

Minutes of the NHS Portsmouth Primary Care Commissioning Committee meeting held on Wednesday 15 March 2017 at 1.00pm – 2.45pm in Conference Room A, 2nd Floor, Civic Offices, Portsmouth

**Summary of Actions
Primary Care Commissioning Committee held on Wednesday 15 March 2017**

Agenda Item	Action	Who	By
3	Minutes of Previous Meeting – Amend the minutes as agreed.	J Collis	May 17
4	GP Locally Commissioned Services - Review future LCS plans as part of MCP work programme to ensure alignment.	T Russell/ J Gooch	Ongoing
6	Quality Improvement Framework for Primary Medical Care – Include reference under reporting to the escalation algorithm as agreed with NHS England.	T Russell/ S Rosenberg	May 17
7	Primary Care Commissioning for Quality and Innovation (CQUIN) Scheme 2017/18 – Check the relevance of the term virtual ward used in the context given and if required to be used then provide a definition.	T Russell	May 17
9	Any Other Business - Notify Committee when the CQC publish their updated findings following the recent re-inspection visit to the Craneswater Group Practice.	K Hovenden	May 17

Present:

Dr Linda Collie	- Deputy Clinical Leader/Clinical Executive
Dr Julie Cullen	- Registered Nurse
Ms Katie Hovenden	- Director of Primary Care
Mr Tom Morton	- Lay Member (Chair)
Ms Jackie Powell	- Lay Member
Mr Innes Richens	- Chief Operating Officer
Ms Suzannah Rosenberg	- Director of Quality and Commissioning
Ms Tracy Sanders	- Chief Strategic Officer
Mr Andy Silvester	- Lay Member
Mrs Michelle Spandley	- Chief Finance Officer

In Attendance

Mrs Jayne Collis	- Business Development Manager
Mr Mark Compton	- Head of Primary Care Transformation
Mrs Jo Gooch	- Strategic Projects Director
Mrs Terri Russell	- Head of Primary Care Engagement

Apologies

Mr Patrick Fowler	- Healthwatch Representative
Dr Jim Hogan	- Clinical Leader and Chief Clinical Officer
Dr Jason Horsley	- Director of Public Health, Portsmouth City Council
Dr Jonathan Lake	- Clinical Executive

1. Apologies and Welcome

Apologies received from Patrick Fowler, Dr Jim Hogan, Dr Jason Horsley and Dr Jonathan Lake.

Tom Morton welcomed everyone to the meeting. He reminded those present that although the meeting was being held in public it was not a public meeting and therefore no participation from members of the audience is allowed during the formal business of the Committee.

The CCG undertakes primary care co-commissioning under delegated powers from NHS England. As a GP membership organisation we are open and transparent in how we handle perceived or potential conflicts of interest in all aspects of our business. In line with our policies the chairing of the Committee is a lay member representative. In addition there is only one voting representative from member practices, the Clinical Executive lead for primary care. All other Clinical Executives and the practice manager representative are in attendance at the committee which means they will normally be able to participate in discussions where there is no perceived conflict of interest but will not participate in decision making. Where members (voting or in attendance) are felt to have a direct potential conflict of interest they will be excluded from our discussions as well as decision making. However in order to retain the voice of local primary care the Clinical Executive lead for primary care, Dr Linda Collie, will be allowed to participate in discussions for such items unless they are directly about their practice.

2. Declarations of Interest

Dr Linda Collie declared a possible conflict of interest relating to Items 4 and 7 on the agenda. It was agreed that Dr Collie could still participate in discussions but would be excluded for any decision making for these two items.

3. Minutes of Previous Meeting

The minutes of the Primary Care Commissioning Committee meeting held on Wednesday 18 January 2017 were approved as an accurate record subject to the following change:

Page 3, Agenda Item 5, last sentence in paragraph, delete “would also be working for the CCG in relation to workforce development.” and replace with “would also become involved in workforce development in association with succession planning.”

An update on actions from the previous meeting was provided as follows:

Agenda Item	Action	Who	By	Progress
3	Matters Arising – Consider an additional demonstration of the iPlato system and include an invitation to Healthwatch.	T Russell	Mar 17	Terri Russell reported that this is in hand and a paper has been submitted to the Clinical Executive Committee.

