

**Minutes of the NHS Portsmouth Primary Care Commissioning Committee meeting held on
 Wednesday 16 November 2016 at 1.00pm – 2.45pm in Conference Room A, 2nd Floor, Civic
 Offices, Portsmouth**

Summary of Actions
Primary Care Commissioning Committee held on Wednesday 16 November 2016

Agenda Item	Action	Who	By
4	Draft Primary Care Action Plan – Include measurements of success into the action plan and agree progress reporting arrangements.	T Russell	Jan 17
4	Draft Primary Care Action Plan – Incorporate feedback from Committee members into the Action Plan.	T Russell	Jan 17
5	GP Resilience and Transformation Programmes – Discuss further the potential risks and mitigations in respect of an exit strategy following the trial of iPlato.	T Russell/ E Fellows	Jan 17
5	GP Resilience and Transformation Programmes – Explore with the communications team the opportunities for a broader marketing campaign for patient online services.	T Russell	Jan 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 Tracy Sanders	- Chief Strategic Officer
Mrs Michelle Spandley	- Chief Finance Officer
Dr Tahwinder Upile	- Secondary Care Specialist Doctor

In Attendance

Mrs Jayne Collis	- Business Development Manager
Mr Mark Compton	- Head of Primary Care Transformation
Mr Paul Cox	- Practice Manager Representative
Dr Elizabeth Fellows	- Chair of Governing Board/Clinical Executive
Dr Jim Hogan	- Clinical Leader and Chief Clinical Officer
Dr Jonathan Lake	- Clinical Executive
Ms Suzannah Rosenberg	- Director of Quality and Commissioning
Mrs Terri Russell	- Head of Primary Care Engagement
Mrs Lisa Stray	- Business Assistant, Medicines Management Team

Apologies

Dr Dapo Alalade	- Clinical Executive
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Mr Patrick Fowler	- Healthwatch Representative
Mr Andy Silvester	- Lay Member
Mr David Williams	- Chief Executive, Portsmouth City Council

1. Apologies and Welcome

Apologies received from Dr Dapo Alalade, Patrick Fowler, Andy Silvester and David Williams.

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

It was noted that Dr Linda Collie, Dr Elizabeth Fellows, Dr Jim Hogan, Dr Jonathan Lake and Paul Cox would have possible conflicts of interest relating to all items on the agenda. However, it was not thought to be significant enough to exclude them from the meeting with the exception of Item 6, when they would all be excluded from discussions apart from Dr Linda Collie who would remain in order to provide the voice of local primary care.

3. Minutes of Previous Meeting

The minutes of the Primary Care Commissioning Committee meeting held on Wednesday 21 September 2016 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 (5, 20.7.16)	Minutes of Previous Meeting - Proposed Merger of Portsdown Group Practice and Northern Road Surgery; and Proposed Closure of Northern Road as a Branch Surgery – Clarify what is meant by “quasi-trained” nurse. Information to be circulated to committee members outside of the meeting.	K Hovenden	Nov 16	Katie Hovenden explained that the practice had been asked what was meant by “quasi-trained” nurse and they explained that it was a nurse who was partially trained as a nurse practitioner (a fully qualified nurse training as a practitioner). This

Agenda Item	Action	Who	By	Progress
				information was circulated to board members and the practice apologised for using the term. Dr Julie Cullen added that we needed to ensure this term was not used in the future.
6	A Quality Improvement Framework for Primary Medical Care – Agree a form of words that define what the CCG means by quality perhaps taking some learning from other settings.	A Silvester/ T Russell	Nov 16	Terri Russell explained that she had not yet spoken to Andy Silvester and she has asked her team to pick up the action.
7	GP Patient Survey Results – Confirm the national response rate to Committee members in order to be able to compare to our CCG rate of 37%.	T Russell	Nov 16	Terri Russell explained that the national response rate was 38.9% which was comparable to our rate and of the 2.1m patients who received the survey, 836,312 responded.

