

Primary Care Commissioning Committee

A meeting will be held from 1.00pm – 2.45pm on Wednesday 16 May 2018
in Conference Room A, 2nd Floor, Civic Offices, Portsmouth

AGENDA

| | | | |
|-----|---|------------------|--------|
| 1. | Apologies for Absence and Welcome | Ms M Geary | Verbal |
| 2. | Register and Declarations of Interest | | White |
| 3. | Minutes of Previous Meeting a) To agree the minutes of the Primary Care Commissioning Committee meeting held on Wednesday 21 March 2018 b) Matters Arising | | White |
| 4. | Risks | Ms M Geary | Lilac |
| 5. | Personal Medical Services (PMS) contract changes <ul style="list-style-type: none">• Devonshire Practice• Portsdown Group Practice• Southsea Medical Centre• University Practice | Mrs T Russell | Green |
| 6. | Primary Care Commissioning Committee Work Programme 2018/19 | Mrs T Russell | White |
| 7. | Integrated Primary Care Service Contract | J York/M Compton | Cream |
| 8. | Annual Report to NHS England | Mrs T Russell | Yellow |
| 9. | NHS England Policy and Guidance Book <i>Committee members to review provided link only</i> | Mrs T Russell | Orange |
| 10. | Minutes of Other Meetings <ul style="list-style-type: none">• Primary Care Operational Group | Mrs T Russell | Blue |
| 11. | Date and Time of Next Meeting in Public The next Primary Care Commissioning Committee meeting to be held in public will take place on Wednesday 18 July 2018 at 1.00pm – 2.45pm in Conference Room A, 2 nd Floor, Civic Offices, Portsmouth. | | |
| 12. | Meeting Close | | |

Distribution:**Members**

| | | |
|--------------------|---|--|
| Margaret Geary | - | Lay Member (Chair) |
| Dr Linda Collie | - | Clinical Leader and Chief Clinical Officer |
| Mark Compton | - | Deputy Director of Transformation |
| Dr Julie Cullen | - | Registered Nurse |
| Dr Annie Eggins | - | Clinical Executive |
| Dr Jason Horsley | - | Director of Public Health, Portsmouth City Council |
| Dr Jonathan Lake | - | Clinical Executive |
| Jackie Powell | - | Lay Member |
| Innes Richens | - | Chief of Health & Care Portsmouth |
| Terri Russell | - | Deputy Director, Primary Care |
| Suzannah Rosenberg | - | Director of Quality and Commissioning |
| Andy Silvester | - | Lay Member |
| Michelle Spandley | - | Chief Finance Officer |
| Jo York | - | Director, New Models of Care |

In Attendance

| | | |
|------------------|---|----------------------------|
| Lisa Stray | - | Business Assistant |
| Roger Batterbury | - | Healthwatch Representative |
| Justina Jeffs | - | Head of Governance |

PRIMARY CARE COMMISSIONING COMMITTEE

| | | | |
|---|---|-----------------------|---|
| Date of Meeting | 16 May 2018 | Agenda Item No | 2 |
| Title | Register and Declarations of Interest | | |
| Purpose of Paper | <p>In order to meet its statutory duty, the CCG has revised processes for managing conflicts of interests to reflect national guidance published by NHS England throughout 2016/17.</p> <ul style="list-style-type: none"> • The Committee Register of Interest holds information on the Committees, its members and regular attendees. • Members are also required to declare any conflicts of interest against agenda items for each meeting. These conflicts are recorded as per the guidance. | | |
| Recommendations/ Actions requested | <p>The Committee are requested to:</p> <ul style="list-style-type: none"> • note the Register of Interests and • declare any actual, possible or perceived conflicts against the agenda items of the Committee. | | |
| Engagement Activities – Clinical, Stakeholder and Public/Patient | Not Applicable | | |
| Item previously considered at | Governing Board, Audit Committee | | |
| Potential Conflicts of Interests for Committee Members | None | | |
| Author | Margaret Geary, Lay Member (Committee Chair) | | |
| Sponsoring member | Margaret Geary, Lay Member (Committee Chair) | | |
| Date of Paper | 27 April 2018 | | |

NHS Portsmouth Clinical Commissioning Group Register of Interests - Governing Board/Committee Members

| Name | Current position (s) held- i.e. Governing Body, Member practice, Employee or other | Declared Interest- (Name of the organisation and nature of business) | Type of Interest | | | Is the interest direct or indirect? | Nature of Interest | Date of Interest | | Action taken to mitigate risk | Committee | | | | | | | | |
|----------|--|--|--|--------------------------------------|----------------------------------|-------------------------------------|--------------------|--|------------|-------------------------------|---|--------------|-------|----------------------------|-------------------|----------------------|------------------------|---|--|
| | | | Financial Interests | Non-Financial Professional Interests | Non-Financial Personal Interests | | | From | To | | Governing Board | Remuneration | Audit | Primary Care Commissioning | Clinical Strategy | Clinical Executive | Col training completed | | |
| Roger | Batterbury | Vice Chair, Healthwatch, Portsmouth | Healthwatch Portsmouth | | | ✓ | Direct | Volunteer | 2013 | Current | Manage in line with CCG policy | | | | | ✓ | | | |
| Roger | Batterbury | Vice Chair, Healthwatch, Portsmouth | Rebound Carers Group | | | ✓ | Direct | Director/Trustee | 2014 | Current | Would step aside should a grant be discussed. | | | | | ✓ | | | |
| Roger | Batterbury | Vice Chair, Healthwatch, Portsmouth | Solent NHS Trust | ✓ | | | Direct | Bank SIRI Investigator | 2016 | Current | Should any discussion relate to this role I would declare my role | | | | | ✓ | | | |
| Roger | Batterbury | Vice Chair, Healthwatch, Portsmouth | Nursing and Midwifery Council | | ✓ | | Direct | Member as RMN | 1991 | Current | Would declare my membership if relevant | | | | | ✓ | | | |
| Jane | Cole | Deputy Chief Finance Officer | Association of Certified Chartered Accountants | | ✓ | | Direct | Member | | Current | None required | | | Attendee | | ✓ | | ✓ | |
| Jane | Cole | Deputy Chief Finance Officer | Healthcare Financial Management Association | | ✓ | | Direct | Member | | Current | None required | | | Attendee | | ✓ | | ✓ | |
| Dr Linda | Collie | Chief Clinical Officer/Clinical Executive/Accountable Officer | East Shore Partnership | ✓ | | | Direct | Partner | | Current | Manage in line with CCG policy | ✓ | | | ✓ | Chair from June 2017 | Chair from June 2017 | | |
| Dr Linda | Collie | Chief Clinical Officer/Clinical Executive/Accountable Officer | Portsmouth Primary Care Alliance Ltd (PPCA) | ✓ | | | Direct | Practice is a Member | | Current | Manage in line with CCG policy | ✓ | | | ✓ | Chair from June 2017 | Chair from June 2017 | | |
| Mark | Compton | Head of Primary Care Transformation | Nil | | | | | | | | | | | | ✓ From July 2017 | | | | |
| Simon | Cooper | Deputy Director (Medicines Optimisation) | Portsmouth Hospitals Trust | | | ✓ | Indirect | Married to Chief Pharmacist | 19/09/1993 | Current | Relationship declared to all parties. Attendance of any decision making groups reviewed in light of interest prior to attendance. | | | | | ✓ From July 2017 | | | |
| Paul | Cox | Practice Manager Representative on Governing Board | Sunnyside Medical Centre | ✓ | | | Direct | Business Manager | Sep-07 | Current | Manage in line with CCG policy | ✓ | | | | | | | |
| Paul | Cox | Practice Manager Representative on Governing Board | Portsmouth Primary Care Alliance Ltd (PPCA) | ✓ | | | Direct | Practice is a Member | | Current | Manage in line with CCG policy | ✓ | | | | | | | |
| Dr Julie | Cullen | Registered Nurse Representative on Governing Board | University of Southampton | ✓ | ✓ | | Direct | Head of Nursing Midwifery and Health Education | 2011 | Current | Manage in line with CCG policy | ✓ | | ✓ | Interim Chair | | | | |
| Lyn | Darby | Acting Chief Commissioning Officer | Canine Partners | | | ✓ | Direct | Volunteer | Dec-17 | Current | Interest will be declared should a relevant discussion arise and I will remove myself from the discussion if required. | | | | | ✓ | | ✓ | |
| Carly | Darwin | Practice Manager Representative | Portdown Group Practice | ✓ | | | Direct | Employee | | Current | Manage in line with CCG policy | | | | | ✓ | | | |
| Michael | Drake | Director of Planning and Performance | Nil | | | | | | | | | | | | | ✓ | | ✓ | |
| Alison | Edgington | Director of Delivery (F&G and South Eastern Hampshire CCGs) | AE Executive Interims Ltd | ✓ | | | Direct | Owner | May-15 | Current | Manage in line with CCG policy | | | | | | | | |

