

Minutes of the NHS Portsmouth Clinical Commissioning Group Governing Board meeting held on Wednesday 24 July 2013 at 1.00pm – 3.00pm in the Entertainments Hall, St James' Hospital, Locksway Road, Milton, Portsmouth PO4 8LD

Present:

Dr Linda Collie	- 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

Mrs Alex Berry	- Chief Commissioning Officer, Portsmouth, Fareham & Gosport and South Eastern Clinical Commissioning Groups (Item 8)
Jayne Collis	- Assistant Development Manager
Katie Hovenden	- Director of Professional and Clinical Development
Dr Andrew Mortimore	- Interim Director of Public Health
Julian Wooster	- Strategic Director for Children's and Adult's Services, Portsmouth City Council (for David Williams)

Apologies

Dr Dapo Alalade	- Clinical Executive
Tom Morton	- Lay Member
David Williams	- Chief Executive, Portsmouth City Council

1. Apologies and Welcome

Apologies were received from Dr Dapo Alalade, Tom Morton and David Williams. Dr Tim Wilkinson welcomed everyone to the NHS Portsmouth Clinical Commissioning Group (CCG) Governing Board meeting held in public. He reminded those present that although the meeting was being held in public it was not a public meeting and therefore during the CCGs formal business members of the audience would not be invited to participate. There would be, following the close of formal business, a question and answer session which he hoped members of the public would fully participate in.

2. Declarations of Interest

Paul Cox declared a possible conflict of interest relating to Item 6, IM&T Strategy. All GP Governing Board members present at the meeting declared a possible conflict of interest relating to Item 6, IM&T Strategy and Item 8, Emergency Department Front Door Review.

3. Minutes of Previous Meetings

The minutes of the Governing Board meeting held on Wednesday 15 May 2013 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 (17.4.13)	Ethical/Decision Making Framework to be uploaded to the CCG website.	IR	July 13	This is now available in the key documents section of the CCG website. Complete.
3 (17.4.13)	Updated Procurement Strategy to be presented.	IR	Future meeting	Once the national regulations are published the CCG Procurement Strategy will be updated and presented to the Governing Board.
5	Quality Report – Ensure future reports do not use unexplained acronyms/abbreviations.	DA/IR	July 13	Complete.
9	Governing Board Assurance Framework – COMPACT Joint IT Strategy to be presented to future Governing Board meeting.	JG	July 13	On agenda. Complete

4. Chief Clinical Officer's Report

Dr Jim Hogan presented a report which set out the key decisions and actions undertaken by the Clinical Executive under the leadership of the Chief Clinical Officer on behalf of the Governing Board. He highlighted the main points and drew attention to the key actions.

Primary Care CQUIN - We now have 100% sign up from practices for the Primary Care CQUIN.

Boards to Boards Meeting with Portsmouth Hospitals - The first meeting of representatives of the NHS Portsmouth CCG Governing Board and representatives from the Boards of NHS Fareham and Gosport CCG, Portsmouth Hospitals NHS Trust and NHS South Eastern Hampshire CCG took place on 12 June 2013. The focus was to build relationships and air any issues. Further meetings are planned in the future.

Integration Pioneer Bid - The CCG along with Portsmouth City Council have submitted a bid to become an Integration "pioneer" and we are waiting to hear if we have been successful.

Portsmouth Disability Forum Meeting - Jackie Powell has agreed to take on the role of "disability champion" as part of her "patient champion" portfolio.

Jackie Powell commented that the Patient Participation Group meeting held on 29 June 2013 had been well attended and there had been a lot of interest. The CCG wants to extend the work and get feedback and use this as part of the strategy.

Jackie Powell asked if Portsmouth Hospitals Trust had shared its business strategy with the CCG. Dr Jim Hogan explained that with all the changes happening within the Trust they are looking to refresh their long term business plans but it is not expected to be

complete until the end of the summer. Dr Julie Cullen commented that she was encouraged by Portsmouth Hospitals Trusts openness and honesty.