4. Draft Primary Care Action Plan

Terri Russell presented the Draft Primary Care Action Plan for discussion and comments. She explained that the purpose of the document was to bring together all strands of work around general practice and to inform relevant stakeholders of the schemes designed to support and develop general practice in the city. The plan is separate to, but will inform, the General Practice Forward View, which will accompany the CCG operating plan for 2017-19. She asked members if the plan was bold enough, if it provides clarity, will it give practices reassurance in supporting them and is there anything missing.

Jackie Powell asked about costings. Terri Russell explained that there will be a section on investment and the aim is to have a schedule included as part of the plan so that costing are clear.

Dr Julie Cullen commented that the document was very good and asked if each time “nurse” is mentioned if it meant “registered nurse”? Terri Russell confirmed that this was the case. Dr Julie Cullen asked if perhaps the term “registered nurse” could be used just to clarify as sometimes the term “nurse” is used for healthcare support workers.

Michelle Spandley commented on the need to be clear on the funding and what extra allocation we expect to receive. We need to understand what we are currently spending and what can be recycled.

Quality Improvement

Terri Russell explained that a national scheme called “The General Practice Development Programme” had been missed out and she would ensure details are included in future versions of the document.

Katie Hovenden asked if some aspirational targets should be included and Terri Russell agreed they should be included.

Paul Cox asked about QOF and the likelihood of it being discontinued. Katie Hovenden said it was believed there were planned changes nationally, Terri Russell commented that we may not know what these would be until nearer the time. Katie Hovenden said that the CCG could give a commitment that when these changes were known the CCG would consider the opportunities for using CQUIN to embed the changes to ensure practices are better prepared.

Investment

Dr Julie Cullen asked when the CCG would know it has achieved what it set out to achieve and if it is possible to put in some sort of measurement. Terri Russell agreed to include this in the action plan and agree progress and reporting arrangements.

Action: T Russell

Workforce

Suzannah Rosenberg asked about practice nursing as there had been conversations with Solent suggesting that practice nurses could potentially take on some of the roles of community nurses where patients are not actually house bound but it was unclear whether they had the necessary skills. Terri Russell said that her understanding is that looking at the skills and competencies of both practice and community nurses should be part of the plan. Katie Hovenden highlighted that there may be some practicalities and issues around infection control why some tasks cannot be undertaken in practices.

Katie Hovenden also explained that Julia O'Mara has increased her hours working for the CCG and is helping to ensure practices are well placed to take on student nurses. If there are any issues around skills or mentoring these should be discussed with Julia O'Mara.

Paul Cox asked about the mental health workforce and Mark Compton explained that the CCG is working with Solent in terms of integrating some aspects of the mental health workforce into general practice.

Paul Cox asked if we are being bold enough with GP recruitment as most practices are struggling to recruit GPs. Katie Hovenden explained that Health Education England are the lead for GP workforce planning. As a CCG we need to continue to ensure Portsmouth is an attractive place for GPs to work.

Workload

Jackie Powell asked if the uptake of social prescribing in Portsmouth had been good. Terri Russell explained that the CCG must make it work more effectively to increase uptake.

Practice Infrastructure

Dr Jim Hogan said that the document was very good but highlighted some points that he felt were not included:

- Managing demand - Given the workforce is diminishing he would like to see something specific about how we are going to support practices to manage demand.
- STP and Blueprint - We need to acknowledge the link to both of these.
- Reporting progress – how will we measure and report on progress. Katie Hovenden said that we must ensure the managing demand self-care strand is reflected.

Dr Jonathan Lake commented that the aspiration for a primary care hub in the south was not mentioned in the paper and Paul Cox commented that looking at the document the north cluster and central cluster hubs are mentioned but not the south. Katie Hovenden explained that proposals for hubs in each locality were submitted as part of our Estates and

Technology Transformation Fund (ETTF) application. However our proposal for the South was not prioritised by NHS England in view of the limited capital and the fact that a specific site had not been identified. The plan will be amended to reflect our ambition to further scope opportunities for a hub in the south of the city.

Dr Jonathan Lake commented that we need to highlight/articulate the need for continuity of care within the plan, as this is very important.

Michelle Spandley said she would just like to clarify that although the document is not a response to the 5 Year Forward View it includes everything the CCG wants to do. Terri Russell confirmed this was the case.

Tom Morton commented that one theme that came through in discussions is tracking progress and reporting and we need to ensure this is built in.