| Name | | Current position (s) held- i.e. Governing Body, Member practice, Employee or other | Declared Interest- (Name of the organisation and nature of business) | Type of Interest | | | Is the interest direct or indirect? | Nature of Interest | Date of Interest | | Action taken to mitigate risk | Committee | | | | | | |
|--------------|---------|--|---|---------------------|--------------------------------------|----------------------------------|-------------------------------------|---|------------------|------------|---|-----------------|--------------|-------|----------------------------|-------------------|--------------------|------------------------|
| | | | | Financial Interests | Non-Financial Professional Interests | Non-Financial Personal Interests | | | From | To | | Governing Board | Remuneration | Audit | Primary Care Commissioning | Clinical Strategy | Clinical Executive | Col training completed |
| | | | | | | | | | | | | | | | | | | |
| Dr Anne | Eggs | Clinical Commissioning Lead | Eastney Practice | ✓ | ✓ | | Direct | General Practitioner Partner | | Current | Manage in line with CCG policy | ✓ | | | ✓ | | | |
| Dr Anne | Eggs | Clinical Commissioning Lead | Portsmouth Primary Care Alliance Ltd (PPCA) | ✓ | | | Direct | Practice is a Member | | Current | Manage in line with CCG policy | ✓ | | | ✓ | | | |
| Dr Elizabeth | Fellows | Chair/Clinical Executive | East Shore Partnership | ✓ | | | Direct | Partner | | Current | Manage in line with CCG policy | Chair | ✓ | | ✓ | | ✓ | |
| Dr Elizabeth | Fellows | Chair/Clinical Executive | Portsmouth Primary Care Alliance Ltd (PPCA) | ✓ | | | Direct | Practice is a Member | | Current | Manage in line with CCG policy | Chair | ✓ | | ✓ | | ✓ | |
| Dr Elizabeth | Fellows | Chair/Clinical Executive | Circle Health | ✓ | | | Direct | Shareholder | | Current | Manage in line with CCG policy | Chair | ✓ | | ✓ | | ✓ | |
| Patrick | Fowler | Healthwatch Portsmouth Representative on PCCC | Management Consultant | ✓ | | | Direct | Working with health, housing and care providers inside and outside of Portsmouth | | Current | Declare any interest to Chair of Committee as and when one arises. | | | | Left December 2017 | | | |
| Margaret | Geary | Lay Member | Associate Member of Association of Directors of Adult Social Services | | ✓ | | Indirect | Associate Member | Aug-17 | Current | Manage in line with CCG policy | ✓ | | | Chair from Oct 2017 | ✓ | | |
| Margaret | Geary | Lay Member | Age UK Portsmouth | | ✓ | | Indirect | Chair | Apr-15 | Current | Manage in line with CCG policy | ✓ | | | Chair from Oct 2018 | ✓ | | |
| Margaret | Geary | Lay Member | Isle of Wight Safeguarding Adults Board | | ✓ | | Indirect | Independent Chair | Jan-14 | Current | Manage in line with CCG policy | ✓ | | | Chair from Oct 2019 | ✓ | | |
| Margaret | Geary | Lay Member | Roberts Centre Family & Children's | | ✓ | | Indirect | Trustee | Sep-13 | Current | Manage in line with CCG policy | ✓ | | | Chair from Oct 2020 | ✓ | | |
| Margaret | Geary | Lay Member | Action Hampshire | | ✓ | | Indirect | Trustee | Oct-13 | Current | Manage in line with CCG policy | ✓ | | | Chair from Oct 2021 | ✓ | | |
| Jo | Gooch | Strategic Projects Director | CIMA | | ✓ | | Direct | Member | 15/12/2016 | Current | None required. | | | | | | ✓ | |
| Jo | Gooch | Strategic Projects Director | HFMA | | ✓ | | Direct | Member | 15/12/2016 | Current | None required. | | | | | | ✓ | |
| Jo | Gooch | Strategic Projects Director | NHS England - South (Wessex) | | | ✓ | Indirect | Husband is Director of Finance | 15/12/2016 | Current | Any potential conflict will be declared through normal governance processes. | | | | | | ✓ | |
| Jo | Gooch | Strategic Projects Director | Portsmouth NHS Hospitals Trust | | ✓ | | Direct | Part-time secondment at Portsmouth NHS Hospitals Trust as Head of Financial Strategy & Sustainability | 16/01/2018 | 30/06/2018 | Any potential conflict will be declared through normal governance processes. | | | | | | ✓ | |
| Jo | Gooch | Strategic Projects Director | Gosport & Fareham Multi Academy Trust | | | ✓ | Indirect | Member of secondary Local Governing Committee | 01/06/2016 | Current | None required. | | | | | | ✓ | |
| Dr Jason | Horsley | Governing Board Member | Portsmouth City Council/Southampton City Council | ✓ | ✓ | | Direct | Director of Public Health employed jointly | 07/01/2017 | Current | In decisions where there is a potential conflict of interest between the CCG and either or both Councils, I would be acting in an advisory capacity that would not vote on the Governing Board. | ✓ | | | ✓ | ✓ | | |
| Dr Jason | Horsley | Governing Board Member | Southampton City Council | ✓ | ✓ | | Direct | Member of Governing Body | 07/01/2017 | Current | If deemed necessary by the Chair, I will abstain from voting decisions on or taking part in discussions where Southampton CCG may be a beneficiary. | ✓ | | | ✓ | ✓ | | |

| Name | | Current position (s) held- i.e. Governing Body, Member practice, Employee or other | Declared Interest- (Name of the organisation and nature of business) | Type of Interest | | | Is the interest direct or indirect? | Nature of Interest | Date of Interest | | Action taken to mitigate risk | Committee | | | | | | | |
|-------------|---------|--|--|---------------------|--------------------------------------|----------------------------------|-------------------------------------|--|------------------|---------|--|-----------------|--------------|----------|----------------------------|-------------------|--------------------|------------------------|--|
| | | | | Financial Interests | Non-Financial Professional Interests | Non-Financial Personal Interests | | | From | To | | Governing Board | Remuneration | Audit | Primary Care Commissioning | Clinical Strategy | Clinical Executive | Col training completed | |
| | | | | | | | | | | | | | | | | | | | |
| Dr Jason | Horsley | Governing Board Member | Medical Profession | | | ✓ | Indirect | Wife works as a doctor in Infectious Diseases and Microbiology | 07/01/2017 | Current | In decisions related to commissioning of these services I would not be a voting member, but may still act in an advisory capacity. | ✓ | | | ✓ | ✓ | | | |
| Dr Jason | Horsley | Governing Board Member | Genito-urinary Medicine, Portsmouth | | | ✓ | Indirect | A close friend works as a consultant locally | 07/01/2017 | Current | In decisions related to commissioning of these services I would not be a voting member, but may still act in an advisory capacity. | ✓ | | | ✓ | ✓ | | | |
| Justina | Jeffer | Head of Governance | Paid marshall/steward for events - various agencies (secondary employment) | ✓ | | | | | Aug-17 | Current | None required. | Attendee | Attendee | Attendee | Attendee | Attendee | Attendee | | |
| Rochelle | Kneller | Assistant Director, HR, Portsmouth City Council | Nil | | | | | | | | | | | | | | | | |
| Dr Jonathan | Lake | Clinical Executive | Sunnyside Medical Centre | ✓ | | | Direct | GP Partner | | Current | Manage in line with CCG policy | ✓ | | | ✓ From June 2016 | ✓ From June 2017 | ✓ | | |
| Dr Jonathan | Lake | Clinical Executive | Portsmouth Primary Care Alliance Ltd (PPCA) | ✓ | | | Direct | Shareholder | | Current | Manage in line with CCG policy | ✓ | | | ✓ From June 2017 | ✓ From June 2017 | ✓ | | |
| Graham | Love | Lay Member | HR Business Partner, Western Sussex Hospitals NHS Foundation Trust | | ✓ | | Direct | Employee | Dec-17 | Present | Manage in line with CCG policy | ✓ | ✓ | ✓ | | ✓ | | | |
| Graham | Love | Lay Member | Chartered Institute of Personnel and Development | | ✓ | | Direct | Member | Jun-05 | Present | Manage in line with CCG policy | ✓ | ✓ | ✓ | | ✓ | | | |
| Dr Nicholas | Moore | Clinical Executive | Craneswater Group Practice | ✓ | | | Direct | Partner | Nov-11 | Current | Manage in line with CCG policy | ✓ | | ✓ | | ✓ | ✓ | | |
| Dr Nicholas | Moore | Clinical Executive | GP Trainer, Health Education England, Wessex | | ✓ | | Direct | Delivery of training to GPs | Jan-12 | Current | Manage in line with CCG policy | ✓ | | ✓ | | ✓ | ✓ | | |
| Dr Nicholas | Moore | Clinical Executive | Portsmouth Primary Care Alliance Ltd (PPCA) | ✓ | | | Direct | Shareholder | Nov-11 | Current | Manage in line with CCG policy | ✓ | | ✓ | | ✓ | ✓ | | |
| Jackie | Powell | Lay Member | Solent NHS Trust | ✓ | | | Direct | Associate Hospital Manager | 2013 | Present | Declare conflict where appropriate in discussions relating to Solent and Mental Health Services | ✓ | ✓ | ✓ | ✓ | | | | |
| Jackie | Powell | Lay Member | Southern NHS Foundation Trust | ✓ | | | Direct | Mental Health Act Manager | 2013 | Present | Declare conflict where appropriate in discussions relating to Mental Health Services | ✓ | ✓ | ✓ | ✓ | | | | |
| Jackie | Powell | Lay Member | Off The Record - a Young Persons Support and Counselling Service | | ✓ | | Direct | Director | 2013 | Present | Declare conflict where appropriate in discussions regarding mental health and wellbeing of young peoples' services | ✓ | ✓ | ✓ | ✓ | | | | |
| Jackie | Powell | Lay Member | Off The Record - a Young Persons Support and Counselling Service | | ✓ | | Direct | Counsellor | 2013 | Present | Declare conflict where appropriate in discussions regarding mental health and wellbeing of young peoples' services | ✓ | ✓ | ✓ | ✓ | | | | |
| Jackie | Powell | Lay Member | You Trust | | ✓ | | Direct | Counsellor | Jan-18 | Present | Declare conflict where appropriate in discussions regarding mental health and wellbeing of young peoples' services | ✓ | ✓ | ✓ | ✓ | | | | |

