

**Minutes of the NHS Portsmouth Primary Care Commissioning Committee meeting held on
 Wednesday 21 September 2016 at 1.00pm – 2.15pm in Conference Room B, 2nd Floor, Civic
 Offices, Portsmouth**

Summary of Actions
Primary Care Commissioning Committee held on Wednesday 21 September 2016

Agenda Item	Action	Who	By
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
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
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

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
Mr Andy Silvester	- Lay Member
Dr Tahwinder Upile	- Secondary Care Specialist Doctor

In Attendance

Dr Dapo Alalade	- Clinical Executive
Mrs Jane Cole	- Deputy Chief Finance Officer (for Michelle Spandley)
Mrs Jayne Collis	- Business Development Manager
Mr Paul Cox	- Practice Manager Representative
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

Apologies

Dr Elizabeth Fellows	- Chair of Governing Board/Clinical Executive
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Dr Jonathan Lake	- Clinical Executive
Mrs Michelle Spandley	- Chief Finance Officer
Dr Matthew Smith	- Consultant in Public Health (on behalf of vacant Director of Public Health, Portsmouth City Council position)
Mr David Williams	- Chief Executive, Portsmouth City Council

1. Apologies and Welcome

Apologies received from Dr Elizabeth Fellows, Dr Jonathan Lake, Michelle Spandley, Dr Matthew Smith 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

Dr Linda Collie, Dr Dapo Alalade, Dr Jim Hogan and Paul Cox declared possible conflicts of interest relating to agenda item 5. It was agreed that as the item was for discussion only they would be able to stay and participate in the discussion.

3. Minutes of Previous Meeting

The minutes of the Primary Care Commissioning Committee meeting held on Wednesday 20 July 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
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	Katie Hovenden reported that the number of patients who attended the open meeting was 21.
4	Proposed Closure of the Ramillies Branch Surgery – A	K Hovenden	Sep 16	Katie Hovenden said that the comments have been

Agenda Item	Action	Who	By	Progress
	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.			taken on board and the requirements will be built into the work the CCG does with practices.
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	Katie Hovenden said that CCG will ask practices about the numbers attending engagement events and the scale of engagement as part of the process and will ask practices to articulate the benefits and how they will report and monitor this in the future.
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	Katie Hovenden agreed to circulate what is meant by “quasi-trained nurse” to members outside of the meeting. Action: K Hovenden
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	Terri Russell reported that it is an ongoing task to keep lists updated however it is a contractual requirement to ensure lists are validated.
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	Information has been tweeted and put on facebook. A meeting is due to take place shortly to discuss this further.

4. CQC Inspection of GP Practices

Katie Hovenden presented a paper which provided an update on the CQC inspection of GP practices in Portsmouth and the support being provided by the CCG. She explained the process and detailed the five key questions that inspectors focus on. As well as the five key questions to CQC also look at how services are provided to people in specific population groups and use an Intelligent Monitoring tool.

Katie Hovenden noted that the results were quite diverse however the poorest performing area was safety. The CCG is undertaking a survey of practices to gain a better understanding of how practices manage risks.

Tom Morton asked if when the CQC carries out inspections do they give a verbal report to practices and do practices have a right of appeal before the final report is published. Katie Hovenden confirmed there is usually some form of verbal feedback at the end of each inspection. She went on to explain that practices have the opportunity to correct or

challenge any factual inaccuracies etc, however to challenge the rating is much more difficult. Dr Linda Collie commented that there is a window when they are writing the report to provide information that may have not been to hand during the inspection. Suzannah Rosenberg said that it would be unusual for an overall rating to change for a practice through the factual accuracy checking stage.

Suzannah Rosenberg commented that one thing highlighted is that the current CQC inspection regime does not lend itself very well to merged practices. It does not work very well and merged practices need to be extra vigilant around governance ie. the name of the merged practice on documents etc. Katie Hovenden commented that clear visibility of systems and procedures in place is needed.

Dr Julie Cullen reported that a discussion had taken place at the Quality and Safeguarding Executive Group (QSEG) this morning around the practice that had been placed in special measures and they had been assured that the issue was around processes not patient care. Katie Hovenden commented that there were some specific issues to ensure assurance around safety.

