

**Minutes of the NHS Portsmouth Primary Care Commissioning Committee meeting held on
 Wednesday 20 July 2016 at 1.00pm – 2.15pm in Conference Room A, 2nd Floor, Civic
 Offices, Portsmouth**

Summary of Actions
Primary Care Commissioning Committee held on Wednesday 20 July 2016

Agenda Item	Action	Who	By
4	Proposed Closure of the Ramillies Branch Surgery – Request information from the practice regarding the number of patients who attended the open meeting and provided feedback as part of the engagement work for Andy Silvester.	K Hovenden	Sep 16
4	Proposed Closure of the Ramillies Branch Surgery – A programme to be put in place to evaluate the benefits realised as a result of approved mergers for consideration by the Committee on an ongoing basis.	K Hovenden	Sep 16
5	Proposed Merger of Portsdown Group Practice and Northern Road Surgery; and Proposed Closure of Northern Road as a Branch Surgery – Ask practices to provide details about the scale of their engagement with patients and stakeholders, including number of respondents, as part of applications to merge or close branches in the future.	K Hovenden	Ongoing
5	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.	K Hovenden	Sep 16
7	Healthwatch Portsmouth Mystery Shopper Report – CCG next steps – Review the recent announcement regarding the removal of ghost patients and the impact locally.	T Russell	Sep 16
7	Healthwatch Portsmouth Mystery Shopper Report – CCG next steps – Discuss how Healthwatch may help in promoting the importance of attending or cancelling GP appointments in order to reduce DNAs and wastage of primary care capacity.	P Cox/ P Fowler	Sep 16

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
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	- Chair of Governing Board/Clinical Executive
Mr Patrick Fowler	- Healthwatch Representative
Dr Jim Hogan	- Clinical Leader and Chief Clinical Officer
Ms Suzannah Rosenberg	- Director of Quality and Commissioning
Mrs Terri Russell	- Head of Primary Care Engagement
Mr David Williams	- Chief Executive, Portsmouth City Council

Apologies

Dr Jonathan Lake	- Clinical Executive
Dr Matthew Smith	- Consultant in Public Health (on behalf of vacant Director of Public Health, Portsmouth City Council position)
Dr Tahwinder Upile	- Secondary Care Specialist Doctor

1. Apologies and Welcome

Apologies received from Dr Jonathan Lake, Dr Matthew Smith and Dr Tahwinder Upile.

Tom Morton welcomed everyone to the meeting and noted that Terri Russell was in attendance in order to present Items 6 and 7. 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, Dr Dapo Alalade, Dr Elizabeth Fellows, Dr Jim Hogan and Paul Cox declared possible conflicts of interest relating to agenda items 4 and 5. It was agreed they would withdraw from both discussion and decision making but Dr Collie may remain to provide the local primary care perspective.

3. Minutes of Previous Meeting

The minutes of the Primary Care Commissioning Committee meeting held on Wednesday 18 May 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	Minutes of Previous Meeting – Rewording of 3 rd paragraph on Page 5.	J Collis	July 2016	Complete.
4	Primary Care Commissioning Committee Work Programme 2016/17 – review our arrangements with HEE (Wessex)	L Collie/ J Maxwell	July 2016	Dr Linda Collie agreed to discuss this with Dr Matthew Smith in light of Dr Maxwell's departure.
5	Delegated Primary Care Commissioning Annual report 2015/16 – Use GP survey results and any other available information to track year on year changes in satisfaction by patient since we have taken on delegated commissioning.	K Hovenden	Ongoing	This will be incorporated into future monitoring and reporting.
6	2016/17 GMS Contract Changes – Work with Healthwatch on information from patients about their experience of online booking with a view to identifying best practice for the future. Update to be provided at next meeting.	K Hovenden /P Fowler	July 2016	On agenda.
7	Heyward Road Premises Development – Details of plans for patient engagement from the practice regarding the development would be requested and shared with Healthwatch.	K Hovenden /P Fowler	July 2016	Katie Hovenden has spoken to the practice about sharing information with healthwatch re patient engagement. The practice will continue to engage with patients as the work progresses.
8	Acute Visiting Service Review and Recommendations – Consider in future how we might analyse the types of patients being seen by the AVS and whether other measures would have helped.	K Hovenden /M Compton	Ongoing	This is part of an ongoing evaluation.

Dr Dapo Alalade, Dr Elizabeth Fellows, Dr Jim Hogan and Paul Cox declared possible conflicts of interest relating to the following agenda items and therefore excluded themselves from the meeting. Dr Linda Collie remained, as the items did not directly relate to her, in order to provide the voice of primary care.