| Name | | Current position (s) held- i.e. Governing Body, Member practice, Employee or other | Declared Interest- (Name of the organisation and nature of business) | Type of Interest | | | Is the interest direct or indirect? | Nature of Interest | Date of Interest | | Action taken to mitigate risk | Committee | | | | | | Col training completed | |
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| | | | | Financial Interests | Non-Financial Professional Interests | Non-Financial Personal Interests | | | From | To | | Governing Board | Remuneration | Audit | Primary Care Commissioning | Clinical Strategy | Clinical Executive | | |
| | | | | | | | | | | | | | | | | | | | |
| Jackie | Powell | Lay Member | Relate - Young Persons Counsellor | ✓ | | | Direct | Counsellor | Oct-17 | Present | Declare conflict where appropriate in discussions regarding mental health and wellbeing of young peoples' services | ✓ | ✓ | ✓ | ✓ | | | | |
| Dr Jonathan | Price | Clinical Commissioning Lead | Trafalgar Medical Group | ✓ | | | Direct | Partner | 1991 | Current | Manage in line with CCG policy | | | | | ✓ | | | |
| Dr Jonathan | Price | Clinical Commissioning Lead | Portsmouth Primary Care Alliance Ltd (PPCA) | ✓ | | | Direct | Practice is a Member | | Current | Manage in line with CCG policy | | | | | ✓ | | | |
| Dr Jonathan | Price | Clinical Commissioning Lead | Healthcare | | | ✓ | Direct | Parent of Autistic Adult | 1991 | Current | Manage in line with CCG policy | | | | | ✓ | | | |
| Innes | Richens | Chief of Health & Care Portsmouth | Portsmouth City Council | | ✓ | | Direct | Dual role - Director of Adult Services | Apr-16 | Current | Actions as per risk/conflicts mitigations framework agreed with dual role. | ✓ | Attendee | Attendee | ✓ | ✓ | ✓ | | |
| Innes | Richens | Chief of Health & Care Portsmouth | Portsmouth City Council | | ✓ | | Indirect | Father in Law is a service provider within Shared Lives service | Apr-16 | Current | Manage in line with CCG policy | ✓ | Attendee | Attendee | ✓ | ✓ | ✓ | | |
| Suzannah | Rosenberg | Director of Quality and Commissioning | You and Your Baby social enterprise | | | | Indirect | Friends with a Director. Organisations has received grant funding previously. | 2014 | Current | Declare interest and abstain from any funding decision | | | | ✓ | ✓ | ✓ | | |
| Suzannah | Rosenberg | Director of Quality and Commissioning | Solent MIND | | | | Indirect | Friends with a Manager within Solent MIND | | Current | Declare interest and abstain from any funding decision | | | | ✓ | ✓ | ✓ | | |
| Terri | Russell | Deputy Director (Primary Care) | Academic Health Sciences Network | | | ✓ | Indirect | Mother has a temporary consultancy role delivering training for the AHSN | Apr-17 | Mar-18 | Alternative team member to manage interface between practices and this work. | | | | ✓ From July 2017 | ✓ From July 2017 | | | |
| Tracy | Sanders | Managing Director | Sandpiper Associates | ✓ | | | Direct | Director | | Current | Approval provided via T&Cs of employment to undertaken work for other NHS organisations. Little activity undertaken by company at present but when identified will consider any mitigating actions required if necessary. | | Attendee | Attendee | ✓ Ends May 2017 | | ✓ | | |
| Tracy | Sanders | Managing Director | University of Portsmouth | | | | Indirect | Husband is Lecturer | | Current | Unlikely to present a conflict but to remain alert when CCG dealing with the University. | | Attendee | Attendee | ✓ Ends May 2017 | | | | |
| Tracy | Sanders | Managing Director | Chartered Institute of Management Accountants and a Chartered Global Management Accountant | | ✓ | | Direct | Associate Member | | Current | Unlikely to present a conflict but to remain alert should the CCG ever be dealing with the CIMA/CGMA. | | Attendee | Attendee | ✓ Ends May 2017 | | | | |
| Tracy | Sanders | Managing Director | Sandpiper Associates | | | | Indirect | Husband is a Director of Sandpiper Associates providing services to local NHS organisations | 14/12/2016 | Current | Any conflicts when identified will be declared in line with CCG policy | | Attendee | Attendee | ✓ Ends May 2017 | | ✓ | | |

| Name | Current position (s) held- i.e. Governing Body, Member practice, Employee or other | Declared Interest- (Name of the organisation and nature of business) | Type of Interest | | | Is the interest direct or indirect? | Nature of Interest | Date of Interest | | Action taken to mitigate risk | Committee | | | | | | | |
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| | | | Financial Interests | Non-Financial Professional Interests | Non-Financial Personal Interests | | | From | To | | Governing Board | Remuneration | Audit | Primary Care Commissioning | Clinical Strategy | Clinical Executive | | |
| | | | | | | | | | | | | | | | | | Col training completed | |
| David | Scarborough | Practice Manager Representative on Governing Board | NHS Portsmouth Clinical Commissioning Group | | | | Indirect | Wife is Deputy Director of Quality and Safeguarding | | Current | Not in report chain. Manage in line with CCG policy | ✓ | | | | | | |
| David | Scarborough | Practice Manager Representative on Governing Board | Trafalgar Medical Group | ✓ | | | Direct | Business Manager | | Current | Manage in line with CCG policy | ✓ | | | | | | |
| Andrew | Silvester | Lay Member | Portsmouth Civil Service Sports Council | | ✓ | | Direct | Chair and some CCG staff are CSSC members | 1996 | 2018 | Manage in line with CCG policy | ✓ | Chair | Chair | ✓ | ✓ | | |
| Andrew | Silvester | Lay Member | Portsmouth Hospitals Trust | | ✓ | ✓ | Indirect | Spouse is an employee | 2016 | Current | Manage in line with CCG policy | ✓ | Chair | Chair | ✓ | | | |
| Andrew | Silvester | Lay Member | Unite Trade Union | | | ✓ | Direct | Elected workplace rep within the Defence sector | | Current | Declare any lobbying in Health related matters | ✓ | Chair | Chair | ✓ | | | |
| Michelle | Spandley | Chief Finance Officer | Chartered Institute of Management Accountants (CIMA) and Chartered Global Management Accountants (CGMA) designation. | | ✓ | | Direct | Member | | Current | Manage in line with CCG policy | ✓ | Attendee | Attendee | ✓ | ✓ | ✓ | |
| Michelle | Spandley | Chief Finance Officer | Healthcare Financial Management Association | | ✓ | | Direct | Member | | Current | Manage in line with CCG policy | ✓ | Attendee | Attendee | ✓ | ✓ | ✓ | |
| Michelle | Spandley | Chief Finance Officer | NHS Portsmouth Clinical Commissioning Group | | | | Indirect | Daughter is employed in the Finance Department | | Current | Daughter does not report directly to Michelle. There are systems in place to ensure that segregation of duties is addressed. | ✓ | Attendee | Attendee | ✓ | ✓ | ✓ | |
| Michelle | Spandley | Chief Finance Officer | Joint STP Director of Finance | | ✓ | | Indirect | STP role in addition to CCG role - overseeing finances across the Partnership | Sep-17 | Current | The role should provide opportunities for the CCG in greater understanding of the STP including current priorities. There may be times when Portsmouth CCG has an alternative view to decisions taken at STP level. I will need to agree on a case by case basis the stance to be taken, which may include declaring the interest and standing aside from decision making process. | ✓ | Attendee | Attendee | ✓ | ✓ | ✓ | |
| Tahwinder | Upile | Secondary Care Specialist Doctor on Governing Board | University Hospitals Southampton NHS Foundation Trust & Hampshire Hospitals NHS Foundation Trust | ✓ | ✓ | | Direct | Secondary and Primary Care Physician | | Current | Manage in line with CCG policy | ✓ | ✓ | | | | | |
| Tahwinder | Upile | Secondary Care Specialist Doctor on Governing Board | Kent Surrey Sussex Deanery | ✓ | ✓ | | Direct | Physician | | Current | Manage in line with CCG policy | ✓ | ✓ | | | | | |
| Tahwinder | Upile | Secondary Care Specialist Doctor on Governing Board | Concordia Healthcare | ✓ | ✓ | | Direct | Secondary and Primary Care Physician | Jan-17 | Current | Manage in line with CCG policy | ✓ | ✓ | | | | | |
| Tahwinder | Upile | Secondary Care Specialist Doctor on Governing Board | Harley Street LMA Group | ✓ | ✓ | | Direct | Consultant | Aug-12 | Current | Manage in line with CCG policy | ✓ | ✓ | | | | | |
| Dr Kevin | Vernon | Clinical Commissioning Lead | Lake Road Practice | ✓ | | | Direct | Partner | Oct-02 | Present | Declare an interest in items relating to Primary Care and not voting in these matters. | | | | | ✓ | | |
| Dr Kevin | Vernon | Clinical Commissioning Lead | Portsmouth Primary Care Alliance Ltd (PPCA) | ✓ | | | Direct | Sessional work | Dec-16 | Present | Declare an interest in items relating to Primary Care and not voting in these matters. | | | | | ✓ | | |
| David | Williams | Governing Board Member | Portsmouth City Council & Gosport Borough Council | | ✓ | | Direct | Chief Executive | 2007 | Current | None | ✓ | | | | | | |

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| | | | | Financial Interests | Non-Financial Professional Interests | Non-Financial Personal Interests | | | From | To | | Governing Board | Remuneration | Audit | Primary Care Commissioning | Clinical Strategy | Clinical Executive | Col training completed | |
| | | | | | | | | | | | | | | | | | | | |
| David | Williams | Governing Board Member | Solent NHS Trust | | ✓ | | Direct | Appointed Governor | 2010 | Current | None | ✓ | | | | | | | |
| David | Williams | Governing Board Member | Portsmouth University Technical College (UTC) | | ✓ | | Direct | Director | 2014 | Current | None | ✓ | | | | | | | |
| Jo | York | Director (New Models of Care) | Nil | | | | | | | | | | | | ✓ From June 2017 | ✓ | ✓ | | |
| STAFF LIST | | | | | | | | | | | | | | | | | | | |
| Jayne | Collis | Business Development Manager | Portsmouth Hospitals Trust | | | | Indirect | Sister in Law works at PHT | | Current | Manage in line with CCG policy | Minutes | | | | | | | |
| Linda | Foster | Executive Assistant | NHS Portsmouth CCG | | | | Indirect | Sister in Law works in CHC Team | | Current | Manage in line with CCG policy | | | | | | Minutes | | |
| Victoria | Puttock | Business Development Manager | Nil | | | | | | | | | | Minutes | | | | | | |
| Victoria | Sexton | Business Development Manager | Nil | | | | | | | | | Minutes | | | | | | | |
| Lisa | Stray | Business Assistant | Nil | | | | | | | | | | | | | | Minutes | | |

| PRIMARY CARE COMMISSIONING COMMITTEE | | | |
|---|---|-----------------------|---|
| Date of Meeting | 16 May 2018 | Agenda Item No | 3 |
| Title | Minutes of Previous Meeting | | |
| Purpose of Paper | To agree the minutes of the Primary Care Commissioning Committee meeting held on 21 March 2018. | | |
| Recommendations/ Actions requested | Committee members are requested to Approve the minutes of the previous meeting. | | |
| Engagement Activities – Clinical, Stakeholder and Public/Patient | N/A | | |
| Item previously considered at | N/A | | |
| Potential Conflicts of Interests for Committee Members | N/A | | |
| Author | Lisa Stray, Business Assistant | | |
| Sponsoring member | Margaret Geary – Lay Member (Committee Chair) | | |
| Date of Paper | 27 April 2018 | | |

