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<th>Date of Meeting</th>
<th>21 September 2016</th>
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<tr>
<td>Title</td>
<td>Alliance Update</td>
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<td>Purpose of Paper</td>
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<td>Recommendations/Actions requested</td>
<td>This paper is for information purposes. The Committee is asked to note the ongoing developments.</td>
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<td>Potential Conflicts of Interests for Board Members</td>
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<tr>
<td>Author</td>
<td>Mark Compton, Head of Primary Care Transformation</td>
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<tr>
<td>Sponsoring member</td>
<td>Katie Hovenden, Director of Primary Care</td>
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<td>6 September 2016</td>
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Introduction
The purpose of this paper is to provide an update to the Primary Care Commissioning Committee (PCCC) on the services, projects, and workstreams currently being delivered and undertaken by the Portsmouth Primary Care Alliance (PPCA). This paper also details the funding arrangements between NHS Portsmouth Clinical Commissioning Group (CCG) and the PPCA to provide these services. This paper is for information purposes and the PCCC is asked to note ongoing developments.

Background
The PPCA is a GP federation whose membership is made up of all GP practices in the city, with the exception of the Guildhall Walk Healthcare Centre practice. The PPCA has been established as a limited company whereby GP members are shareholders of the organisation. Similar to other areas across the country, the setup and establishment of a local GP federation has been viewed as an effective enabler to: capitalise on opportunities to deliver primary medical care services at scale; support improved sustainability of primary care; and provide more effective and efficient models of care through transformational change programmes.

Portsmouth CCG has, over the previous 18 months, supported the establishment of the PPCA and funded the Alliance to deliver services, support transformational change, and to facilitate more collaborative working amongst GP practices in the City.

Service Delivery
Currently the PPCA is providing one service delivery contract with the CCG as detailed below:

Acute Visiting Service
Against a backdrop of mounting pressure seen in primary care (through workforce shortages and increased demand), and increased scrutiny of Portsmouth Hospitals Trust (PHT) performance (4 hour wait targets being missed, bed shortages, and increasing delayed transfers of care), the CCG engaged with key stakeholders to devise a means of addressing these challenges. The proposal for an Acute Visiting Service (AVS), whereby GPs provide home visits on behalf of practices to registered patients requiring an urgent visit in a patient’s own home or nursing / residential home, was widely supported by local GPs.

The development and establishment of the AVS has been seen as a crucial success element of the Alliance to date, both from the point of view of member GP practices and patients. Responding to home visit requests for frail elderly patients has seen a reduction in the number of patients aged >65 being admitted to hospital during the pilot phase. The service has been funded as a proof of concept through the Better Care Fund and now enters its second year of development, with an extension to in-hours service provision and new delivery models continuing to be tested. The changes in the second year of the pilot include the provision of an afternoon service, and increasing the capacity of the service in the mornings through additional GPs and paramedic practitioners. The service has been operational since September 2015 and current funding is in place until August 2017. During this period the CCG will continue to monitor and review the effectiveness of the service and a
decision will be made regarding on-going funding and main-streaming of the service beyond the testing phase. The total cost of investment in this service in 2016/17 is £449,933.

**Development and Infrastructure Support**

The CCG continues to fund PPCA for a second year to support primary care involvement in the development and delivery of the Portsmouth Blueprint. This second year of funding builds on work undertaken in 2015/16 through the Clinical Director and Business Support Officer roles within each cluster, as well as funding to support bi-monthly engagement of member practices at cluster meetings.

The CCG has requested that the PPCA and Solent NHS Trust work in partnership to develop a proposal and business case on a new out-of-hospital care model specification, which will include subsequent phased implementation programmes as part of the overall delivery to achieve the vision articulated in the Portsmouth Blueprint.

The funding provided to PPCA for 2016/17 is to enable the development and delivery of this proposal in line with agreed expectations and timeframes. The investment is made in recognition of the need for ongoing infrastructure support and to enable the PPCA to actively lead this work in conjunction with Solent NHS Trust. Specifically this funding will enable PPCA to effectively engage with member practices, Solent NHS Trust, and other key stakeholders in order to develop and subsequently deliver a joint proposal for a new out-of-hospital model of care in line with the strategic objectives outlined in the partnership framework between the three organisations.

A Memorandum of Agreement (MOA) has been accepted between the PPCA and the CCG, outlining the objectives to be achieved with quarterly monitoring to provide assurance these are met. The total cost of investment for development and infrastructure support in 2016/17 is £232,344; the projects and workstreams being implemented as a result of this investment are detailed below.

**Projects and Workstreams**

The following projects and workstreams are being developed and delivered in support of the MOA.

**Clinical Triage within Primary Care Hubs**

PPCA are working on developing a model of primary care hub and spoke sites within the city; this includes the provision of an urgent primary care triage model to be delivered at scale on behalf of practices across the city as part of the Portsmouth Blueprint work programme. The ability to effectively manage same-day, urgent care demand, whereby face-to-face appointments are driven primarily by clinical need and patients are effectively signposted to the correct service for their presenting condition (determined through clinical triage), will result in additional capacity within primary care; this additional capacity can be utilised to decrease waiting times for routine primary care appointments, and to provide more proactive, planned care for patients with complex needs.

The workstream includes the expansion of an urgent primary care triage hub pilot already being delivered within the city, currently covering circa 55,000 patients.

