

Primary Care Team (collated) Risk Register Report - Portsmouth CCG

Primary Care Co-Commissioning Project Risk Register

Risk Ref	Risk Title	Description	I	L	Original Risk Score	Key Controls	Assurance	Actions	I	L	Current Risk Score	Latest Note
PRC.P.0 5e	Practice Viability	If current primary care pressures cause practices to become unviable or unsustainable then practice could give notice on their contract potentially impacting on patient care and destabilising other practices	4	4	16	Primary Care Team actively engaging with practices to understand risk and to put in place mitigating actions to support practices GP practices merging and changing how services are delivered to become more resilient and sustainable	Monitoring of quality of primary care delivery, engagement of practices and CQC inspections Minimal escalated SITREPs	Potential Utilisation for the short term Primary Care medical services framework to quickly secure and alternative provider if required Encouraging all practices to move to SystmOne Accessing resilience programme Develop suite of responses to escalated SITREPs	4	3	12	
PRC.P.0 5h	Practice Closures	If there is inadequate engagement around any proposed practice closures there may be a risk to patient safety, adverse publicity and a decrease in patient satisfaction	3	4	12	Applications for practice or branch closure to be considered by PCCC	Patient satisfaction surveys and practice performance in terms of access Proactive engagement with the public regarding the future options for general practice	Robust process for managing requests for practice or branch closures including patient and stakeholder engagement.	3	3	9	
PRC.P.0 5i	PMS Contract Variations	If the CCG is unaware of or practices do not sign and return PMS contract variations (where they is joint and several responsibility) there is a significant risk to individuals, should anything go wrong	4	3	12	Process of updating all PMS contracts completed and regular communication from the Primary Care Team	Authorisation of PMS contract changes at PCCC	Escalation process in place where practices are not returning signed contract variations	4	2	8	
PRC.P.0 5k	Primary Care transformatio	If relevant stakeholders and the public are not engaged in the	4	4	16	Clearly articulated and understood strategy	Monitoring delivery of the Primary Care Strategy and the	Early engagement with HOSP Healthwatch and the CCG	4	3	12	

Risk Ref	Risk Title	Description	I	L	Original Risk Score	Key Controls	Assurance	Actions	I	L	Current Risk Score	Latest Note
	n	changes that are and have to take place in General Practice there is a risk that transformation will be opposed and patient satisfaction may decline				owned by local partners Monitoring resilience and planned changes within Primary Care across the city (including workforce, estates and performances)	associated estates strategy Development of metrics to collect and understand patient experience and utilise evidence to influence decision making	communication team and plan appropriate engagement activities and to ensure relevant stakeholders understand the direction of travel				
PRC.P05j	PMS practices	If the PMS premium reinvestment work, carried out over five years start to have a significant financial impact on practices in the remaining 3 years they may become unviable	4	3	12	Clear principles agreed for reinvestment back into General Practice and additional support available through the resilience programme	Investment plans developed and shared at PCCC	Section 96 flexibilities available if necessary	4	2	8	

Primary Care Programme (Portsmouth Clinical Commissioning Group) Risk Register

Risk Ref	Risk Title	Description	I	L	Original Risk Score	Key Controls	Assurance	Actions	I	L	Current Risk Score	Latest Note
PRC.P.L SP	Loss of Suitable Premises	If primary care leased premises come to the end of their term, or partners who own freehold premises wish to exit the partnership and sell their premise, then practices may lose access to suitable premises to deliver services which may compromise patient care	4	2	8	Contractual stipulations ensure that GP practices are responsible for delivering services within suitable premises. Local Estates Forum established which can monitor and manage primary care premises risk	CCG has strong ties to NHS Property Services who hold the majority of head leases for leased properties within the city Changes to partnerships are required to be notified to the CCG – practices would need to identify the risk of premise loss at this stage	CCG to support practices at risk of premise loss to devise a plan to mitigate the risk or to obtain alternative premise arrangements Links to the wider estates strategy	4	2	8	
R.Ports.P rC.18	Premises Flexibility	If primary care estate in the city is not flexible and able to adapt to accommodate evolving models of care delivery then improvements in patient care may be inhibited and national and local strategic ambitions may not be realised	4	4	16	Annual Premise Improvement Grant monies identified to develop primary care estate Local Estates Strategy developed to provide strategic direction for primary care estate	Local Estate Forum established to oversee potential estate development Feasibility studies commissioned across Portsmouth identifying opportunities for virtual and physical hub development to support new models of care	Formalise processes to routinely review existing primary care estate and its ability to accommodate new delivery models Identify potential capital investment and develop robust business cases to invest in refurbishing / extended existing primary care estate to accommodate new models of care	3	3	9	

Primary Care Team Risk Register (Only)

Risk Ref	Risk Title	Description	I	L	Original Risk Score	Key Controls	Assurance	Actions	I	L	Current Risk Score	Latest Note
R.Ports.P rC.01	New models of care	If member practices do not engage in collaborative working with other providers then this will impact on the development of an MCP, the Portsmouth Blueprint, and potentially primary care sustainability	4	3	12	CCG fund an MOU with the Portsmouth Primary Care Alliance to progress integration and collaborative working CCG has established Health and Care Executive to oversee Blueprint implementation	MCP Partnership Agreement signed between the CCG, PPCA, Solent, and the Local Authority MCP partners are holding weekly MCP meetings to facilitate the delivery of new models of care	CCG and PPCA to continue engaging with member practices on the MCP transformation work programme	3	3	9	Consideration being given to making resources available via primary care CQUIN to support MCP engagement
R.Ports.P rC.06	Access to Urgent Care	If demand for primary care services during the winter or bank holiday periods cannot be met, then there may be an adverse effect on ED and flow through the hospital	4	4	16	Acute Visiting Service in place to relieve pressures on demand GP Enhanced Access service in place to relieve pressures on demand	A&E performance and feedback via A&E Delivery Board Primary care SITREPS	Expansion of GP Enhanced Access service, including movement towards 24/7 primary care model Commission additional AVS and GP Enhanced Access provision during winter and Easter periods Practices requested to 'move' extended access DES sessions either side of bank holidays where possible	3	3	9	
R.Ports.P rC.09	Transition of PCSE services	If delivery of PCSE services by Capita does not improve then practices may experience significant financial, workload and operational issues and patient services may be at risk	4	4	16	Contract managed by NHSE. LMC have been collating practice issues and meeting regularly with PCSE colleagues	Reduction of complaints and issues reported by practices PCSE colleagues to regularly attend Wessex Primary Care Network meetings.	Finance have emergency file that will act as proxy to enable payments to be made Transformation programme now being implemented for PCSE systems and processes PCSE have appointed Debbie Rowe to support practices locally and issues should be escalated accordingly	3	4	12	Informal feedback from practices is that service is slowly improving and finance have much better engagement with PCSE regarding payment issues