4. Proposed Closure of the Ramillies Branch Surgery

Katie Hovenden presented a paper which detailed an application to close the Ramillies surgery. The application was discussed at the Primary Care Operational Group meeting held on 18 April 2016 and following a request for some clarification a revised application was reviewed and recommended for approval on 13 June 2016. Trafalgar Medical Group Practice is the new name for the practice following the merger of Osborne Road and

Ramillies on 1 April 2016 and Ramillies is the branch surgery with the Osborne site being the main surgery.

A number of engagement activities have been undertaken including stakeholder meetings and the paper outlines the practice assessment on the impact on patients. Ramillies operate out of an old converted residential property with very limited development opportunities. The practice did apply for a small premise improvement grant last year but following the merger and subsequent proposed closure they decided not to take it forward.

When the application was presented to the Primary Care Operational Group assurance was sought regarding capacity and space for patients, GP and nursing capacity and patients concerns regarding parking.

If approved the CCG would work with the practice on the close down of the site.

Andy Silvester asked about feedback from patients and how many gave feedback and attended the meeting. Katie Hovenden said that she did not know but that she would ask the practice for the information.

Action: K Hovenden

Jackie Powell asked that if patients wanted to move to the Osborne Practice would there be sufficient capacity. Katie Hovenden said that it is possible this may create some pressure on the practice however the CCG would work with the practice to ensure the best use of space. She noted there was potential to create additional NHS clinical space in the Osborne Practice building. Jackie Powell asked if it had been made clear to patients that there was more space at Eastney Health Centre. Katie Hovenden explained that it was more about capacity to see patients rather than space and an action could be put in place to monitor where patients are asking to be seen and if the practice are meeting their requests.

Dr Julie Cullen asked if the proposed date for closure of 1 August 2016 as detailed on page 8 was correct. Katie Hovenden apologised that the date was incorrect and the proposed date for closure is 30 September 2016.

Patrick Fowler asked how the benefits and advantages of practice mergers would be reviewed and would there be learning from these for the future. Katie Hovenden said that a programme could be put in place to evaluate the benefits realised as a result of approved mergers for consideration by the Committee on an ongoing basis.

Action: K Hovenden

Dr Linda Collie commented that it would be useful in future if mergers and then closure such as this proposed could be dealt with as one item. Katie Hovenden said that now that the CCG has taken more operational responsibility for such applications she had put in place revised arrangements to address this as seen in the following agenda item.

The Primary Care Commissioning Committee approved the closure of Ramillies Surgery from 30 September 2016

5. Proposed Merger of Portsdown Group Practice and Northern Road Surgery; and Proposed Closure of Northern Road as a Branch Surgery

Katie Hovenden presented a paper which detailed a proposed merger of Portsdown Group Practice and Northern Road Surgery and subsequent closure of Northern Road Surgery. She explained that this is the first merger/closure that has been taken through the new process that the CCG had established and she would be interested to receive comments.

Northern Road Practice has been exploring opportunities for mergers for some time but for various reasons a merger had not materialised until now. The proposal requests the formal contractual and therefore patient record database merger of Portsdown Group Practice and Northern Road Surgery under one single contract. In order to facilitate progression to a full contractual merger the 2 practices joined each other's contracts on 1 April 2016. Since then Dr Klemenz has unexpectedly decided to hand in his notice and left the practice on 30 June 2016, leaving the Northern Road contract to continue under the names of the 2 Portsdown GPs that were added to the contract in April. They have therefore effectively become responsible for the service provision at Northern Road.

The benefits to patients of the merger and closure are clearly outlined in the proposal. There has been considerable engagement with patients regarding the case for merger prior to Portsdown Group Practice involvement and an open meeting with patients and staff has been held.

Jackie Powell commented that process seems more clear cut.

Tracy Sanders commented that this proposal was in a far more helpful format however the size and scale of engagement with patients and stakeholders, including number of respondents, as part of applications to merger or close branches in future would be useful.

Action: K Hovenden

Tracy Sanders asked for confirmation that there were no plans to alter services at Paulsgrove or Cosham Park House. Katie Hovenden confirmed that there were no plans that the CCG were aware of that will impact on access in Paulsgrove and Cosham.

Tom Morton asked what was meant by a "quasi-trained nurse" as mentioned on page 3 of the application for merger document. Katie Hovenden agreed to look into this and update members at the next meeting.

Action: K Hovenden

Dr Linda Collie noted that she supported the proposal.

The Primary Care Commissioning Committee approved the merger of Portsdown Group Practice and Northern Road Surgery and the simultaneous branch closure of the Northern Road site.