The Governing Board accepted the Chief Clinical Officer's Report.

5. Integrated Performance Report

Jo Gooch presented the Integrated Performance Report dated 24 July 2013. She explained that this is the first report to include Finance, Quality and Performance in one document. The report refers to April's data and where more up-to-date data is available it has been used.

Performance

Jo Gooch drew attention to the table on page 8 which shows mainly green rated indicators and explained that the contracted position and overall financial positions are on track.

There are a number of concerns/key risks as detailed below:

A&E 4 hour waits – Portsmouth Hospitals NHS Trust (PHT) are struggling to achieve this target however it has been an improved position and for the week ending 14 July 2013 they did achieve 95%, however the standard has not been maintained. There is an item on the agenda later which focusses more on this area.

Ambulance – Ambulance handover delays related to emergency care and attendances at PHT remains a challenge however they have reported an improving position in June.

Referral to treatment times (RTT) – RTT times have been a positive story for some time however the CCG is aware in some areas such as Trauma and Orthopaedics and Urology, PHT are struggling to sustain the position. The CCG are working closely with PHT to understand the emerging picture.

Cancer Targets – There has been variable performance and the 3 CCGs have asked as a compact if PHT can sustain the target. In May PHT failed the 62 day wait target and we have issued a formal contract notice and have been in discussions on how they will achieve it in future.

Quality

Hospital Standardised Mortality Ratio (HSMR) – There has been a deteriorating trend which is forecast to worsen and the CCG is seeking assurance from PHT on this and understand it may be related to coding issues.

NHS 111 – There are early signs of improvement however we are still monitoring the situation.

Out of Hours – Response times are not as expected and the CCG has written to the provider formally to seek assurance under the contract.

Solent NHS Trust – Leg Ulcer management work is still ongoing.

Dr Elizabeth Fellows commented on the out of hours and doctors rota and asked if we had an action plan and how it would be sustained. Jo Gooch explained that a response had not yet been received and we are still waiting for assurance. Innes Richens commented that if we are not happy with the service then there are levers and penalties within the contract that can be used if necessary.

Dr Elizabeth Fellows asked if the issues with RTT would have a knock-on effect. Jo Gooch said that there are interrelated issues.

Dr Jim Hogan commented on the out of hours rota and explained that it is monitored weekly which gives some reassurance, however issues around pay is one of the triggers and the number of doctors working within out of hours has also changed therefore there is an increase in competition for GPs. We are trying to get a standard rate for Out of Hours work and are closely monitoring the situation.

Dr Tim Wilkinson said that it was fair to say that the out of hours service is safe but some patients are waiting longer that we would want them to.

Dr Tim Wilkinson commented on the RTT issue and explained that the CCG are looking into the issues around Urology and Trauma & Orthopaedics.

Katie Hovenden asked about the Hospital Standardised Mortality Ratio (HSMR) which was discussed at the Clinical Quality Review Meeting (CQRM) and whether we could get an independent assessment as to whether it was an outlier or a coding issue. Jo Gooch explained that the CQRM are trying to triangulate with others and it is an ongoing piece of work subject to audit.

Contracts and Finance

Jo Gooch explained that it was early days in terms of reporting and that the major contracts are in line with the plan. There is a small pressure within University Hospitals Southampton contract but it is too early to indicate trends. There is also a small pressure within the Spire contract.

PHT - Elective is 1% above the planned activity and 2% above on costs. A&E attendances are below plan by 8% for the first two months of the year. Out-patients are on plan but there appears to be a case mix issue which we are looking at to see if this is correct or a coding issue.

Other areas such as Continuing Health Care (CHC) and prescribing are on plan. Running costs and QIPP plans are on track and the CCG is on plan to deliver its target surplus of £2.4m.

Risks - Changes to the CCGs allocation relating to specialised services has been identified as a risk and we are expecting to get some money back from the Area Team in this area. NHS Property Services property charges are coming in higher than anticipated and talks with them are ongoing. We do however hold a contingency of non-recurrent funds to help cover any issues.