DRAFT

**Minutes of the Primary Care Commissioning Committee meeting held on Wednesday
 21 March 2018 at 1.00pm – 2.45pm in Conference Room A, 2nd Floor, Civic Offices,
 Portsmouth**

Summary of Actions

| Agenda Item | Action | Who | By |
|-------------|---|---------------|-----|
| 7. | Primary Care Commissioning Quality and Innovation Scheme (CQUIN) Amendments to the Primary Care CQUIN. <i>Post meeting Note: The Chair agreed and approved the revised Primary Care CQUIN specification.</i> | Terri Russell | May |
| 8. | Integrated Primary Care Service Bring back for approval at the next meeting. | Jo York | May |

Present:

- | | |
|-------------------|--|
| Margaret Geary | - Lay Member (Chair) |
| Roger Batterbury | - Healthwatch Portsmouth Vice-Chair |
| Dr Linda Collie | - Clinical Leader/Clinical Executive (GP) |
| Dr Jason Horsley | - Director of Public Health, Portsmouth City Council |
| Dr Jonathan Lake | - Clinical Executive (GP) |
| Dr Julie Cullen | - Registered Nurse |
| Jackie Powell | - Lay Member |
| Jo York | - Director (New Models of Care) |
| Innes Richens | - Chief of Health & Care Portsmouth |
| Mark Compton | - Deputy Director of Transformation |
| Terri Russell | - Deputy Director of Primary Care |
| Andy Silvester | - Lay Member |
| Michelle Spandley | - Chief Finance Officer |

In Attendance

- | | |
|---------------|----------------------|
| Justina Jeffs | - Head of Governance |
| Lisa Stray | - Business Assistant |

Apologies:

- | | |
|--------------------|---|
| Dr Annie Eggins | - Clinical Executive (GP) |
| Suzannah Rosenberg | - Director of Quality and Commissioning |

1. Apologies and Welcome

Margaret Geary welcomed members to the meeting, noted the apologies as above and reminded those present of the following:

- The meeting is not a public meeting and therefore no participation from members of the audience would be allowed during the formal business of the Committee.
- The CCG undertakes primary care co-commissioning under delegated powers from NHS England.
- In order to support the management of any conflicts of interests, the Chair is a lay member of the CCG.
- The Chair will determine action to be taken where members declare a conflict in line with the CCG's policies.

- 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 her practice.

2. **Declarations/Conflicts of Interest**

Dr Linda Collie and Dr Jonathan Lake as GPs working in practices, and practice representatives of the Committee working within Primary Care declared a perceived, potential or actual conflict for Items: 5, 6, 7, 8 and 9. Margaret Geary, as the Chair, agreed that the conflicted members could participate in the discussion but not in any decision-making.

3. **Minutes of Previous Meeting**

The minutes of the Primary Care Commissioning Committee meeting held on Wednesday 17 January 2018 were approved as an accurate record.

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

| Agenda Item | Action | Progress |
|--------------------|--|--|
| 2. | Register of Interest to be updated | Immediately (<i>Post Meeting Note: completed after the meeting</i>) |
| 5. | PMS reinvestment paper to be put on March 2018 agenda | Item on Agenda |
| 5. | CQUIN paper to be put on March 2018 agenda | Item on Agenda |
| 8. | An agreed plan with the practice for additional assurance in March | The University Practice has confirmed another GP Partner. As this partner is transferring from another Portsmouth Practice, Terri Russell confirmed that mitigating actions are being put in place to minimise any impact. Terri Russell will bring back an update in May. |

4. **Risks**

Margaret Geary reported no new risks escalated from the Primary Care Operational Group.

5. **Quality in General Practice**

Dr Linda Collie and Dr Jonathan Lake as GPs working in practices in the city, and practice representatives of the Committee working within Primary Care declared a conflict of interest with information contained within this paper. Margaret Geary, as the Chair, agreed that the conflicted members could participate in the discussion but not in any decision-making.

Work had previously been undertaken to identify key quality indicators for general practice. Terri Russell spoke to this paper which provided further information on these indicators and associated actions being taken. The information provided has been made accessible to individual practices for improvement benchmarking purposes only and is not being used as a performance requirement.

Committee members were asked to review report which included:

- CCG and practice responsibilities
- Quality Framework and GP Quality Dashboard
- Quality report

Terri Russell confirmed that the indicators have been reviewed and continue to be overseen by the Primary Care Operational Group. Not all indicators were included in the Committee Report. However, of particular note were:

- Patient Experience - an increased uptake for the Friends and Family Test.
- Systems / processes – available to individual practices to review their own data based on referral information from Portsmouth Hospitals Trust (against national e-referral data used for the Target score)
- Patient Care
- Quality Standards
- Not all indicators were included in the report, and a 'snapshot' of the data may not provide an up-to-date position.
- Practices that are not scoring high are those practices that are going through significant change.

Although there is a good range of practice information in the report, Michelle Spandley asked how variances are being managed. Terri Russell responded that the purpose is to provide data to the practices so that they can identify what the underlying cause may be and work to make improves where appropriate.

Dr Jonathan Lake suggested it would be useful to add 'how much do you feel involved with your care?' to the dashboard and it was noted for possibly inclusion.

Dr Jason Horsley welcomed targets but questioned our support of practices in encouraging collaboration, working and gauging experience and information from other sources e.g. Public Health England. Terri Russell responded that practices are encouraged to work together to share best practices or to identify opportunities to improve outcomes and that not all indicators are involved in this report.

Margaret Geary questioned why Learning Disabilities were not presented in the range. Terri Russell stressed that work is scheduled differently, and that a 'snapshot' of data may not accurately reflect the current position.

The Primary Care Commissioning Committee noted the content of the report.

6. **Personal Medical Services (PMS) reinvestment**

Dr Linda Collie and Dr Jonathan Lake as GPs working in practices in the city, and practice representatives of the Committee working within Primary Care declared a conflict of interest with information contained within this paper. Margaret Geary, as the Chair, agreed that the conflicted members could participate in the discussion but not in any decision-making.

The CCG is completing year two of a five year reinvestment programme. Terri Russell restated the principle of these monies being reinvested in Primary Care.

Members were asked to approve the recommendations for the 2018/2019 reinvestment plan, and to agree the principles for reinvesting in the remaining two years.

PMS Principles

The following principles reflect and build on the original guidance provided by NHS England, are:

The funding

- *should be ring-fenced for recurrent investment in General Practice;*
- *should adequately reflect the increased (non-core) activity that has shifted into and will continue to be absorbed by General Practice e.g. from secondary care or as a result of new models of care;*
- *could be used, by agreement with practices, to support delivery of new models of care in General Practice across a locality or across the city; for example a service such as the Acute Visiting Service.*

Existing recurrent expenditure

Respiratory LCS (circa £200k)

Proposal to continue funding with no changes for 2018-19

Total proposed funding: £200k
(£11 per head of respiratory population)

Basket LCS (circa £450K)

Proposal to increase funding by approximately £65k to reflect transfer of work from the Primary Care CQUIN to the basket (Virtual ward/MDT working and cancer screening)

Total proposed funding: £515k
(£2.20 per head of population)

Additional proposed expenditure

Workforce development and remuneration (circa £380k)

Terri Russell explained this will be used to invest in training to develop existing staff in new roles, or to develop their current scope of practice. Practices have been asked to view the proposal and the existing expenditure has been agreed.

Key examples include:

- Reception staff who have undertaken training to take on additional responsibilities e.g. workflow optimisation; or
- Care navigation or for upskilling and developing nursing staff to take on nurse practitioner roles.

Committee Members raised the following:

- Innes Richens questioned the monitoring of activity. Terri Russell confirmed that a review is currently being carried out, alongside an existing audit to provide assurance.
- Jo York asked if respiratory featured in the Local Commissioned Service in practices, and if practices were aware this might be part of a Long Term Conditions hub. Terri Russell said that as the hubs would need to be resourced with people rather than funding further negotiation will be required with practices. Mark Compton stated the need for flexibility due to other streams of investment.

- Dr Julie Cullen asked how the workforce funding would be distributed i.e. per practice or pooled such as training events. Terri Russell confirmed that funding would be calculated based on head of population and distributed according to plans developed by each practice.
- Dr Jonathan Lake asked about ongoing support for salaries. Terri Russell confirmed that funding is recurrent. Mark Compton commented that we need clear exclusions. Terri Russell responded that this will be recognition of new roles. Michelle Spandley commented the need to make sure these roles are within our direction of travel.
- Following a question from Dr Linda Collie, Terri Russell confirmed that Time for Care monies is separate to the £380k workforce development and remuneration funding.

The Primary Care Commissioning Committee agreed in principle, subject to receiving additional assurance for reinvestment in the summer.

7. **Primary Care Commissioning Quality and Innovation Scheme (CQUIN)**

Dr Linda Collie and Dr Jonathan Lake as GPs working in practices in the city, and practice representatives of the Committee working within Primary Care declared a conflict of interest with information contained within this paper. Margaret Geary, as the Chair, agreed that the conflicted members could participate in the discussion but not in any decision-making.

Terri Russell shared the final draft of the 2018/19 Primary Care CQUIN specification with members which highlighted alternative ways of working and best practice. She reported that the scheme has been developed with local priorities in mind and built upon schemes previously offered to practices.

