

**Minutes of the NHS Portsmouth Primary Care Commissioning Committee meeting held on
Wednesday 16 March 2016 at 2.30pm – 4.00pm in Conference Room A, 2nd Floor, Civic
Offices, Portsmouth**

Present:

Dr Linda Collie	- Clinical Executive
Dr Julie Cullen	- Registered Nurse
Ms Katie Hovenden	- Director of Primary Care
Mr Tom Morton	- Lay Member
Ms Jackie Powell	- Lay Member
Mr Innes Richens	- Chief Operating Officer
Ms Tracy Sanders	- Chief Strategic Officer
Mr Andy Silvester	- Lay Member
Mrs Michelle Spandley	- Chief Finance Officer

In Attendance

Dr Dapo Alalade	- Clinical Executive
Mrs Jayne Collis	- Business Development Manager
Mr Paul Cox	- Practice Manager Representative
Dr Elizabeth Fellows	- Clinical Executive
Mr Patrick Fowler	- Healthwatch Representative
Dr Jim Hogan	- Clinical Leader and Chief Clinical Officer
Dr Janet Maxwell	- Director of Public Health, Portsmouth City Council
Ms Suzannah Rosenberg	- Director of Quality and Commissioning
Dr Tim Wilkinson	- Chair of Governing Board/Clinical Executive
Mr David Williams	- Chief Executive, Portsmouth City Council

Apologies

Dr Tahwinder Upile	- Secondary Care Specialist Doctor
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1. Apologies and Welcome

Apologies received from Dr Tahwinder Upile.

Tom Morton welcomed everyone to the first meeting of the newly constituted stand-alone Primary Care Commissioning Committee. 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 representative from member practices, the Clinical Executive lead for primary care, who is a voting member of the committee. All other Clinical Executives and the practice manager representative are non-voting members of the committees which means they will normally be able to participate in discussions but not decision making. Where members (voting or non-voting) 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, Dr Dapo Alalade, Dr Elizabeth Fellows, Dr Jim Hogan, Dr Tim Wilkinson and Paul Cox declared possible conflicts of interest relating to agenda items 4, 5, 6 and 7. It was agreed that they would be excluded from discussion and decisions making from all 4 items except Dr Collie who would be invited back to join discussions regarding items 6 and 7 as the items were not directly related to her practice and a primary care view would be welcomed by the committee.

Andy Silvester declared a possible perceived conflict of interest relating to agenda item 4 due to his membership of the Labour Party, a subset of which had submitted a petition. It was agreed that Mr Silvester would remain for the item as he was not directly involved.

3. Minutes of Previous Meeting

The minutes of the Primary Care Commissioning business part of the Governing Board meeting held on Wednesday 20 January 2016 (Items 8 and 9 only) were approved as an accurate record.

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

Agenda Item	Action	Who	By	Progress
10	Primary Care Commissioning Governance Arrangements – Share updated diagram of Committee structures with Jackie Powell.	T Wilkinson	Mar 16	Complete.
12	Review of Lay Member Portfolios – Portfolio for Andy Silvester to include Voluntary Sector.	T Wilkinson	Mar 16	Complete

Tom Morton asked Dr Linda Collie, Dr Dapo Alalade, Dr Elizabeth Fellows, Dr Jim Hogan, Dr Tim Wilkinson and Paul Cox to leave the table for the following agenda items.

4. Guildhall Walk Healthcare Centre Petition

Innes Richens presented a paper which explained that the CCG had received petitions with regard to the proposals for the future of NHS services at Guildhall Walk Healthcare Centre.

The Primary Care Commissioning Committee noted the petitions.

5. Future of NHS Services at Guildhall Walk Healthcare Centre

Tom Morton noted that all clinical executives and the practice manager representative have been excluded from discussions and decision making.

Innes Richens presented a paper which summarised the feedback received from earlier engagement activities as well as the response to the formal consultation which closed on 19 February 2016. It also detailed a set of revised proposals regarding the future of NHS services at Guildhall Walk Healthcare Centre and how these take account of the impact of the proposed changes and feedback that has been received.