Katie Hovenden commented on the accuracy of the GP practice prescribing performance report as it is saying that two months spend is higher than previous, when we are still spending at a lower rate than in previous months. With 1% growth we are still spending less than in previous years.

Jackie Powell asked about improving access to psychological therapies. Jo Gooch explained that one of the CCGs planned investments were for psychological services. The CCG has been in discussions with Solent and are looking at the context of the wider contract and discussions are ongoing. Funding has been set aside to expand the service. Jackie Powell asked if there was funding for a full roll out of services. Jo Gooch said that it was her view that funding was available and the CCG has rebased activity for finance which corrects historical issues.

Jackie Powell asked about the QIPP schemes and asked for assurance that the CCG was confident they can be achieved. Jo Gooch explained that the schemes have detailed plans behind them but that they won't be without risk. We will closely manage and monitor the schemes and have weekly updates and if issues emerge they are tackled as soon as possible.

Dr Jim Hogan asked about blocks regarding data. Jo Gooch explained that it is a struggle for CCGs to access data because of the implications of the new health and social care act. We are not able to see data which supports the payment of invoices and we are no longer allowed to look at a certain level of patient data. The CCG is working with the Commissioning Support Unit (CSU) to try to resolve this. Dr Tim Wilkinson asked when it was likely to be resolved. Jo Gooch explained that the legal position is that we are not legally entitled to see the information and no one at a national level seems to appreciate the difficulty in terms of business. However we are not the only ones in this position.

Dr Tim Wilkinson said that we often ask member practices to use information for peer review and audit. Jo Gooch explained that it does effect risk stratification and how we can help practices with the work. Katie Hovenden commented that practices can still access their own information but we are unable to help and support practices by printing off reports at present because we cannot access the data. Dr Tim Wilkinson commented that it was about joint working. Julian Wooster commented that if the issues cannot be resolved perhaps it can be raised at the next Health and Wellbeing Board as we cannot plan for the population if we are unable to access data.

The Governing Board accepted the Integrated Performance Report and recognised the significant improvement of Quality reporting.

6. IM&T Strategy

Jo Gooch presented the Informatics Strategy 2013-2016 for NHS Portsmouth, Fareham and Gosport and South Eastern Hampshire Clinical Commissioning Groups. She thanked Chris Day for producing the strategy and explained that we had worked with Fareham and Gosport and South Eastern Hampshire CCGs as part of the compact to underpin our strategic priorities as a CCG. The Strategy has been to a number of stakeholder groups such as PSEC and the IT Enabling Change Board. The document sets out strategic objectives for the three CCGs as it is intended to set direction and work programmes which align to our priorities as a CCG. The Strategy has been shared with the CSU who have reviewed it and have said they believe it is something they can work with us on.

Appendix A of the document details an action plan showing a timeline and is a live document and therefore will be constantly updated. Jo Gooch drew attention to the ten priority areas of work detailed within the strategy and provided details as follows:

Priority area 1 - System Integration – This is not an easy topic and is not about having just one system but having systems that can talk to each other.

Priority area 2 – Future IM&T Provision – We are currently receiving a service from PHT hosted IPHIS however a number of parties have pulled out and we need to consider if this is a risk to continue or whether we need to look at alternative providers.

Priority area 6 – Electronic Discharge Summaries (EDS) – This is key.

Priority area 9 – Telehealthcare and the AIM project – CCG is just embarking on a telehealthcare pilot project that has an interactive messaging service.

Innes Richens said that he commends the focus on integration as this has been one of the blocks in the past. He said we needed to ensure patient access to information and support the engagement of patients and carers in work and would be happy to help.

Paul Cox raised concern regarding the lack of clarity over the future hardware provision in GP surgeries. Jo Gooch explained that the strategies aim is to set the direction and we will need further work to understand GPs requirements. The responsibility for GP IT is with the Area Team which has been devolved to CCGs but we are beholden to the funding from the Area Team. We can work more closely on hardware requirements when we know how much funding will be received. This strategy is not intended to go into that level of detail.

