

Minutes of an Annual General Meeting of Shareholders of Vernova Healthcare Community Interest Company held at Astra Zeneca, Alderley Park at 1900 on 13 October 2015

Present

| Name | Position | Organisation |
|----------------------|--------------------------------------|---------------------|
| Patrick Kearns | Director / GP | Manchester Road |
| Peter Speake | Director / GP | Alderley Edge |
| Jonathan Barnsley | Director / GP | Readesmoor |
| Mark Bell | Director / GP | Cumberland House |
| James Shipston | Director / GP | Handforth |
| Avant Kapoor | GP | Handforth |
| Vicky Buckley | GP | Readesmoor |
| David Ward | GP | Priorslegh |
| Clare Stanley | GP | Priorslegh |
| Warren Tuitte | Practice Manager | Priorslegh |
| Karen Hunter | GP | Park Lane |
| Chris Campbell-Kelly | Practice Manager | Park Lane |
| Pat Cocker | GP | High Street |
| Mark Lumb | GP | South Park |
| Helen Hawthorne | Practice Manager | South Park |
| Elsbeth Giles | GP | Toft Road |
| Geraint Allen | GP | Annandale |
| Helen Thomas | GP | Chelford |
| Peter Madden | GP | Chelford |
| Matthew Taylor | GP | Lawton House |
| Melanie Lyman | Practice Manager | Lawton House |
| Stephen Maxwell | GP | Kenmore |
| Kim Monaghan | GP | Park Green |
| Trish Atkinson | Practice Manager | Bollington |
| Dean Grice | Practice Manager | Holmes Chapel |
| Joanne Morton | Practice Manager | Handforth |
| Lyndsay Bates | Practice Manager | Mcllvride |
| Annie Myers | Assistant Practice Manager | Mcllvride |
| Justin Johnson | Chief Executive | Vernova Healthcare |
| Sarah Gill | Head of Service Delivery and Quality | Vernova Healthcare |

Apologies

| | |
|-----------------------|---------------------------|
| Dr Pete Wilson | Bollington Medical Centre |
| Dr Will Ford-Young | Broken Cross Surgery |
| Dr Christopher Studds | Meadowside Medical Centre |

1. CHAIR'S INTRODUCTION

- 1.1 The Chair welcomed the membership to the AGM. He emphasised that Vernova is the practices' federation and presents a real opportunity for supporting and developing primary care.
- 1.2 Paddy reminded the membership that last year's AGM had agreed to submit a bid to the Challenge Fund. Whilst this had been unsuccessful, it means that Vernova is not constrained by a narrow focus on 8 – 8 working. We are therefore able to concentrate on the things that will be of most value to the practices and their patients.

2. SECRETARY'S REPORT

- 2.1 Justin Johnson provided an overview of service activity during the 2014/15 Financial Year:
- 136 carpal tunnel decompressions (up 3%)
 - 1393 skin lesion first attendances (up 17%)
 - 776 minor skin procedures (up 30%)
 - 108 vasectomies (no change)
 - 181 aural microsuction (new service)
 - 10543 Ultrasound Scans (new service from March 2014 – provided as a Joint Venture with ECNHST)
 - 41800 phlebotomy (down 5%)
- 2.2 Whilst the services had grown in both scope and scale, the CIC was supporting high standards of patient experience, as evidenced by the Friends & Family Test results.

| | n= | Extremely Likely | Likely | Neither | Unlikely | Extremely Unlikely | Don't Know |
|---------------|-----|------------------|--------|---------|----------|--------------------|------------|
| Carpal Tunnel | 94 | 78.7% | 21.3% | | | | |
| Skin Lesion | 427 | 74.1% | 23.4% | 1.3% | 0.3% | | 1.0% |
| Minor Surgery | 185 | 73.4% | 23.7% | 0.6% | | 0.6% | 1.7% |
| Vasectomy | 23 | 77.3% | 18.2% | | | 4.5% | |
| Microsuction | 54 | 69.4% | 26.5% | 2.0% | 2.0% | | |
| Ultrasound | 746 | 74.5% | 21.6% | 2.4% | 2.4% | | 1.3% |

2.3 The Board of Directors approved the accounts for 2014/15 and copies were made available for members. The growth in service provision had driven significant financial growth within the CIC, and the accounts showed:

- Turnover of £956K (up 61%)
- Post tax profit of £51.9K (up from £2.2K)
- Return on Equity - 519%
- Total Net Assets £124.5K (up 71%)

3. RECENT DEVELOPMENTS AND CURRENT ACTIVITIES

3.1 Mark Bell described some recent development within Vernova

- The CIC had commissioned a federated subscription for Blue Stream Academy for all practices
- A training analysis and training governance framework had also been commissioned, which will provide clarity on training requirements for practices which choose to adopt it.
- A successful bid to host 3 trainee physician associates had been submitted to Health Education North West
- Bollington MC had submitted successful bid to become an enhanced training hub on behalf of Eastern Cheshire General Practice
- Vernova has appointed Sarah Gill as Head of Service Delivery and Quality for the CIC's services in order to strengthen its governance arrangements.