6. General Practice Forward View – Local Implementation

Katie Hovenden introduced a paper which provided a summary of the General Practice Forward View which was published in April 2016.

Terri Russell provided a summary of the key elements in particular the existing and planned initiatives that have been developed locally in response to the national strategy.

Tom Morton asked about next steps and if there was a timeline for the action plan referred to in the paper. Terri Russell explained that the team are putting the action plan together at the moment and they hope to have something ready in the autumn in order to discuss this with member practices and other relevant stakeholders.

Innes Richens commented that it was encouraging to see reference to the bigger picture as outlined in our blueprint. He asked about the collective community nursing workforce and where the thinking is on this. Katie Hovenden explained that we did recognise that the Solent Community Teams had been through some challenging times and it is important to get stability in the workforce before introducing new dynamics however we have identified some areas where they may be opportunities to use the workforce differently as early priorities. Suzannah Rosenberg said that she agreed that there is an improved position

with Community Nursing and they have done a tremendous job. It has been quite an uphill journey and they currently see themselves as a discrete service and therefore there was work to be done to progress aspirations for sharing the workforce differently.

Dr Julie Cullen commented that it is encouraging to hear however there is a workforce of registered nurses in training with placements in primary care who work across all areas and this could be a tremendous advantage. There could be a lot of added value promoting placements for undergraduate nurses.

Michelle Spandley thanked Terri Russell for putting together the paper and for including the local initiatives, when bidding for pots of money we just need to be clear of the process and that it is usually non-recurring.

Dr Jim Hogan commented that all training places in primary care in Wessex are filled. There is a desire that, for the 120 nurses who start in the new school of nursing at Portsmouth University, training will be integrated. The issue is when we plan in silo we have silo rationing and we are starting to feel this in primary care. We are starting to see this with the rationing of district nursing and we need to think about the impact on services.

Paul Cox thanked Terri Russell and her team for producing the paper and commented that the burden that practice managers are feeling is not recognised in the paper. There is nothing in the paper to help practice managers to plan for the future and he said he feels this is an important part of the jigsaw.

The Primary Care Commissioning Committee noted the paper.

7. Healthwatch Portsmouth Mystery Shopper Report – CCG Next Steps

Katie Hovenden introduced a paper which detailed the next steps for the CCG following a mystery shopper exercise undertaken by Healthwatch. She thanked Patrick Fowler for the report for providing the report on behalf of Healthwatch.

Terri Russell highlighted the main areas of the report which has been shared with practices and the CCG:

- Appointment system – Practices were encouraged to promote on-line bookings.
- Out of hours phone messages – Majority of practices had comprehensive and clear message however most did not explain that callers could not leave a message. Practices were contacted and an appropriate message was put in place.
- Website out of hours advice – Practices were contacted to ensure information was up to date and the CCG will review the information regularly and provide feedback.
- Current waiting times – There was a great deal of variation between practices and one case had an excessive wait (up to 35 days). The CCG is working with practices to understand appointment availability.
- Surgery opening hours – CCG will regularly review practice website information and encourage practices to articulate the range of services they offer and if possible include dates and times etc.
- Registration information – There is no requirement for patients to provide ID in order to register with a practice and the CCG has shared the updated guidance with practices.

Patrick Fowler said that it was good to receive the report and see that it has had a positive impact and he hopes that it is developing relationships with practices.

Tom Morton commented that working in partnership is extremely important and the CCG is grateful to Healthwatch for undertaking the exercise.

Dr Elizabeth Fellows commented that the report was really useful and showed the need to balance same day appointments and routine. At the CCG event in Guildhall Square last year, when asked, members of the public suggested that 3-5 days were thought to be a reasonable time to wait for a routine GP appointment. We need to encourage practices and remind them there are other ways of delivering services and scheduling clinics which may better meet the expectations of their patients.

Dr Dapo Alalade asked about registration information and the recent announcement regarding the removal of ghost patients and the impact locally. Terri Russell agreed to look at the guidance and report back to the next meeting.

Action: T Russell

Dr Dapo Alalade asked about wastage and what Healthwatch were doing in terms of advising patients. Patrick Fowler explained that in terms of information to patients Healthwatch would welcome feedback from practices on what would help and if there are particular messages they would like to promote. Paul Cox said that we need to encourage patients to tell practices as soon as they know they cannot attend an appointment. It was agreed that how Healthwatch may help in promoting the importance of attending or cancelling GP appointments would be discussed further.

Action: P Cox/P Fowler

8. Date of Next Meeting in Public

The next Primary Care Commissioning Committee meeting to be held in public will take place on Wednesday 21 September 2016 at 1.00pm – 2.30pm in the Conference Room B, 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
28 July 2016