Paul Cox asked about section 4.2.2.1 Patient on-line access to primary care services. Jo Gooch explained that any patient access would be done in accordance with guidelines.

Dr Jim Hogan commented on the decision made recently by the SHIP cluster concerning the adoption of Summary Care Records. Jo Gooch explained that Summary Care Records is a national initiative which relates to patient data being accessed by clinicians. We have previously not taken up this offer as we had Hampshire Health Records however CCGs have now decided to take on the initiative. This means that every patient in Portsmouth will be given the option to opt out. It would mean clinicians being able to access patient data with patient approval. Dr Tim Wilkinson commented that it would be limited information such as current medication, allergies and significant medical history.

Dr Elizabeth Fellows asked about integration as some CCGs have moved to one GP IT system and she was wondering where discussions had got to regarding moving to one system. Jo Gooch explained that work had been done however we cannot mandate to providers of GPs which system then use. We will never have one system that does everything but we need way for the systems to talk to one another.

Dr Andrew Mortimore commented that it was a great starting point to have agreement across the 3 CCGs but raised concerns regarding health records and resources such as non-recurrent head room.

Jo Gooch explained that in terms of CCGs it is part of planning that we will be proactive in setting aside resources for the IT plan and that we have annual planning rounds and the money changes year on year. There are many parties to this who would want to work together as a collaboration to make it happen. With regard to non-recurrent headroom, all CCGs put this aside.

Dr Jim Hogan said that with regard to summary care records, system providers are developing all the time and there are things that can help us to move forward. Summary care records was a medium term solution without having to create a new IT system.

Jackie Powell commented that the action plan is not risk rated. Jo Gooch explained that specific issues are being picked up and we do need to have a view and assurance.

Julian Wooster commented on the hardware issue and said that the City had been successful in a bid for money from the government run super-connected cities programme. Jo Gooch said that the CCG would be working closely with the Council and hoped to discuss how this might work and will look into this further.

The Governing Board adopted and approved the Informatics Strategy 2013-2016 for NHS Portsmouth, Fareham and Gosport and South Eastern Hampshire Clinical Commissioning Groups.

7. Whistleblowing and the CCG's Constitution

Dr Tim Wilkinson presented a paper which proposes a change in wording to the CCG Constitution with regards to whistleblowing as advised by NHS England. He drew attention to the recommendations detailed within the paper.

The Governing Board approved the proposed additional wording to be inserted into its Constitution when it is next updated. This will be subject to the agreement of member practices.

8. Emergency Department Front Door Review

Dr Jim Hogan introduced Alex Berry, Chief Commissioning Officer for Portsmouth & South East Hampshire Clinical Commissioning Groups, who gave a presentation on Urgent Care at Emergency Department (ED) Front Door.

Dr Tim Wilkinson thanked Alex Berry for her presentation.

Dr Elizabeth Fellows asked about signposting and who makes the decision. Dr Jim Hogan explained that the problem in the past is that the ED felt challenged in redirecting to primary care which is why the front door triage is going to be a primary care triage. GPs have asked for patients to be redirected back to them. If it is felt appropriate an appointment will be arranged for them to see their GP.

Paul Cox commented on the issue of referring back to GPs and raised concerns that GPs do not have extra capacity in the system for people to see GPs. Dr Tim Wilkinson said he noted Paul's comment.

Dr Linda Collie asked where the GPs who would be doing the work would come from. Dr Jim Hogan said that whatever is done needs to be sustainable and we cannot presume who will provide the service. It is hoped that primary care will seem themselves as a provider. Discussions have taken place about integration and barriers for integration and silos and one of the issues is the way we train the workforce regarding this in the future. It has been raised with the deanery that we need an increase in the number of GPs in training. The ED works to see 250 patients a day and at the moment they are getting 300-320. The service will not be 24 hours and will work during peak times and only a small number of patients will be referred back to primary care.