The Primary Care Commissioning Committee discussed the draft plan and made the recommendations details above regarding further areas for development.

Terri Russell agreed to incorporate feedback from Committee members into the Action Plan.

Action: T Russell

5. GP Resilience and Transformation Programmes

Terri Russell presented a paper which detailed the resilience and transformation initiatives within general practice in the city. She explained that for the General Practice Resilience Programme two practices from the CCG were put forward with immediate need, although one has so far not accepted support through the scheme. Six practices can access funding and support as a high priority with one practice being offered support in the third tier. The total funding allocated to support practices in Portsmouth is £179,000 in 2016/17.

In addition the Wessex Change Fund has been made available to enable practices to free up the time required to develop a new set of skills and a vision for the future of primary medical care locally.

Dr Elizabeth Fellows raised concerns around the iPlato system and that patients are now being asked to use this and System One. The funding is only for a year so what will happen after that time. Terri Russell explained that iPlato is a two way messaging system with a number of key features. Dr Elizabeth Fellows commented that there had been issues with patients registering with one system and then having re-register with another and there is the potential that this could happen again. How will the CCG overcome the risk bearing in mind this may be temporary. Dr Elizabeth Fellows and Terri Russell agreed to meet outside of the meeting to discuss further the potential risks and mitigations in respect of an exit strategy following the trial of iPlato.

Action: T Russell/E Fellows

Dr Jim Hogan asked if it was possible to see the iPlato system. Terri Russell said that it is being presented at the next Practice Managers Forum meeting so could be seen there.

Dr Jonathan Lake commented on online services for patients and asked if there could be broader marketing campaign from the CCG. Terri Russell agreed to explore with the communications team the opportunities for a broader marketing campaign for patient online services.

Action: T Russell

Dr Julie Cullen asked what the CCG was expecting from the money spent. Terri Russell explained that evaluation criteria were part of the submitted proposals.

The Primary Care Commissioning Committee noted the report.

Dr Elizabeth Fellows, Dr Jim Hogan, Dr Jonathan Lake and Paul Cox had possible conflicts of interest relating to the following agenda item due to their roles in general practice and therefore excluded themselves from the meeting. Dr Linda Collie remained, as the items did not directly relate to her or her practice, in order to provide the local voice of primary care.

6. GP Winter Access

Mark Compton presented a paper which requested approval for a Winter Pressures Extended Hours proposal to be delivered by the Portsmouth Primary Care Alliance (PPCA). If approved the service would be delivered from December 2016 until April 2017 in order to add additional system resilience over the winter pressures period and to test new, collaborative methods of delivering primary medical care services at scale.

Since the paper was written it has been updated to ensure that the 111 Service can send the contact details of patients direct to the service.

Dr Tahwinder Upile commented that he was pleased to see the use of the 111 service, as a GP and secondary care doctor the demand on Friday afternoons, Saturdays and Monday mornings is increasing so anything that can divert it is good news. Mark Compton explained that it is proposed that it is done in a phased approach and the work the Alliance are doing with Solent is looking at expanding this type of model across the City but they wanted to test it out first on a Saturday and then possibly move to other days. He explained said that the CCG has been doing work on demand and there is a surge on Saturday mornings and there is still demand on Saturday afternoons.

Suzannah Rosenberg raised the issue of workforce risks and GPs locally may choose to be a part of this scheme which could impact on service delivery for other services and in particular out of hours. Mark Compton said that the team were aware of this but were trying to minimise this risk by specifically targeting GPs who do not usually work in the OOH service.

Michelle Spandley said that we need to be careful how we manage and measure the scheme and that they are using the money wisely.

Dr Julie Cullen commented that an important change has been made and it is essential that if the 111 Service is taking responsibility of passing the details on that we know what the timing expectation is. Mark Compton said that there is currently a range of dispositions relating to call back time but the service offers between 1-24 hours to speak to a GP and within this service it will be one hour for a call back at which point the patient will be informed of the waiting time for a face to face appointment.