4. GP Locally Commissioned Services

It was noted that Dr Linda Collie had a possible conflict of interest for this item.

Terri Russell presented a paper which highlighted some of the key outcomes from 2016-17 and summarised the proposed changes and budgetary requirements for 2017-18 for GP Locally Commissioning Services.

Terri Russell commented on the Leg Ulcer target noting that there had been exceptional outcomes and the service is working well and feedback from patients was good.

Terri Russell drew attention to the proposed changes for 2017-18.

Dr Julie Cullen asked why repeat prescribing and requesting and chasing diagnostics and results were not part of the GP contract. Katie Hovenden explained that there had been a debate about follow up of diagnostics as patients see a consultant and then they are referred back to the GP to organise tests. Responsibility for following up on diagnostic tests should be the responsibility of the person requesting the test and this will be addressed via the contractual route. With regards to repeat prescribing, at the moment if patients are referred to hospital for an outpatient appointment in the majority of cases the patient is referred back to the GP to start the prescribed drugs. This is also being addressed by changing the standard NHS contract so that when seen in secondary care patients will have to be given a minimum amount of the prescribed drug. Including these items in the PMS reinvestment basket is to reflect the fact that these changes have not been made consistently yet. Dr Julie Cullen asked when this would be reviewed. Katie Hovenden explained that it will depend on when the CCG receives assurance from PHT that they are compliant with the contract requirements.

Innes Richens said that one of the aims of the Multispecialty Community Provider (MCP), the next item on the agenda, is sustaining Primary Care for the future and asked how the CCG is making decisions about Local Commissioned Services to support MCP development in the future. Terri Russell said that the Leg Ulcers Commissioned service is a good example of something which could become part of the MCP but we need to continue to commission from individual practices in the meantime. It was agreed that future LCS plans would be reviewed as part of MCP work programme to ensure alignment.

Action: T Russell/J Gooch

Jackie Powell asked about the structured education programme for diabetes. Terri Russell explained that the CCG will encourage GPs to refer and ensure patients are following best practice. Katie Hovenden explained that we believe practices are making referrals for structured education but data may not have been captured due to coding issues. Previous National Audit data was based on only 7 practices and we now have assurance that all practices in the city are submitting data to this national audit.

The Primary Care Commissioning Committee noted the outcomes from 2016-17 services, reviewed the proposed changes and agreed in principle to the CCG commissioning these services for 2017-18.

5. Multispecialty Community Provider (MCP) Progress Report

Jo Gooch presented a paper which provided an update on the progress of developing a local MCP model. She explained that the CCG had been working for a while with local healthcare providers to develop a virtual MCP contract arrangement in 2017/18 before possibly commissioning a partially integrated MCP contract from 2018/19. The MCP will focus on three core functions; sustainable primary care, out of hospital primary and community care teams and demand management.

The MCP working group has been meeting regularly and clinical input is provided by Dr Annie Eggins and Dr Linda Collie. The minutes of the working group are presented later on the agenda.

The working group are in the process of developing a stakeholder engagement plan and are looking to get the partnership alliance agreement in place as soon as possible. The group will continue to look at procurement and how MCP fits in with wider conversations.

Jackie Powell commented that it had been reported in the news that the Government put in money in urgent care centres and asked if this is a benefit or a risk to us. Jo Gooch explained that we already have that model in Portsmouth and this issue will be considered by the ACS leadership team.

Michelle Spandley commented that as the MCP develops we will need to be careful about the impact on the system and ensure changes don't result in increased costs. Jo Gooch said that the group is looking at how to deliver services locally and reorganising what we have now in order to get better outcomes for patients.

Dr Julie Cullen commented that from a nursing and allied health professional point of view it is very welcome and putting services together can't come soon enough.

The Primary Care Commissioning Committee noted the report.

6. Quality Improvement Framework for Primary Medical Care

Katie Hovenden presented a paper which detailed the Quality Improvement Framework for Primary Medical Care. She explained that a paper had previously been presented to the Committee that had identified the need for the framework which is presented here for information. The framework covers the 3 core areas of quality assessment, improvement and assurance and links in with some of the key elements of the CCGs overarching Quality Strategic Framework. The aim is to have a list of metrics which are significant importance and have been brought together as a dashboard in Covalent and will be reviewed regularly in PGOG. Some of these metrics will also be reported to the Governing Board as part of the performance report.