Paul Cox commented that when doing the pilot we need to ensure the impact on GP surgeries is monitored. Dr Jim Hogan commented that GPs are asking for patients to come back to them and a number of patients will be frequent attenders. A lot of analysis will be undertaken.

Dr Andrew Mortimore commented that it is a huge challenge and raised concerns that this may result in capacity elsewhere not being developed properly because an alternative is there.

Dr Jim Hogan commented that this on its own will not solve the ED problem. If the flows in the department are not sorted it will not work. Some primary care colleagues are keen for this to be primary care work. Alex Berry said that if we see changes happen we can adapt the model accordingly and we will work during the year to model and shape it and we need stakeholders help to do this.

Dr Jim Hogan said that it is not being seen in isolation and is part of a review of services in the whole of the Portsmouth and South East Hampshire area.

Dr Julie Cullen said that she noted there was no extra finance and the aim to be cost neutral. Lots of problems such as this in ED fall down when winter pressures come in. Will there be something substantive about it even when other areas are under pressure. Dr Jim Hogan commented that this is why so much time and effort has been put into the pilot in order to get it right once and for all. There is no money in the system however there are other elements that may be procured differently.

Jo Gooch asked if the pilot had an exit strategy as we need to be clear up front. Alex Berry explained that she was confident we should see improvements from this however she recognised the point and there will be a break clause in the contract.

Dr Tim Wilkinson explained that as a Board we need to oversee this and have been asked to agree the following:

- The case for change
- The proposed model of delivery
- The outline commissioning arrangements including timescales
- The outline patient and public engagement
- The risk and issues

The Governing Board agreed the recommendations as detailed above.

9. City Wide Patient Participation Group

Katie Hovenden presented a paper which summaries the key issues and feedback received from the recent meeting of PPG representatives with the CCG and the proposed next steps by the CCG, in partnership with member practices.

A number of themes were raised as detailed within the paper including a desire to include more practices in the city wide forum.

Paul Cox commented that he had attended and thought it had been very useful. His only concern was that the group was largely of a certain age however one of the next steps is to try to address this issue and encourage more of the online groups to attend.

Jackie Powell said that she would like to reiterate the point that this is one way of tackling a particular group of people. We have made contact with the youth parliament but we have not heard back from them. The engagement steering group will look at everything. Dr Elizabeth Fellows commented that people of a certain age are the heaviest users of the service.

Jackie Powell said that she was happy to continue to chair the forum.

The Governing Board discussed and accepted the report from the recent PPG event and approved the proposed next steps.

10. Reducing Health Inequalities – Men’s Health

Dr Jim Hogan presented a paper which sets out the feedback from the recent stakeholders event themed around “reducing the impact on health inequalities in Portsmouth”. The paper summarises the key issues and feedback received from the event and the proposed next steps by the CCG, in partnership with its public health colleagues in the Local Authority.

Dr Jim Hogan highlighted the proposed next steps as detailed within the paper and asked that the Board approve these.

Dr Andrew Mortimore thanked the CCG for an excellent event which provided a huge number of helpful observations.

Dr Tim Wilkinson drew attention to the presentation that was given by Dr Matthew Smith at the last Governing Board meeting on the same subject.

The Governing Board discussed and accepted the report from the recent stakeholder event and approved the proposed next steps.

11. Minutes of Other Meetings

The minutes of the following meetings were presented for acceptance by the Board:

- Clinical Commissioning Committee meetings held on 1 May 2013 and 5 June 2013.
- Audit Committee meeting held on 13 March 2013.
- Shadow Health and Wellbeing Board meeting held on 6 March 2013.

The Governing Board accepted the minutes.

12. Date of Next Meeting

The next Governing Board meeting will be held in public and will take place on Wednesday 18 September 2013 at 1.00pm in the Entertainments Hall, St James' Hospital.

13. 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 from members of the public. 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
31 July 2013