3.2 Mark also provided an overview of some of the current activities:

- The CIC and a number of practices are testing a US on-line training and Learning Management System (Relias Learning).
- A Vernova web-site with members' area is currently under development and will be published soon.
- A management and compliance system (Intradoc 247) is being introduced for Vernova services, and if successful has the potential to be rolled out to all practices.
- The CCG has approached Vernova to submit a proposal for the to develop a training programme to support implementation of the Caring Together GP contract.
- Identification of placements for trainee physician associates is required
- Vernova is applying to become the East Cheshire provider of dermatology and skin cancer services.

3.3 Comments were received from the meeting that more work was needed in terms of keeping practices' informed of developments and in developing a communication strategy.

4. RISKS AND OPPORTUNITIES

- 4.1 Paddy Kearns invited Peter Madden to give a perspective on the latest draft of the Caring Together GP contract. Peter advised the meeting that the draft raised a number of issues of concern. The latest version of the document had sought to introduce an element of 'risk and reward' which would mean that part of the funding to deliver the enhanced specification would only be received by practices in the event of 'system objectives' (i.e. not entirely within the practices' gift) being met. Also, the draft indicated that payment would be removed for avoidable admissions and immunisation enhanced services. Peter encouraged colleagues to read the draft contract document carefully and to brief those partners due to attend the Task and Finish Group meeting the following day.
- 4.2 Paddy Kearns reported that the current financial pressures within the health economy and, particularly, on East Cheshire NHS Trust mean that a new model of care is needed to make the system clinically and financially sustainable.
- 4.3 This presents a risk as practices will be the default place where patients go for support. The STAIRRS project is an example of this, with no provision made to take medical responsibility for patients who might otherwise be in hospital.
- 4.4 Paddy emphasised that the rapidly changing local environment makes a strong, unified GP federation even more important. There is a need to work together to be able to influence the development of new models of care, as well as decision-making around the configuration and operation of community services.
- 4.5 Peter Madden asked how Middlewood fits with this approach, and David Ward replied that Middlewood is seen by its owners as a vehicle through which the practices in the Bollington, Poynton and Disley Peer Group can collaborate. It does not intend to become involved in system-wide work or to compete with Vernova.

5. STRATEGIC OPTIONS FOR VERNOVA

- 5.1 Dr Jon Barnsley described a number of potential roles for Vernova. Jon emphasised that these were not proposals or suggestions by the Board, but areas for discussion:
- 1) Innovative, community-based service provision
 - 2) Support to practices with learning & development and regulatory compliance

- 3) Bid to be prime contractor for Cheshire East Council public health tender for existing GP services
 - 4) Act as umbrella for Caring Together Contract Phase 2
 - 5) Develop a unified strategic vision for GP primary care in Eastern Cheshire
 - 6) Represent General Practice in the Caring Together programme
- 5.2 It was acknowledged that 1) and 2) are not controversial and that Vernova should continue to develop in these areas.
- 5.3 Dean Grice asked whether an opportunity had been missed with the tendering of the Health Visiting and School Nursing service. Justin Johnson replied that he had registered an interest in the procurement but on review of the tender documents it was evident that Vernova would not have met the requirements to pass the Pre-Qualification stage. Vernova had therefore lent its support to the East Cheshire Trust bid.
- 5.4 For point 3), it was agreed that a joint bid should be submitted via Vernova in response to the Council's procurement of an integrated lifestyle and wellness support system.
- 5.5 There was general support to further explore the role of Vernova for points 4) and 5).
- 5.6 In terms of point 6), Geraint Allen raised the difficulty of the Board of Vernova representing individual practices unless the views of each are clearly understood. Paddy Kearns also explained that the Board was not looking to undermine the LMC's role. However, Peter Madden explained that the LMC does not have a problem with Vernova negotiating on behalf of practices as we need to make the best use of the resources available to represent general practice locally. The meeting therefore agreed in principle that members of Vernova's Board might represent general practice on specific decisions to be taken within the Caring Together programme subject to being able to engage effectively with all practices.

6. COMMUNICATIONS AND ENGAGEMENT

- 6.1 Paddy Kearns acknowledged that communication between the Board and member practices has not been as strong as wished, primarily due to the limited clinical and management time available.
- 6.2 Paddy explained that a new web-site with a members' area would be launched shortly. The members' area includes a discussion forum and it was hoped that practices would use this to raise questions and exchange ideas.

6.3 Paddy also proposed approaching the CCG for support to re-establish regular meetings at Peer Group level, to include director representation from Vernova. This could be a means of involving representatives from all practices in discussion about issues on which a decision is required in order that Board members can be supported to effectively represent the practices when those decisions are taken. The meeting supported this proposal.

7. CLOSING REMARKS

7.1 Paddy Kearns thanked everyone for their attendance and support for the local GP federation. This will help to ensure that general practice will have a strong voice as the shape and management of health services change. Clinical leadership from within general practice will be crucial within any new model of care.

8. ANY OTHER BUSINESS

8.1 As no other business was raised, Paddy Kearns closed the meeting.

Signed: *P Kearns* (Chair)