Detailed below is a list of associated projects which feed into the primary care hub work.
• **Musculoskeletal (MSK) Integration**
The PPCA are currently working with Solent NHS Trust to devise models of care which result in more effective and efficient management of MSK demand. The organisations are testing the integration of physiotherapists within GP practices so that patients can be advised and managed by a physiotherapist without needing to present to their GP first. The potential reduction in demand on associated MSK services in the community and in secondary care is currently being evaluated before further rollout.

• **Mental Health Integration**
Similar to the MSK integration, the PPCA and Solent NHS Trust are testing the integration of mental health practitioners within GP practices so that patients can be advised and managed appropriately for their mental health needs without having to present to their GP first. The potential reduction in demand on associated mental health services in the community is currently being evaluated before further rollout.

• **System Demand and Capacity Analysis**
The PPCA, Solent NHS Trust, and the CCG are currently identifying and scrutinising demand for primary care services across the whole local health system, including: GP practices; Out of Hours (OOHs); Walk-in Centre attendances; A&E attendances (minors); and 111 activity. This information is being linked with workforce analysis to devise new models of care to meet system-wide demand through efficient use of staffing and resources.

• **111 Integration**
The PPCA and Solent NHS Trust are working with South Central Ambulance Service (SCAS) on how the primary care hub model could better integrate with the local 111 service and manage patient demand more effectively. Currently work is being conducted on the possibility of opening up further service options within a local Hub on the Directory of Services (DOS) by exploring local clinical triage options for specific 111 calls where appropriate.

• **Extended Hours & Out of Hours Delivery**
The PPCA and Solent NHS Trust are also investigating the potential to expand the provision of traditional core working hours within primary care. The aim is to create a 7 day a week primary care service which has a seamless interface between the traditional in-hours and OOHs care provision. This will be achieved through the establishment of primary care hubs delivering extended hours care delivery which will also integrate with OOH service delivery.

• **Workforce Development**
The PPCA are working with appropriate partners, such as Health Education England (HEE), to investigate further opportunities to co-ordinate, train, and integrate a future workforce of primary, community, and social care staff. This will be achieved through the diversification of the current workforce and enabling new career and training opportunities for existing and new staff. The Alliance is also working with GP trainers in the city to help make Portsmouth an attractive place to recruit the next generation of GPs.
• **Estates**

As part of the development of primary care hubs within the city, the PPCA are working with practices to understand current freehold and leasehold arrangements with individual GP sites. This information is being used to assess the potential utilisation of specific primary care sites as a base for primary care hubs in the city.

**Workforce Bank**

In addition to the workforce development project, the PPCA are also working on creating a bank workforce of GPs, Nurses, and Allied Health Professionals which can be called upon by local practices. This will reduce the need to rely on locum agencies who charge a premium rate for their services.

**Establishing Multi-Disciplinary Team (MDT) Virtual Ward Meetings**

The PPCA and Solent NHS Trust are working with local health partners to develop and refine virtual ward meetings for patients who would benefit from an MDT approach to care management. These MDT meetings include: GPs; Geriatricians; Community Matrons; Social Care; and representatives from the voluntary sector. The Alliance has been working to refine the process in the Central Cluster, and recently rolled out the model to the North and South Clusters.

**Cluster Meetings**

As detailed earlier in this paper, the PPCA are co-ordinating and managing cluster level meetings between member GP practices in order to facilitate improved collaborative working and develop opportunities for primary care delivery at scale. These meetings are a critical engagement vehicle to develop and promote the transformational work programme being undertaken by the Alliance.

**Community Dermatology**

The PPCA are working in collaboration with the CCG and PHT to devise a new pathway for dermatology services to be delivered out of hospital in community settings. A business case is currently being constructed and will be considered by the CCG before implementation. The pathway being devised utilises the efficiencies of tele-dermatology to gain the advice and guidance of consultant dermatologists, and also shifts the cutting of skin lesions out to community settings, creating a more cost-effective service closer to patients’ homes.

**Primary Care Outreach Nursing**

The PPCA are working with several practices in the city to assist in the evaluation of outreach nursing pilots currently funded through non-recurrent monies by the CCG. The Alliance are assessing the feasibility and impact of providing a city-wide coordinated service delivered at locality levels. The evaluation and any subsequent business case for recurrent funding will be presented to the CCG and help inform future commissioning intentions.

**Organisational Development**

Being a newly formed organisation the PPCA are still in the process of aligning their strategy, people, and processes to become a more effective and efficient organisation. The funding received from the CCG assists in their organisational development and ongoing ability for partnership working. It also helps to develop and establish new working arrangements with member practices, as well as respond to any opportunities presented from CCG tendered services.
Investment in 2016/17

Acute Visiting Service
- April 16 – August 16 (original model) £134,062
- Sept 16 – March 17 (new model) £315,871
- Total £449,933*

Clinical and Business Infrastructure £232,344

**Total Investment** £682,277

*This investment was agreed on an ‘invest to save’ premise. The estimated savings through reduced non-elective emergency admissions in 2016/17 is £799k, resulting in a net saving of £349k.

Recommendations

The PCCC is asked to note the report and projects in place to secure primary care transformation in Portsmouth City via the work undertaken by PPCA.

Mark Compton, Head of Primary Care Transformation