Paul Cox asked for clarification as to whether the CQC inspection regime completes this year and what the period of new inspections is. Suzannah Rosenberg explained that the whole of the CQC process is under review but currently as an example the frequency of inspections on care homes that are “under the radar” is 3 years. Dr Linda Collie commented that if practice circumstances change then they may be inspected.

The Primary Care Commissioning Committee noted the paper.

5. Alliance Update

Dr Linda Collie, Dr Dapo Alalade, Dr Jim Hogan and Paul Cox declared possible conflicts of interest relating to the following item.

Katie Hovenden presented a paper which provided an update on the services, projects and work streams currently being delivered and undertaken by the Portsmouth Primary Care Alliance. It also detailed the funding arrangements between the CCG and the Alliance to provide these services.

With regards to workforce development, Katie Hovenden explained that an announcement is expected from NHS England regarding further pilots for pharmacists to work in practices. As the Alliance is already well established it is in a good position to host individuals if we want to take this forward.

Innes Richens commented that the paper was very helpful and well timed. He believed that the Alliance was well placed to support local general practice be sustainable for the future and to drive new ways of working. He noted work going on in other parts of Hampshire to include primary care in proposed procurements seeking to establish MCPs and other models. He enquired how we and the Alliance were supporting practices in engaging with the integration agenda.

Katie Hovenden said that the CCG has in the past challenged the Alliance on how they are engaging with member practices. Feedback to date has been positive although it was noted that the focus on discreet areas of primary care services has presented a minimal risk to the CCG. Going forward we will be working with the Alliance to ensure they do fully represent their constituent practices and that they are considering the options for the future such as MCPs. Dr Linda Collie commented that it would be useful, when on practice visits, to ask practices how engaged they are with the Alliance.

Dr Jim Hogan said that as commissioners we need to start thinking of the Alliance as an entity. He reflected that we may need to provide them with support as they develop to enable them to meet the requirements of the future and that we had expertise and experience that we should consider offering.

Patrick Fowler asked about the set-up of the Alliance. Katie Hovenden explained that there is a management team and each practice is a shareholder. Not all practices are represented on the management board however all practices are invited to attend.

Patrick Fowler asked, in terms of developing system demand, how much is in the public domain, are there internal processes or are they involving patients and the public. Katie Hovenden explained that a fair amount of work is internal and there is more to do in terms of patient engagement.

Jackie Powell commented there needs to be a clear line that the Alliance is its own organisation and queried how this worked from a competition perspective. Innes Richens explained that part of the CCGs role as commissioners is to develop providers to fill any gaps in the market. Therefore our support to primary care via the Alliance is focused on building a genuine entity which will be able to meet our future commissioning needs. The work we are doing as a commissioner to support the Alliance is no different than if there were a gap elsewhere in the market and we are explicit where there is a conflict and as to how we will manage that. Katie Hovenden commented that there are also obligations on sustainability of general practice as the individual practice model is not fully sustainable in its current form.

Tracy Sanders said that the role of this Committee is key and is why we need to be independent and Lay Member led to scrutinise the activities of the CCG in this area. Dr Tahwinder Upile commented that this occurs in other CCGs as well. Tracy Sanders explained that this is why we have to be explicit on why we make particular procurement choices. Jane Cole commented that the CCG has contractual arrangements with the Alliance.

Tom Morton thanked Katie Hovenden and her team for the paper. He asked about workforce development and encouraging GPs to come to Portsmouth and if we are facing a crisis in GP recruitment. Katie Hovenden explained that recent vacancy rates indicate we may be struggling but we are not at crisis point at the moment. However we are facing the same issues as other areas in relation to retirements and vacancy rates.

The Primary Care Commissioning Committee noted the report.

6. A Quality Improvement Framework for Primary Medical Care

Terri Russell presented a paper which provided an overview of the proposed development of a Quality Improvement Framework for Primary Medical Care. She gave an overview of the proposal noting that it would be part of the wider strategic framework already approved by the Board. It is important in this time of significant change that we do not lose sight of quality. It is hoped a draft framework will be available in the autumn which would be tested with some practices with the aim to have a final framework in place for 1 April 2017.