Committee members were asked to agree the objectives, content and finance related to the 2018/19 Primary Care CQUIN.

Dr Jason Horsley questioned the processes by which optional components of the CQUIN are determined. Terri Russell confirmed that these are at the practices' discretion.

Committee members agreed the following amendments to the 18/19 Primary Care CQUIN Components:

Technology Programme (Mandatory Component)

- e-Referrals removed completely as now in national contract
- EPS element removed from the EPS/Repeat Dispensing requirement as now in national contract
- National commitment to increase target for Patient Online now confirmed
- £23K freed up

Quality Improvement Programme (Mandatory Component)

- Developing a QI culture etc. has been removed
- Some activities removed as thought to be part of the core offer from GP practices and should not be incentivised
- Small lump sum now identified for engaging with QI work and having a QI champion
- Outcome measures now more defined
- £500 *additional cost*

Self Care

- Some activities removed as thought to be part of the core offer from GP practices and should not be incentivised
- CCG to put on city wide events and provide materials for patient education events rather than in groups of practices

Efficient and Effective Use of Resources Programme (Mandatory Component)

- Clinical meetings to reduce variation now re-worded to clarify if using TARGET this needs to be an extended session.

Terri Russell will incorporate all amendments to the Primary Care CQUIN. The Committee agreed that Chair's action will be taken to agree the revised specification and provide an update at the next meeting.

Action: TR

The Primary Care Commissioning Committee agreed the proposed document in principle. Chair's action will be taken to agree the revised Primary Care CQUIN specification taking account of the amendments listed above.

Post meeting Note: The Chair agreed and approved the revised Primary Care CQUIN specification.

8. Integrated Primary Care Service

Dr Linda Collie and Dr Jonathan Lake as GPs working in practices in the city, and practice representatives of the Committee working within Primary Care declared a conflict of interest with information contained within this paper. No decision is required at this time by the Committee, and therefore, Margaret Geary, as the Chair, agreed that the conflicted members could participate in the discussion but not in any decision-making.

Jo York spoke to a paper that provided an overview of the progress to date to award a contract for Integrated Primary Care Services from the June 2018.

Committee members were asked to note the content of the report, including the requirement for the contract award to be approved by the Committee in May 2018.

Jo York reported that the final Portsmouth Primary Care Alliance (PPCA) submission and due diligence assessments will conclude in April 2018; and that the CCG's subject matter experts will then determine if sufficient assurance has been received to proceed with contract award.

PCCC Approval

The PCCC will be requested to scrutinise the procurement process undertaken to date and approve the decision to award an interim contract to the PPCA for Primary Integrated Care Services in May 2018.

Service Go-live and Continuous Service Development

The Integrated Primary Care Service will deliver a unified service for Acute Visiting Service, GP Enhanced Access, and Out of Hours provision from the 1 June 2018.

Jo York reported that due diligence process has been established to support the procurement, contractual agreement, and mobilisation for the new service; ongoing development and delivery of the service post June 2018. This will be undertaken by the CCG contract review meetings and through the Portsmouth Multi-speciality Community Provider Programme Board.

The Primary Care Commissioning Committee noted the content of the report. Jo York will bring back the contract for approval at the next meeting.

9. **Multi-speciality Community Provider (MCP) Progress Report**

No direct conflict of interest at this time, but may in the future present a potential conflict for all GP members and practice representatives of the Committee where contractual arrangements and allocation of resources are affected.

Mark Compton provided an update on the progress of developing a local MPC model, supported by suitable contractual arrangements. The Committee had previously received the Case for Change and Procurement Options papers.

Committee members were asked to note the context of the report.

In summary, the CCG have been working to implement the decision by the Committee by:

- developing a strengthened Partnership Agreement;
- exploring Risk/Gain share agreements - testing will be undertaken by the Enhanced Care Home team
- developing an Integration Agreement – testing of a prototype will be undertaken by the Long Terms Conditions project

The MCP working group continues to review:

- Commissioned Intentions
- Healthwatch Partnership Working

The outcome of the Accountable Care Organisation Contract consultation will impact on future work.

The Primary Care Commissioning Committee noted the content of the report.

10. **Minutes of Other Meetings**

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

- Minutes of the Primary Care Operational Group meeting held on 18 December 2017 and 12 February 2018.
- Minutes of the Multispecialty Community Provider (MCP) Working Group meetings held on 24 January 2018.

The Primary Care Commissioning Committee accepted the minutes.

11. **Any Other Business**

No further business to discuss.

12. **Date of Next Meeting**

The next Primary Care Commissioning Committee meeting to be held in public will take place on 16 May 2018 at 1.00pm – 2.45pm in Conference Room A, 2nd Floor, Civic Offices.

| Member Name | Jul 2017 | Sept 2017 | Nov 2017 | Jan 2018 | Mar 2018 |
|-----------------|----------|-----------|----------|----------|----------|
| Dr Linda Collie | ✓ | ✓ | ✓ | ✓ | ✓ |
| Mark Compton | ✓ | ✓ | ✓ | A | ✓ |
| Dr Julie Cullen | A | ✓ | ✓ | A | ✓ |
| Dr Annie Egging | A | ✓ | ✓ | ✓ | A |

| | | | | | |
|--------------------|---|---|---|---|---|
| Patrick Fowler | ✓ | A | A | A | |
| Jo Gooch | ✓ | | | | |
| Dr Jason Horsley | ✓ | A | A | A | ✓ |
| Justina Jeffs | A | ✓ | ✓ | ✓ | ✓ |
| Dr Jonathan Lake | ✓ | A | ✓ | ✓ | ✓ |
| Jackie Powell | ✓ | ✓ | ✓ | ✓ | ✓ |
| Innes Richens | ✓ | ✓ | ✓ | ✓ | ✓ |
| Terri Russell | ✓ | ✓ | ✓ | ✓ | ✓ |
| Suzannah Rosenberg | ✓ | ✓ | A | ✓ | A |
| Tracy Sanders | ✓ | | | | |
| Andy Silvester | A | ✓ | A | ✓ | ✓ |
| Jo York | | ✓ | ✓ | ✓ | ✓ |
| Michelle Spandley | ✓ | ✓ | ✓ | ✓ | ✓ |
| Lisa Stray | ✓ | ✓ | ✓ | ✓ | ✓ |
| Margaret Geary | | | A | ✓ | ✓ |
| Roger Batterbury | | | | | ✓ |

✓ - Present
A – Apologies

| PRIMARY CARE COMMISSIONING COMMITTEE | | | |
|---|---|-----------------------|---|
| Date of Meeting | 16 May 2018 | Agenda Item No | 4 |
| Title | Risks | | |
| Purpose of Paper | To update the committee on any changes to or new risks affecting Primary Care commissioning or delivery | | |
| Recommendations/ Actions requested | N/A | | |
| Engagement Activities – Clinical, Stakeholder and Public/Patient | N/A | | |
| Item previously considered at | N/A | | |
| Potential Conflicts of Interests for Committee Members | N/A | | |
| Author | Terri Russell, Deputy Director, Primary Care | | |
| Sponsoring member | Margaret Geary – Lay Member (Committee Chair) | | |
| Date of Paper | 27 April 2018 | | |

| PRIMARY CARE COMMISSIONING COMMITTEE | | | |
|---|--|-----------------------|---|
| Date of Meeting | 16/05/2018 | Agenda Item No | 5 |
| Title | Personal Medical Services (PMS) contract variations | | |
| Purpose of Paper | To summarise proposed GP partnership changes for PMS contracts and seek approval for variations to be issued. | | |
| Recommendations/ Actions requested | The attached changes have been taken to The Primary Care Operational group with agreement of recommended approval. | | |
| Potential Conflicts of Interests for Committee Members | Committee members working within Primary Care may have a perceived, potential or actual conflict with information contained within this paper. | | |
| Author | Terri Russell, Deputy Director, Primary Care | | |
| Sponsoring member | Suzannah Rosenberg, Director of Quality & Commissioning | | |
| Date of Paper | 26 April 2018 | | |

NHS Digital published statistics

- As of September 2017 the national average of patients per GP is 2026
- As of September 2017 the South of England average of patients per GP is 1943
- As of September 2017 the Wessex average of patients per GP is 1876
- As of September 2017 the Portsmouth average of patients per GP is 2365

Portsmouth PMS Practice Changes

| Practice | Southsea Medical Centre | |
|---------------------------------------|---|--|
| Practice change | Dr Laurence Stone left the practice on the 23/02/2018 | Dr Bernard Klemenzenz is due to leave the practice on the 30/06/2018 |
| GP Partner WTE after change | 3.4 – this equates to 2292 patients per GP Partner | |
| Salaried GP WTE after change | N/A | |
| Additional Workforce WTE after change | Nurse Practitioner 0.96 | |
| Total WTE GP and additional workforce | 4.36 – This equates to 1787 patients Per GP/Nurse | |

| Practice | Devonshire Practice |
|------------------------------|--|
| Practice change | Dr Bella Caiger will be retiring on the 21/06/2018 |
| GP Partner WTE after change | 2 This equates to 2865 Patients per GP Partner |
| Salaried GP WTE after change | N/A |
| Further information: | Dr Caiger is also the CQC registered partner, Dr Causer will apply for this role when Dr Caiger retires. |

| Practice | University Surgery | |
|---------------------------------------|--|---|
| Practice change | Dr Anne Lawson will be retiring on the 30/06/2018 | Dr Klemenz will be joining the practice on the 02/07/2018 |
| GP Partner WTE after change | 1.65 – This equates to 12082 patients per GP partner | |
| Salaried GP WTE after change | 1.62 | |
| Additional Workforce WTE after change | 2 Advanced Nurse Practitioners – WTE 1.81 | |
| Total WTE GP and additional workforce | 5.08 – This Equates to 3924 patients per WTE | |
| Further information: | <p>The previous retirement notification for Dr Lawson was not agreed at the Primary Care Operational Group meeting in December 2017, due to the surgery effectively becoming a single handed practice if Dr Lawson left.</p> <p>As result, this was not approved at the January 2018 Primary Care Commissioning Committee meeting. Therefore, it was recommended that Terri Russell would provide additional assurance at the next meeting in March 2018 regarding the practice's plans. This was due to concerns raised over the increased number of patients per GP.</p> <p>The practice has since confirmed they have been successful in their recruitment of a new GP partner as Listed above.</p> | |