Innes Richens said that from the consultation and other engagement work it is clear that people do have problems accessing their GP service and it is therefore understandable that they do not want to see walk-in capacity changed in the City. One of the CCGs main priorities is to improve access to Primary Care for the whole of the City, not just one location and we have other schemes already being delivered that try different ways of doing this. Other practices are also seeking to increase their opening hours and trial different ways of triaging people when they call in so they get the help they need more quickly.

Innes Richens referred to the 3 proposals detailed on the front sheet of the paper.

Katie Hovenden went through the paper in detail and highlighted the following points:

- Strong views about the need to retain GP services in the city centre have been expressed.
- In light of the public and professional feedback, a revised proposal is presented which takes into account key aspects of the feedback and concerns raised.
- The proposal is in 3 parts and is recommended on the basis that it keeps the city centre practice currently at Guildhall Walk open, whilst enabling the CCG to continue with its strategic plans to redesign urgent care.
- It is essential that the medical services and management of vulnerable patients, such as people who are homeless or alcohol and substance misusers continue to be delivered within the city and there is ongoing work and discussion with Public Health and local authority colleagues regarding the best model for the future.
- Recommendations that the practice is retained in the city centre for registered patients who will be able to access GPs and or nurses without the need to make an appointment with services being available in the evenings and at weekends.
- Recommendations that the walk in service at St Mary's is enhanced by increasing capacity and providing access to GPs as well as nurses.
- Recommendations that the eligibility criteria and scope of the Pharmacy First minor ailments service is expanded to ensure there is enhanced services offered in the city centre/Guildhall walk area.

In order to achieve the recommendations the following is proposed:

- Extend the current contract with the existing provider at Guildhall Walk Healthcare Centre until 30 June 2016.
- Agree an interim contract from 1 July 2016 to 31 March 2017 with the current provider PHL, for the provision of general medical services for registered patients only.
- From April 2017 the CCG will put a new contract in place for a city centre practice for those patients currently registered at Guildhall Walk Healthcare Centre.

Tom Morton thanked Katie Hovenden for a very clear analysis of a complicated paper.

Patrick Fowler asked about the location of the city centre GP practice from April 2017. Katie Hovenden said that the location of the practice, once re-procured, will take into account feedback as the CCG wants to keep its options open so the location has not yet fully been decided.

Patrick Fowler asked about access for cars at St Marys and what is the plan before the new car park is installed in July 2017. Katie Hovenden said that the majority accessing services is outside of GP core hours and over the coming year we need to improve access to GPs practices and the majority have arrangements to access GPs on the day if urgently required. In the main it is believed that the majority of access will be required in the evenings and at weekends when car access and parking arrangements are not generally an issue.

Patrick Fowler asked about pharmacies and how the CCG planned to improve the trust of the public in using them for advice. Katie Hovenden explained that from communications work we know that some pharmacies are already providing a service and we need to work with GP practices on this as well as the general public to explain the options to them better.

Tracy Sanders asked for clarification on the registered practice and whether the catchment was limited or not. Katie Hovenden explained that the proposal is that the boundary will be the city, that way if people working in the city want to take advantage of using the practice they can choose to register as an out of area practice which means they would not have access to out of hours provision but would have access to all other GP services. There are some practices in the city that already have broad boundaries operating such as this.

Tracy Sanders asked about the capacity at St Mary's treatment centre and confirmation that capacity would be expanded to accommodate the full walk in activity to be transferred to the treatment centre. Katie Hovenden confirmed this and that there was a very clear expectation on resources and plans would be in place to ensure this was the case.

Andy Silvester asked about students and if the same rule applied regarding registration. Katie Hovenden explained that patients can only be registered at one practice at a time and therefore if they were registered elsewhere (such as their home address) they would not be able to register in the city. However if they were taken ill they can go to any GP practice as they would have to treat them for urgent care as a temporary resident.