The Primary Care Commissioning Committee:

- **Agreed the revised proposed delivery model of the Winter Pressures Extended Hours proposal as presented including the changes;**
- **Approved the use of a Single Waiver Tender with the PPCA for the delivery of the Winter Pressures Extended Hours proposal up to the value of circa £268k;**
- **Agreed ongoing oversight and assurance to be managed by the Primary Care Operational Group.**

Dr Elizabeth Fellows, Dr Jim Hogan, Dr Jonathan Lake and Paul Cox re-joined the meeting.

7. Estates and Technology Transformation Fund (ETTF) Applications

Mark Compton presented a paper which detailed Portsmouth CCGs bid to the Estates and Technology Transformation Fund (ETTF), the outcome of those applications and the next steps in order to progress the work detailed within the bids. Tom Morton congratulated the team for their work.

The Primary Care Commissioning Committee noted the paper.

8. CQC Inspection of GP Practices – Update November 2016

Katie Hovenden presented a paper which provided an update on the CQC reports published since the last meeting particularly in relation to those practices placed in Special Measures by the regulator. She explained that an updated version of the paper had been circulated to Committee members as there had been an error in the ratings table on page 2 of the report. She thanked Paul Cox for notifying her of the inaccuracy. The papers on the website had also been updated.

Katie highlighted the main areas of the report noting that support is available for practices particularly those in special measures.

Waverley Road practice has had its targeted re-inspection and whilst the CQC has not published anything yet, feedback from the practice was that the visit went well and they are waiting to hear if the Warning Notice has been lifted.

Dr Julie Cullen commented that it had been discussed fully at the Quality meeting earlier about the focus of the CQCs findings being about the ability to produce evidence around process rather than clinical quality concerns.

The Primary Care Commissioning Committee:

- **Noted the update on CQC practice ratings, particularly with regard to those placed in special measures;**
- **Considered if the Committee required any additional assurance regarding the ongoing work to support those practices placed in special measures.**
- **Supported the principle of the primary care learning event to identify best practice with regard to the CQC Safety Domain.**

9. Multispecialty Community Provider Contract

Mark Compton presented a paper which provided an overview of the Multispecialty Community Provider (MCP) Contract Framework, published by NHS England, and detailed next steps to be undertaken by the CCG in determining whether an MCP contract could be introduced locally.

Paul Cox asked about plans for patient engagement. Mark Compton explained that a plan is currently being put together.

Jackie Powell asked if we are likely to end up with one contract eventually. Mark Compton said that it was too early to tell. Innes Richens said there are a range of options which need to be worked through and it has to be about improving patient services.

Dr Jim Hogan commented that it gives the impression that the acute provider is excluded from any type of conversation but we need to ensure we involve acute providers in all aspects.

The Primary Care Commissioning Committee noted the ongoing developments around MCP contracts and endorsed the CCGs planned action of engagement with local stakeholders.

10. Primary Care Operational Group Terms of Reference

Tracy Sanders presented the Primary Care Operational Group Terms of reference for approval. She explained that it had been agreed by the Governing Board, as part of the governance review, that the group would report to the Primary Care Commissioning Committee in the future.

Jackie Powell commented that the number of meetings had changed to when it is felt appropriate to have a meeting and she felt that it would be useful to have a set number of meetings. Tracy Sanders explained that it was dependent upon the business of the meeting and had been a suggestion from Beachcrofts.

The Primary Care Commissioning Committee approved the revised Terms of Reference for the Primary Care Operational Group.

11. Chairs Action

- **Practice Merger Application – Portsdown Group Practice and Derby Road Practice**

Tom Morton presented a paper which detailed Chairs Action that had been taken on an application for the proposed merger of Portsdown Group Practice and Derby Road Group Practice. He explained that Chairs Action had been sought because of timing issues.

12. Any Other Business

Katie Hovenden provided an update regarding the Guildhall Walk Practice. The decision has been taken to suspend the current procurement and to extend the current interim contract with the incumbent for a further period of 12 to 15 months. There are likely to be major changes in the way that primary and community care is organised and delivered in the city in the coming years, and given this it was felt that it was most sensible to avoid entering into a new long-term contract at this time.

13. Date of Next Meeting in Public

The next Primary Care Commissioning Committee meeting to be held in public will take place on Wednesday 18 January 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
6 December 2016