Suzannah Rosenberg commented that a reference to the escalation algorithm, as agreed with NHS England, should be included under reporting. It was agreed that a reference would be included.

Action: T Russell/S Rosenberg

Michelle Spandley asked if this paper would be linked with the next paper on the agenda related to CQUIN. Terri Russell explained that it is one of the elements in CQUIN this year.

Tom Morton asked about encouragement and Terri Russell explained that the CCG will use all the levers it has at its disposal in order to encourage practices to be involved.

Jackie Powell asked about patient engagement and if it would be possible to tap into the PPG links that we already have for practices. Terri Russell explained that patient experience is measured in the dashboard and whilst it only represents a cohort of patients but it is an area of improvement that we will be encouraging.

The Primary Care Commissioning Committee noted the report.

7. Primary Care Commissioning for Quality and Innovation (CQUIN) Scheme 2017/18

It was noted that Dr Linda Collie had a possible conflict of interest for this item.

Terri Russell presented a paper which detailed the Primary Care Commissioning for Quality and Innovation (CQUIN) Scheme for 2017/18. She highlighted the following areas of the paper:

Scheme Objectives

These are the same as last year with the addition of "sharing good practice".

CCG Engagement – Evening events are always well received and these will continue and the CCG will invite nurses when appropriate. A Practice Managers Advisory Group is also being planned.

Access – We need to work with practices to understand how patients are accessing services.

Katie Hovenden commented that the use of Academic Health Sciences Network (AHSN) tools generate consensus and encourage practices to work at the “top of their licence” with appropriate training. It also prompts them to consider if there are other groups of healthcare workers that can take on the task. The way services are delivered is changing and we will still meet the needs of patients but a nurse practitioner may be a more appropriate person for patients to see in the future.

Dr Linda Collie said that we will be looking at patient journeys as well to see if we can streamline processes.

Use of Technology – This aims to maximise the use of new and existing technology and tools in order to support improvements in patient care and experience and increase efficiency in general practice.

Jackie Powell asked about OptimiseRx. Katie Hovenden explained that it was patient specific prescribing support software which will look through a patients records to check if they have had the appropriate tests etc for the medication they are being prescribed. It ensures safety as well as supporting effective interventions and cost effectiveness.

Michelle Spandley asked about the wording e-referrals, where available. Terri Russell explained that it is the wording that is in the contractual changes letter and we will change the wording once it is in place in line with the agreed plan.

Collaborative Working – This is to encourage development effective working relationships that bring practices and community partners together to delivery new models of care in the city eg. MDT/virtual wards, MCP.

Dr Julie Cullen asked about the use of the term “virtual ward”. It was agreed that the relevance of the term “virtual ward” used in the context given would be checked and if required to be used then a definition would be provided.

Action: T Russell

Sharing Good Practice – A new optional initiative has been added, identification and referral to Talking Change for patients with long term conditions.

The Primary Care Commissioning Committee approved the objectives as set out in the 2017/18 Primary Care CQUIN.

8. Minutes of Other Meetings

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

- Minutes of the Primary Care Operational Group meetings held on 9 January 2017 and 6 February 2017.
- Minutes of the Multispecialty Community Provider (MCP) Working Group meetings held on 18 January 2017, 25 January 2017, 1 February 2017, 15 February 2017 and 22 February 2017.

The Primary Care Commissioning Committee accepted the minutes.

9. Any Other Business

Katie Hovenden reported that whilst the final report has not yet been published, the draft report of the findings from the CQC's reinspection visit to the Craneswater Group Practice indicates a significant improvement. It was agreed that the Committee would be notified when the CQC publish their updated findings.

Action: K Hovenden

10. Date of Next Meeting in Public

The next Primary Care Commissioning Committee meeting to be held in public will take place on Wednesday 17 May 2017 at 1.00pm – 2.45pm in Conference Room A, 2nd Floor, Civic Offices. Tom Morton thanked everyone for attending the meeting and reminded members of the public that feedback and comments would be welcomed.

Jayne Collis
7 April 2017