Suzannah Rosenberg commented on Portsmouth Hospitals Trust Emergency Department 4 hour waiting time performance issues and stated that any decision needs to offset the pressure. An enhanced walk in GP presence at the Treatment Centre is an opportunity to tweak the model as it is not seemingly currently having the desired impact. Katie Hovenden said that we have very positive relationship with Care UK who are a flexible provider if we found that we wanted further changes to the model. Work was already in

hand with discussions on a balanced service to encourage more patients to be conveyed to the treatment centre rather than ED as well as work to simplify the description of what ailments the centre can and cannot treat. Katie also noted that this is not the sole solution and there are other actions being considered to improve urgent care model so that we ensure that patients are seen in the right place.

Dr Julie Cullen commented that it makes sense to put everything together in one place and avoiding confusion is the key. Can we be assured that there is capacity at St Marys as it is likely to be equal or greater to what we have at the moment? Innes Richens explained that the activity put into St Marys is what there is currently however the contract allows us to monitor and review as we do with others so it is not a fixed point.

Dr Julie Cullen said that maintaining the staffing levels would be essential to enable people to be seen quicker and we need to ensure we do not underestimate the potential activity. Innes Richens said that at the moment we have nurses working at one location and GP working at one location and by joining them up it makes it a more efficient service.

Jackie Powell asked if the nearest pharmacy to the Guildhall Walk Healthcare Centre would become part of the Pharmacy First scheme. Katie Hovenden confirmed this noting that it was important those pharmacies closest to the centre were part of the programme as soon as possible and we would work with those that are interested to put arrangements in place for the July deadline.

Jackie Powell asked about bus routes to St Marys and if the multi-story carpark at St Marys required planning permission. Katie Hovenden said that she did not know the answer about planning permission. With regards to the bus route the CCG has met with both bus companies and there has been a slight reduction in one service with buses stopping slightly earlier however it is still quite a comprehensive service from the city centre to St Marys but it was appreciated that services going east to west is not so good. Bus companies had indicated willingness to changing services if demand increases to the site.

Dr Julie Cullen asked if we would need to wait for approval from NHS England. Katie Hovenden said that she can reassure members that discussions with NHS England are well under way and we do not anticipate any delays.

Tom Morton asked about support for the homeless and asked how well they are supported at the moment and how will it change. Dr Janet Maxwell explained that there are approximately 200 people who are homeless and some people in some sort of housing but they have complex needs and we need to be mindful that we need to do more. The current arrangements provide a walk in service for homeless but we think we can do better with better pathways and we want to develop the service and offer better integration with other services for the population. Current contracts for drug and alcohol services etc are all coming to an end at the same time and we are realigning tenders to get more coherent provision. There may be a shift of focus for services to St Marys but there is an extension to ensure we get the work done.

Katie Hovenden clarified the three phases to the next steps as mentioned previously and as detailed in the paper.

Innes Richens reminded members of the Committee that during the options appraisal process we assessed quality and safety and the financial impact and there will be a small saving.

Tom Morton commented that it was a complex paper which he felt the Committee had devoted a significant amount of time to.

Andy Silvester asked about the 4 strategic priorities for the CCG and if the Committee felt that this recommendation would meet one of those priorities. Innes Richens said that he felt it did and is why he reminded the Committee about improving access for Primary Care in the City.

Jackie Powell asked if the new practice would have extended hours. Katie Hovenden said that it was not likely to have the same extended hours as the current model if it was only for a registered list of patients as it will not be needed and this is why the CCG asked patients what they wanted. In response to feedback it is likely to be open evenings and Saturday mornings as a minimum and this is what some other practices do. We have a number of schemes in the City extending the hours of service provided. The CCG is trying to get equality across the City however not all the practices are open but it is about patients being able to access services.

The Primary Care Commissioning Committee considered the contents of the paper, including the feedback received and approved the recommendation as set out in Section 7 of the paper.

Innes Richens highlighted to Committee members that the paper had been considered by the Portsmouth Health Overview and Scrutiny Panel and some of the comments at the meeting were as follows:

- The consultation was thorough, extensive, fair and clear.
- Some concerns around the potential loss of walk-in access for unregistered patients in the city centre location.
- Some concern regarding parking and traffic congestion at the St Mary's site.
- Putting GPs into the St Marys Centre is a good proposal.

Innes Richens explained that following today's meeting the Chair of HOSP will be informed of the outcome.