| Practice | Portsdown Group Practice | |
|---------------------------------------|--|--|
| Practice change | Dr Peter Kipgen will change role from salaried GP to GP partner as of 01/04/2018 | |
| GP Partner WTE after change | 13.3 – This equates to 3310 Patients per GP Partner | |
| Salaried GP WTE after change | 3.8 | |
| Additional Workforce WTE after change | 7.8 | |
| Total WTE GP and additional workforce | 24.9 – this equates to 1768 patients per WTE. | |

| PRIMARY CARE COMMISSIONING COMMITTEE | | | |
|---|---|-----------------------|---|
| Date of Meeting | 16 May 2018 | Agenda Item No | 6 |
| Title | PCCC Work Programme 2018/19 | | |
| Purpose of Paper | To agree the PCCC Work Programme 2018/19 | | |
| Recommendations/ Actions requested | Committee members are requested to approve the Primary Care Commissioning Committee Work Programme. | | |
| Engagement Activities – Clinical, Stakeholder and Public/Patient | N/A | | |
| Item previously considered at | N/A | | |
| Potential Conflicts of Interests for Committee Members | N/A | | |
| Author | Terri Russell, Deputy Director, Primary Care | | |
| Sponsoring member | Suzannah Rosenberg, Director of Quality & Commissioning | | |
| Date of Paper | 26 April 2018 | | |

Primary Care Commissioning Committee Work Programme 2018/19

| What | Lead (management lead) | When | May | Jul | Sept | Nov | Jan | Mar |
|---|------------------------|-------------|-----|-----|------|-----|-----|-----|
| | | | 16 | 18 | 19 | 21 | 16 | 20 |
| Meeting in Public | | | | | | | | |
| Declarations of interest | Chair | Every | X | X | X | X | X | X |
| Minutes of previous meeting | Chair | Every | X | X | X | X | X | X |
| Minutes of Primary Care Operational Group (PGOG) | Primary Care Lead | Every | X | X | X | X | X | X |
| Finance Report | Finance Lead | Every other | X | | X | | X | |
| Risks | Chair | Every | X | X | X | X | X | X |
| Primary care funding/budget allocation review | Primary Care Lead | Annual | | | | | | |
| Locally Commissioned Services proposals | Primary Care Lead | Annual | | | | | | X |
| Annual Report to NHS England | Primary Care Lead | Annual | X | | | | | |
| Primary Care Commissioning Committee Work Programme | Chair | Annual | X | | | | | |
| Commissioning Intentions | Primary Care Lead | Annual | | | | | X | |
| Terms of Reference of Primary Care Operational Group (PGOG) | Primary Care Lead | Annual | | | | | | X |
| Review of Committee terms of reference | Chair | Max 3 years | | X | | | | |
| Policy Approval (disputes processes etc) | Primary Care Lead | As req'd | | | | | | |
| Premise closures/relocations/change proposals | Primary Care Lead | As req'd | | | | | | |
| PMS contract reinvestment plans | Primary Care Lead | As req'd | | | | | | |
| Practice Performance Matters | Primary Care Lead | As req'd | | | | | | |
| Quality Incentive Scheme proposals and updates | Primary Care Lead | As req'd | | | | | | |
| Meeting in Private | | | | | | | | |
| Minutes of previous meeting | Chair | Every | X | X | X | X | X | X |
| Declarations of Interest | Chair | Every | X | X | X | X | X | X |
| Finance Report (discretionary payments) | Finance Lead | As req'd | | | | | | |
| Merger proposals | Primary Care Lead | As req'd | | | | | | |

| What | Lead (management lead) | When | May | Jul | Sept | Nov | Jan | Mar |
|--|------------------------|----------|-----|-----|------|-----|-----|-----|
| | | | 16 | 18 | 19 | 21 | 16 | 20 |
| Premises development proposals | Primary Care Lead | As req'd | | | | | | |
| Primary Care service development business cases & updates | Primary Care Lead | As req'd | | | | | | |
| Public Consultations | Primary Care Lead | As req'd | | | | | | |
| Specifics | | | | | | | | |
| <ul style="list-style-type: none"> • Les/Des timetables • Estates/technology • Sustainability/resilience (linked to seasonal pressures including winter planning etc) • Bid applications | | | | | | | | |

| PRIMARY CARE COMMISSIONING COMMITTEE | | | |
|---|--|-----------------------|---|
| Date of Meeting | 16 May 18 | Agenda Item No | 7 |
| Title | Integrated Primary Care Service: Approval to Let Contract | | |
| Purpose of Paper | The purpose of this paper is to notify the Primary Care Commissioning Committee (PCCC) on progress to date in procuring and mobilising the Integrated Primary Care Service and seek authorisation to let a contract to the Portsmouth Primary Care Alliance (PPCA) for the delivery of this service. | | |
| Recommendations/ Actions requested | The PCCC is requested to scrutinise the content of this report, taking into consideration the revised service go-live date, and, following obtaining suitable assurance, grant authorisation to pursue to contract signature for the provision of Integrated Primary Care between the CCG and the PPCA. | | |
| Engagement Activities – Clinical, Stakeholder and Public/Patient | Engagement has been sought at: Clinical Strategy Committee; GP Commissioning Evenings; MCP Programme Board; and Primary Care Commissioning Committee. Views from the public have been taken into consideration from the Big Health Conversation and other patient and public engagement activities undertaken nationally and by the CCG. | | |
| Item previously considered at | Primary Care Commissioning Committee Clinical Strategy Committee | | |
| Potential Conflicts of Interests for Committee Members | Clinical Executive colleagues have a potential conflict of interest due to membership with the PPCA. | | |
| Author | Mark Compton, Deputy Director of Transformation | | |
| Sponsoring member | Jo York, Director New Models of Care | | |
| Date of Paper | 9 May 2018 | | |

Integrated Primary Care Service: Approval to Let Contract

Introduction

The purpose of this paper is to notify the Primary Care Commissioning Committee (PCCC) on progress to date in procuring and mobilising the Integrated Primary Care Service and seek authorisation to let a contract to the Portsmouth Primary Care Alliance (PPCA) for the delivery of this service.

Background

In June 2017 the PCCC approved the procurement of an Integrated Primary Care Service unifying the provision of the Acute Visiting Service (AVS), GP Enhanced Access Service, and Out-of-Hours (OOHs) service into a single contract.

Integrated provision of the three interdependent services is required to ensure the safe, effective delivery of primary medical care services 24 hours a day, 7 days a week. These services are also closely linked to the future NHS 111 service model and are an essential component to creating integrated urgent care pathways for the local health system.

The integrated provision of these services form a solid foundation for the new models of care described in the Five Year Forward View. Portsmouth CCG's long-term commissioning intention is to place these services within an MCP contract; however, as there is a need to secure provision post current contract expiry dates, and in order to test new ways of working, the CCG agreed to place interim contractual arrangements in place in the short to medium term.

The agreed procurement strategy was to issue a Prior Information Notice (PIN) to the market as a call for competition, detailing our intention to direct award an 18 month interim contract to the Portsmouth Primary Care Alliance (PPCA), with an optional 6 month extension.

In recognition of a direct award procurement process, and in order to safeguard the CCG and the patients it serves, a due diligence process was devised to ensure the mobilisation of a direct contract award to the PPCA was achievable and would result in safe, high-quality, effective, and efficient services to patients.

Procurement Process

Following agreement from the PCCC in June 2017 to pursue a direct award for the Integrated Primary Care Service contract, and in compliance with the *NHS Procurement, Patient Choice, and Competition Regulations (2013)* and the *Public Contracts Regulations (2015)*, a PIN was published in September 2017 notifying the market of the CCG's intention to issue a direct award to the PPCA, the justification for this approach, and a draft specification for the service.

In order to ensure a transparent and fair process was adhered to the CCG, via South of England Procurement Services (SoEPS), utilised the *In-Tend Portal* to invite providers across the European Union to express an interest within 30 days of publication if they believed they were capable of delivering and mobilising the service from June 2018 for an interim period of 18 months.

Six organisations expressed an interest via the *In-tend Portal* to view the PIN and accompanying specification; however, the CCG did not receive correspondence from any providers stating their interest to deliver this service.

Due Diligence Process

In the absence of any formal expression of interest from another provider the CCG initiated a due diligence process with the PPCA. The due diligence process was specifically tailored to meet the requirements of this direct contract award by amalgamating components of a two-stage competitive procurement process and the NHS England / NHS Improvement Integrated Support and Assurance Process (ISAP).

A key principle of the due diligence process was openness and transparency between providers and commissioners to ensure the process was robust and provided the CCG with adequate assurance the proposed service delivery plans would provide safe and effective care. In addition to this, the CCG has worked to the premise that the assurance process is proportionate to the scale and cost of the service being commissioned.

The due diligence process was comprised of two 'Gateways' designed to seek suitable assurance that the service is fit for delivery and that sufficient progress is being made towards mobilising the service at appropriate checkpoints. The requirements for each Gateway are detailed below:

| Gateways | Evidence / Assessment Required |
|--|--|
| <p>Gateway 1 – January 2018</p> | <p>PPCA to submit a business proposal outlining the following:</p> <ul style="list-style-type: none"> • Service delivery model and operating arrangements • Cost of the service • Proposed KPIs and outcome measures • Clinical leadership model • Confirmation of sub-contracting arrangements • Confirmation of TUPE arrangements and processes • Business and organisational governance information <p>In addition to this the CCG to undertake an evaluation of the PPCA's financial capability</p> |
| <p>Gateway 2 – April 2018</p> | <p>PPCA to submit a mobilisation plan that includes the following:</p> <ul style="list-style-type: none"> • Mobilisation timeframe and milestones • Standard operating procedures • Clinical governance and risk management procedures • Organisational structure and management arrangements • Service development improvement plan (SDIP) • Risk register • Business continuity plan <p>In addition to this the CCG is to undertake a final corporate governance checklist and draft contract heads of terms (including agreed costs and KPIs).</p> |

In order to evaluate Gateway progression a team of subject matter experts formed covering the following: corporate governance; service model and operating arrangements; value for

money and financial viability; quality and patient safety; contractual agreement; and transition arrangements.