Tom Morton asked who would chair the steering group. Terri Russell explained that the final arrangements are still to be agreed such as Terms of Reference and how often it would meet but initially this would be monthly. The group would report via the Primary Care Operational Group.

Dr Jim Hogan asked if the CCG was benchmarking across practices within the City or comparator groups from elsewhere in the country. Terri Russell explained that there were

a number of approaches to benchmarking and we need to decide what is best for what. Dr Jim Hogan asked that we ensure it fits with NHS England assurance arrangements.

Katie Hovenden said that we need to be dynamic in our approach, and need to keep an eye on what we are being judged on and where issues may be emerging and use intelligence to prioritise and understand where the CCG is an outlier and needs to focus its attentions. In the past we have separated the quality agenda from the performance agenda but we are now focused on pulling all together in one place. Dr Jim Hogan said it is about the relevance for practices as well as the relevance for NHS England.

Dr Dapo Alalade asked if there was representation from patients on the steering group. Terri Russell said that they were looking to have patient representatives and are working with healthwatch on this.

Paul Cox asked if the framework would be contractual or not and if practices would be obliged to do it. Terri Russell said that it would depend on what it was looking at. There are a number of initiatives in place already for practices and could use these routes or use contractual levers as most appropriate in the circumstances.

Dr Jim Hogan commented that there is a danger that it produces league tables and he felt this would not be helpful. Katie Hovenden commented that the intention was not to produce league tables but to help practices reflect on areas of possible improvement. She added there is no point in highlighting areas where practices were performing less well if you don't then provide support and we are very conscious that we need to engage with practices carefully. However as a CCG we need oversight on primary care delivery and we need the information in one place in order to look at variation across the City with a view to supporting practices to aspire to their best.

Paul Cox asked about the Quality Outcomes Framework (QOF) and whether it may now have a limited life going forward and if so is there the opportunity to consider how the funding is used. Katie Hovenden said that we cannot ignore QOF and we may choose to use some indicators from QOF. There is still a requirement to report on specified things and if we remove the incentive to focus on these we need to ensure that doesn't lead to a decrease in performance. As we take this forward we may open up other areas with practices helping to see quality in the broader context.

Terri Russell commented that QOF will still be around next year however there will be some adjustments made. We are taking an opportunity to understand how locally we can influence this.

Andy Silvester asked if there is an opportunity to take key learning from other settings, such as the aviation industry, to add to our definition as to what is meant by quality. It was agreed that he would work with Terri Russell to agree a form of words that define what the CCG means by quality.

Action: Andy Silvester/Terri Russell

The Primary Care Commissioning Committee noted the paper.

7. GP Patient Survey Results

Terri Russell presented a paper which provided the latest results of the national GP Patient Survey and the actions that the CCG is taking in response to it. She highlighted the main areas of the paper noting that the number of responses was fairly small and was lower than the last survey. The GP Patient Survey website allows you to compare practice results.

Dr Linda Collie commented on the results regarding on-line appointments. She explained that some practices have recently changed GP IT supplier which meant that patients had to

re-register and therefore it is hoped that the results in this area will improve once practices are settled on the new system.

Paul Cox asked about the value of the quality premium and Jane Cole said that it was 20% of the total however the CCG was not yet achieving the target. Terri Russell added that the CCG needed to improve by 3 points.

Paul Cox commented on the survey and said that if it was based on a random sample of patients he could not understand how they could answer all of the questions as they may not have had recent experiences in all the areas considered. Therefore their responses would not be a true reflection but based on history which could undermine results. Tracy Sanders commented that the sampling approach used was consistent across all practices. Terri Russell said that the overall results are positive at a time when general practices are struggling.

Patrick Fowler commented that it would be useful to have included a question on whether a patient had to make a complaint and feedback on that.

Dr Dapo Alalade asked what the average national response rate was in order to compare it to the CCG rate. Terri Russell said she would find out and provide an update to Committee members at the next meeting.

Action: T Russell

Tom Morton thanked Terri Russell and Steve McInnes for the valuable and useful paper.

The Primary Care Commissioning Committee noted the paper.

8. Date of Next Meeting in Public

The next Primary Care Commissioning Committee meeting to be held in public will take place on Wednesday 16 November 2016 at 1.00pm – 2.30pm 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
29 September 2016