Innes Richens said he would like to recognise the work of David Barker, Nick Brooks, the Communications team, Mark Compton and Nikki Burnett on this issue and personally thanks Katie Hovenden for her work on this.

Dr Linda Collie re-joined the meeting in order to contribute to the next items but will not take part in any decision.

6. Locally Commissioned Services 2016/17

Katie Hovenden presented a paper which details plans to re-invest PMS monies into amalgamated and new Locally Commissioning Services (LCS). This has previously been presented to the Governing Board under Primary Care business.

Practices are currently doing a lot of work that is not within their core contract. The CCG has worked with the LMC and practices and it is proposed that they are pulled together and commissioned as an outcomes-focused basket of services, rather than individual LCSs. It is proposed that some local services are included in the "basket" and these are detailed in the paper. The paper details proposals for the Diabetes Locally Commissioned Service and the Respiratory Locally Commissioned Service.

Dr Linda Collie said that this has been discussed as clinicians and a lot of practices commission some of the services already but it is good to standardise and she welcomed

the change. She clarified that to get to Level 3 you do not have to have done Levels 1 and 2. Katie Hovenden said this was correct and the same applied to Respiratory.

Dr Janet Maxwell said that it is very important and supported the proposal wholeheartedly. She said there were a number of public health initiatives that were at risk of being cut or removed and said that she would be discussing these further to see if LCS offer any assistance.

Dr Julie Cullen commented that the “basket of services” is a lot of nursing activity and asked, in relation to the next paper on the agenda, if this was the same that was included in the “basket”. We need to clarify between longer term care and leg ulcer care that is included in the basket. She asked where the clarity was and how can the CCG be sure it is not paying for the same thing 3 times. Katie Hovenden explained that the services listed on Page 1 of the paper are the current locally commissioned services and are not necessarily what will go into the revised “basket”. The items proposed for the “basket” are listed on page 2 of the paper which do not include leg ulcer care. There will be a specification that underpins the “basket” which she is happy to share and then it will be clear there is no overlap.

The Primary Care Commissioning Committee approved the required non-recurrent investment for 2016/17 (to be funded recurrently from freed up PMS monies) and agree the overall investment plan.

7. GP Leg Ulcer Service Provision

Katie Hovenden presented a paper which provided an update on the plans for leg ulcer provision across the city and to seek authorisation for the new investment associated with it. She explained that this had been discussed at the Clinical Strategy Committee but because it required additional investment it has been presented to the Primary Care Commissioning Committee.

A service has been commissioned from some practices for a number of years. From April 2014 a Leg Ulcer Support Service has been commissioned by the CCG utilising the skills and experience of a nurse specialist to provide training, advice and a referral route for ongoing complex leg ulcer cases requiring on-site assistance.

Assessment of leg ulcers is a time consuming process for practices and we need to recognise where primary care are taking on additional service and we need to define what we require to a set of consistent standards and to resource the services appropriately. The CCG has worked with the LMC on the financial framework who felt the funding previously offered was below that which was recommended. In light of this the CCG is looking to bring the payment model broadly in line with the LMC guidance and a summary of the proposal changes is detailed in the paper.

Dr Julie Cullen commented that this activity is very important and needs to happen. It is not included in the contract and therefore needs funding.

It was asked how the CCG can be assured of quality of service and that the funding reaches the right place for training and that patients are treated pro-actively with a quality service. Katie Hovenden said that this is activity based payment and it will be closely monitored and the nurse specialist will do regular rounds. If you compare this service to the other services we commission it is robust and has a robust assessment and monitoring processes of the service being delivered.

Dr Julie Cullen asked if payment kicked in at the 6 week point if it was not complex but because of the time and registered nurse involvement. Katie Hovenden explained that practices can only claim funding after 6 weeks and at the Doppler stage. In terms of how the funding works she would need to check. Michelle Spandley said that we would need to make sure appropriate KPIs were in place.

The Primary Care Commissioning Committee approved the investment required for Leg Ulcer Services.

8. Date of Next Meeting in Public

The next Primary Care Commissioning Committee meeting to be held in public will take place on Wednesday 18 May 2016 at approximately 2.30pm in the 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 2016