In accordance with the requirements and timescales of Gateway 1, the PPCA submitted a comprehensive business proposal to the CCG in January 2018, in addition to the CCG undertaking an assessment of the PPCA's financial capability. In April 2018 the PPCA complied with Gateway 2 of the due diligence process by submitting the additional requested information.

The CCG's subject matter experts have reviewed the information obtained and assessed that sufficient progress has been made in each domain of both Gateways to issue a recommendation for the PPCA to pass the due diligence process. The subject matter experts will continue to work with the PPCA post contract award to ensure stated clinical, quality, and governance arrangements are embedded into the operational delivery of the service.

Service Go-Live

The CCG has been working with the PPCA and the incumbent provider of OOHs services to achieve a go-live date of 1st June 2018. Through the mobilisation process it has become apparent that the incoming provider and the incumbent provider require additional time to work through the complexities associated with identifying the potential eligibility of staff under the Transfer of Undertakings (Protection of Employment) regulations (TUPE).

In order to effectively manage these complexities in a fair and transparent manner the CCG has agreed with both incumbent and incoming providers that the service go-live date will be rescheduled for the 1st July 2018.

Existing contracts for the AVS, GP Enhanced Access, and OOHs (including cover for TARGET) will be extended for one month to cover the rescheduled go-live date. In recognition of operational pressures this places on the incumbent provider (i.e. ensuring sufficient rota fill within a short timeframe) providers have agreed that during the month of June the GP Enhanced Access service will extend provision to cover Sundays and provide services until 22:00 each evening.

Contract Value

In line with existing CCG budgetary parameters the PIN issued to the market indicated a maximum value of £4.3m for the 18 month contract term. Following the due diligence process the cost to deliver the service has been confirmed as £4.2m for an 18 month period.

If TUPE is applicable to a significant number of staff working within the incumbent service there may be a slight cost pressure to the confirmed service value (due to differentiating terms and conditions). However, it is anticipated this financial risk can be confined to the £4.3m budget.

The proposed contract for this service is the standard Alternative Primary Medical Care Service (APMS) contract, in keeping with recommendations from NHS England.

The contract will be a block contract for 18 months from the service go-live date (1st July 2018) with an optional 6 month extension. In order to harbour constructive working

relationships conducive to the continual development of the service, no financial penalties will be applicable to the contract. As the PPCA is a membership organisation, with all shareholders being Portsmouth GP Practices, there are sufficient incentives to ensure KPIs are met and the service is operating at maximum capacity.

Governance

Throughout the process of implementing the Integrated Primary Care Service, from concept to mobilisation, the service has been through the CCG's internal governance processes. Formal committee approval points include:

| Date | Committee | Approval / Oversight |
|---------------|-----------------------------|--|
| July 2017 | PCCC | <ul style="list-style-type: none"> • Agreed case for change • Agreed procurement approach • Agreed financial envelope |
| February 2018 | Clinical Strategy Committee | <p>Reviewed Gateway 1 submission to ensure delivery model is acceptable and aligned to CCG strategic intentions. Reviewed business proposal incorporated:</p> <ul style="list-style-type: none"> • Service delivery model and operating arrangements • Agreed to Cost of the service • Proposed KPIs and outcome measures • Clinical leadership model • Confirmation of sub-contracting arrangements • Confirmation of TUPE arrangements and processes • Business and organisational governance information |
| March 2018 | PCCC | Update on progress to date, due diligence process, and next steps. |

Ongoing development and delivery of the service post July 2018 will be undertaken through CCG Contract Review Meetings with oversight by the Portsmouth MCP Programme Board and internal CCG performance and delivery monitoring mechanisms.

Recommendation

The PCCC is requested to scrutinise the content of this report, taking into consideration the revised service go-live date, and, following obtaining suitable assurance, grant authorisation to pursue to contract signature for the provision of Integrated Primary Care between the CCG and the PPCA.

| PRIMARY CARE COMMISSIONING COMMITTEE | | | |
|---|--|-----------------------|---|
| Date of Meeting | 16 May 2018 | Agenda Item No | 8 |
| Title | Primary Care Commissioning Annual Report 2017/18 | | |
| Purpose of Paper | <p>NHS Portsmouth CCG has delegated responsibility for commissioning Primary Care Services. The delegation agreement requires delegated CCGs to provide a report within 2 months of the end of each year setting out how they have carried out their delegated functions. The following report sets out the activity undertaken or approach developed in relation to these delegated functions and summarises the contractual changes agreed in year and any procurements undertaken. For completeness the report also includes the wider Primary Care commissioning activities.</p> <p>A financial report describing the management of the delegated funds as well as the wider Primary Care commissioning investment is also included.</p> | | |
| Recommendations/ Actions requested | The Committee members are requested to receive the report. | | |
| Engagement Activities – Clinical, Stakeholder and Public/Patient | N/A | | |
| Item previously considered at | N/A | | |
| Potential Conflicts of Interests for Committee Members | None | | |
| Author | Terri Russell – Deputy Director of Primary Care | | |
| Sponsoring member | Suzannah Rosenberg – Director of Commissioning and Quality | | |
| Date of Paper | 9 May 2018 | | |



Portsmouth
Clinical Commissioning Group

Delegated Primary Care Commissioning 17/18 Annual Report

1. Introduction

NHS England delegated specific primary care commissioning functions to the CCG under section 13 of the NHS Act with effect from April 2015. The specific delegated functions are set out in paragraph 12 of the legal Delegation and are:

1. decisions in relation to the commissioning, procurement and management of Primary Medical Services Contracts, including but not limited to the following activities:
 - a. decisions in relation to Enhanced Services;
 - b. decisions in relation to Local Incentive Schemes (including the design of such schemes)
 - c. decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices;
 - d. decisions about 'discretionary' payments;
 - e. decisions about commissioning urgent care (including home visits as required) for out of area registered patients;
2. the approval of practice mergers
3. planning primary medical care services in the Area, including carrying out needs assessments
4. undertaking reviews of primary medical care services in the Area;
5. decisions in relation to the management of poorly performing GP practices and including, without limitation, decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list);
6. management of the Delegated Funds in the Area;
7. Premises Costs Directions Functions;
8. co-ordinating a common approach to the commissioning of primary care services with other commissioners in the Area where appropriate;

The delegation agreement requires delegated CCGs to provide a report within 2 months of the end of each year setting out how they have carried out their delegated functions. The following report sets out the activity undertaken or approach developed in relation to these delegated functions and summarises the contractual changes agreed in year and any procurements undertaken. For completeness the report also includes the wider Primary Care commissioning activities. A financial report describing the management of the delegated funds as well as the wider Primary Care commissioning investment, is also included.

2. Primary Care Commissioning Governance

In 2015/16 the Primary Care Commissioning committee was established. The committee meets in public and had its first meeting in March 2016.

The committee reports to the Governing Board and to NHS England as appropriate. The CCG introduced its new primary care delegated governance arrangements in March 2016.

The Primary Care Operating Group oversees and manages the day to day business associated with the commissioning and contracting of all primary care activity and reports to the Primary Care Commissioning Committee.

In December 2017 an Assurance Review of the delegated Primary Care Commissioning arrangements was completed by the internal audit team. The scope of the audit and final assurance assessment is detailed below;

Scope

The review considered whether appropriate and effective structures and processes are in place within the CCG to deliver its responsibilities for delegated Primary Care Co-commissioning. The following areas were considered:

- Governance arrangements.
- Policies and procedural guidance.
- Decision making processes.
- Processes for monitoring and measuring co-commissioned primary care quality outcomes.
- Contract performance management and monitoring of GP practices.

Assessment

The overall assurance assessment was one of Reasonable Assurance. Six action points were suggested and three have been implemented to date, with the remainder planned or considered not appropriate (e.g. The CCG has considered having a lay member to chair the Primary Care Operational Group but is not taking this forward as the group is not a decision making or assurance committee)

3. Management of Delegated Functions

The primary care teams from CCGs and NHS England (Wessex) have previously developed a consistent set of process maps regarding contracting processes which clearly define the responsibilities of delegated CCGs and NHSE. These seek to make best use of limited resource and expertise whilst ensuring the practices' key relationships are with CCGs and that decision making rests with the CCG. The NHS England team continues to provide contractual support for some of these functions e.g. the issuing of contract variations and the rent review process.

The Primary Care team ensure that the CCG is fully compliant with policies and procedures outlined the revised Policy and Guidance Book

(<https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/>).

3.1 Contract review Group

The established internal primary care contract review group, with representation from both quality and primary care teams, continues to review information relating to non-compliance of general medical practice within the terms of the contract. This includes poor contractual performance or practice and the review of concerns which are thought to pose a risk to the efficiency, effectiveness, reputation or patient safety of NHS Services and are likely to be non-compliant with the contract. The group regularly reviews published CQC reports and considers whether any contractual action needs to be taken, for example breach or remedial notice as a consequence. No such notices were issued in 2017/18.

3.2 CQC Inspections

CQC inspected 7 practices during 2017/2018 and all achieved a rating of 'Good', including 1 practice that had previously been rated as 'Inadequate'. 16 practices are currently rated as 'Good' overall and all also report the same for each of the individual domains, i.e. Safety, Effectiveness, Caring, Responsive and Well-led. 1 Practice is yet to be rated following a merger.

3.3 Mergers and Closures

The CCG is responsible for the operational management of practice mergers, branch closures and full practice closures within the city. Merger guidance has been developed and shared with practices particularly focussing on the need for the appropriate level of stakeholder and patient engagement and details are frequently discussed and shared at PCOG and the Primary Care Commissioning Committee as required.

