All felt it was a good idea that the Clinical Directors constitute the Board going forwards. MR feedback: it was clearly explained about what the Federation does and could do, it was needed to encourage smaller practices to speak, positive that we can continue even if not longer term, a positive meeting, well-attended, practices want the Federation to exist around networks. There was a discussion around about the Federation doing more and rebranding, we could be more visible and clearer with practices about what we can offer. RJ suggested that VAT may be an inhibiting factor. HP reiterated the encouraging feedback and said she would share it with the wider team. She suggested we need to resolve a. the cost base and b. how we can best respond to practice and network needs. RM stated that the Board would partly be funded by 0.25 Clin Dir plus we would need to look at some of the (current) 10% and what this would fund. SH stated her support for the Federation and recognized a lot of work e.g. the EPC negotiation and thought it would be de-stabilising if the Federation were to disappear at this point, as they fulfil a very important role. RM asked what if any her worries were. SH stated that the North has its own challenges and needs more experience within its leadership; other networks are in a better position as have more than one Clinical Director. The Fed has been very transparent and open and had engagement meetings. There was a query re how GP at Hand will manifest themselves in this arrangement. The Federation could develop further if the VAT issue was rectified, also a query re how HFP will work with the rest of the Central practices as they may want different things. RM clarified that HFP want the Federation to continue.

RJ raised that the Federation might not get buy in from every practice, as any practice could raise that they want to keep their 10% topslice. RM said we need to know more about what the networks want us to do. There was then a discussion re the potential for individual practices wanting to pull out. HP stated that there is a mixed economy in Ealing i.e. not all practices subscribe. It was also noted that in year one a lot of funds are being awarded on a non-capita basis e.g. the clinical lead 0.2.

AOB: None