3.3.1 Mergers

| Practices | Approval route | Date approved | Date of merger |
|--|---|---------------|----------------------------|
| Trafalgar Medical Group and The Eastney Practice | Primary Care Commissioning Committee (following recommendation by the Primary Care Operational Group) | November 2017 | 27 th June 2018 |

3.3.2 Queens Road

The two GP partners at Queens Road Surgery gave written notice to the CCG on the 30th December 2016 of their intention to resign their PMS contract as at the 30th June 2017 and all opportunities to merge with surrounding practices had been explored and rejected. The CCG, in discussion with NHS England, considered the risk and benefits of the available options to secure ongoing provision of primary medical services for patients of this practice. The conclusion reached was that the CCG would need to support patients to re-register at an alternative practice of their choice. In discussion with the LMC, the CCG made available

an offer of transitional support to affected practices in the city to support the initial work to manage the influx of a significant number of new patients in a short period of time.

In June 2017 the practice closed and all patients were safely transitioned to a new practice in the city. A full Lessons Learnt paper was produced in September 2017 and shared with NHSE and Wessex CCGs.

3.4 Applications for increased GMS space

In 2017/18, one application was received and approved by the CCG, which related to Trafalgar Medical Group Practice. This related to improvements at the Osborne Road site following the closure of the Ramillies site, and involved changing the use of rooms to develop a call centre environment used by administrative staff as well as GPs.

3.5 Applications for minor premises improvement grants

In the Summer of 2017 NHS England (Wessex) announced they were able to support a round of premises improvement grants for 2017/18. The level of funding available was such that it would be suitable for small scale work that would allow practice premises to be functionally suitable and/or have improved capacity for the near future. The primary care team reviewed each of the bids received to ensure they didn't conflict with the wider estates strategy for the city, and to determine whether they met the requirements of the Premises Cost Directions (2013). Bids were then prioritised accordingly by a local review panel.

Under the Premises Costs Directions (2013) practices have to contribute 34% of the costs of any work under taken.

| Practice | Details of bid | Total cost | Cost reimbursed 66% of total |
|--------------------------|--|------------|------------------------------|
| Sunnyside Medical Centre | Replace AC unit in communications room | £5192 | £3427 |
| Sunnyside Medical Centre | Replace existing carpet with hard flooring in all practice GP consulting rooms | £6775 | £4472 |
| University surgery | Refurbish waiting room and build additional consultation room in space from waiting room. To also split staff common room to create an additional consulting room. | £14438 | £9529 |
| Trafalgar Medical Group | Extending the telephone facility | £8136 | £5370 |
| Trafalgar Medical Group | Extension of telephone line and connection of the Eastney practice telephone footprint to TMGP system. | £6882 | £4542 |
| Trafalgar Medical Group | The call centre needs to be expanded to enable this process to be expanded across the merged Practice and its increased patient list. To do so the call centre needs to be | £14749 | £9734 |

| | | | |
|---------------------------|--|----------------|---------------|
| | moved within the Practices Osborne Road site as well as being fitted out to hold a minimum of 4 staff with full IT and telephone access. | | |
| Portsmouth Group Practice | upgrade and improvement of lighting in patient areas at Heyward road site | £2022 | £1335 |
| Portsmouth Group Practice | Removal of carpet flooring and installation of specialist flooring - Ground floor patient areas Heyward Road | £1319 | £871 |
| Portsmouth Group Practice | Removal of carpet flooring and installation of specialist flooring - First floor Heyward Road | £1893 | £1250 |
| Portsmouth Group Practice | Removal of carpeted flooring and installation of specialist flooring in all patient consultation rooms - Kingston Crescent | £4859 | £3207 |
| Derby Road | Call boxes and emergency lighting | £2460 | £1624 |
| Craneswater | Installation of new vinyl flooring in registrars room | £673 | £455 |
| Craneswater | Plumbing work at Salisbury road | £1682 | £1110 |
| Craneswater | Plumbing work at Waverley road | £482 | £319 |
| North Harbour | Extending the telephone facility | £4512 | £2978 |
| Lake Road/John Pounds | Extending the telephone facility | £15622 | £10311 |
| Hanway (2 sites) | Extending the telephone facility | £9594 | £6332 |
| Trafalgar Medical Group | Replace carpet in room 1 and 3 with vinyl flooring to reduce infection control risks | £1505 | £993 |
| Total | | £104304 | £68841 |

*Discrepancy between these figures and the finance report is due to bids vs actual works/accruals

3.6 PMS reinvestment

As part of the PMS review process the PMS premium monies not re-commissioned from practices individually is eroded from practices' financial baselines in equal instalments over a five year period which commenced on 1 April 2016; this aligns with that used to erode the Minimum Practice Income Guarantee (MPIG) funding in GMS practices which comes to an end in 2021. Any eroded PMS premium monies are being reinvested back into all practices across the CCG.

Detailed in the table below is a projection of the total premium monies to be eroded from PMS practices and reinvested back into all practices

| Identified PMS Premium | Year 1 Erosion* | Year 2 Erosion * | Year 3 Erosion * | Year 4 Erosion * | Year 5 Erosion * |
|------------------------|-----------------|------------------|------------------|------------------|------------------|
| £ 1.84m | £ 369k | £ 738k | £ 1.11m | £ 1.48m | £ 1.84m |

*Subject to change based on revisions to the GSE.

As a consequence of the review process and following consultation with relevant stakeholders the CCG has articulated a reinvestment strategy covering the first two years, with 2017/18 being the second of those two years.

This reinvestment strategy includes commissioning a basket of services, recognising the increasing contribution that primary care is making in the management and treatment of

patients that may have otherwise have gone through a predominantly hospital based pathway. These services include:

- Adhering to changing processes around secondary care referrals (e.g. IFRs/Prior approvals)
- Ambulatory and Home BP monitoring
- PSA monitoring
- Treatment for carcinoma of the prostate
- B12 injections
- Adhering to D-Dimer Ambulatory Pathway
- Screening follow-up

Funding for this service in year 1 (16/17) is circa £300k (funded on a capitation basis) and £400k in year 2.(17/18) The reinvestment strategy also includes the commissioning of primary care services for diabetes and respiratory conditions both of which provide the opportunity to provide enhanced care for patients with the two chronic long term conditions. The funding for these two services is approximately £300k. Detailed budget and expenditure figures are included in the summary below.

3.7 Directed Enhanced Services

The Primary Care Team leads on securing sign up and monitoring of all of the Directed Enhanced Services. Sign up for 2017/18 Directed Enhanced Services is shown below:

| Directed Enhanced Services | No. of practices (out of 17 in total) |
|-----------------------------------|--|
| Learning Disabilities | 17 |
| Extended Hours | 15* |
| Minor surgery | 14 |
| Out of Area Registration | 11 |
| Violent Patient scheme | 1 |

*Guildhall Walk Practice provide Extended Hours via their APMS contract.

4. Quality Improvement

The CCG has a statutory duty to support continuous improvement in the quality of Primary Medical Care services (Health and Social Care Act 2012)

4.1 Quality Improvement Framework

The CCG developed a Quality Improvement Framework in 2017 to supplement the overarching Quality Strategic Framework that was in place. This was shared with all GP practices who were asked to reflect on this and incorporate elements within their own approach to improving quality. Alongside the framework a GP Quality Dashboard was created, which all practices have access to. The dashboard pulls together a wide range of general practice data and allows comparison against local/national averages and other practices, supporting efforts to share good practice and drive improvements.

The framework is now in place and will be utilised to manage and monitor quality improvement activities in General Practice in 2018/19 and to provide committee level assurance regarding the quality of Primary Medical Care Services.

4.2 Primary Care Commissioning for Quality and Innovation Scheme (CQUIN)

As in previous years practices were offered an incentive in the form of the Primary Care CQUIN with the objectives of focussing on improving the quality, safety, and efficiency of patient care via GP practices identifying and implementing alternative ways of working and delivering care.

The scheme comprised of several components, each aligned to the objectives set out above:

- Engagement Programme
- Improving Access Programme
- Technology Programme
- Collaborative Working Programme
- Sharing Good Practice
- Efficient and Effective Use of Resources Programme

All 17 practices signed up to the scheme and each of the components. The total funding made available to practices via the 17/18 CQUIN was £499,485.00.

A full evaluation of the 17/18 scheme is currently underway, however early indications suggest there have been a number of positive outcomes:

Engagement Programme

Feedback from member GPs continues to be very positive in relation to the commissioning events, giving GPs an opportunity for small group discussion and the sharing of best practice across an increased range of topics. Some of the comments received are detailed below:

- *Opportunity to discuss different ways practices work and sharing information*
- *A really useful session, good variety of topics, useful take home information*
- *Good general discussion and being able to put thoughts and concerns forward*
- *Good succinct presentations and good discussion*
- *Round table system really works well, the workshops this evening were excellent*
- *Excellent relevant discussions and awareness of ongoing development*

Results from the National Stakeholder survey have been positive for 2017/18 with an 88% response rate from practices, 87% of all stakeholders feeling they have been engaged by the CCG in the year and 87% of all responders believing they have a good working relationship with the CCG (higher than the national and regional averages).

Improving Access

Improving Access Plan and Improved Workforce Planning

Practices were required to identify areas of improvement in relation to their access and the majority of practices selected activity around the use of digital technology i.e. Patient Online, MJog and eConsult. Year-end data for Patient Online and MJog is yet to be received; feedback from practices includes a noticeable reduction in DNA's and improved uptake of a number of practice campaigns.

Practices were also asked to utilise the AHSN tools helping to identify current and future staffing needs. Overall practices found this process to be beneficial, giving them an overview of future staffing requirements and an opportunity to look at alternative staffing options. The findings have been used to create a baseline position which will inform the development of workforce strategy for Primary Care in the city.

Appointments Audit

Practices were required to carry out an audit, over a week's period, of their appointments to ascertain whether another healthcare professional could have appropriately met the patient's needs, or whether they could have self-cared. The overall findings of this audit resulted in 34% of a total of 6955 appointments could have been seen by another healthcare professional.

Technology

e-Referrals

Practices have worked hard to achieve the national commitment of 80% (in line with the local roll-out plan) of first OP attendances booked via e-Referrals by the end of March 2018. The majority of this work has involved changing processes within the practice and the training of practice staff.

Patient Online

Practices were tasked to promote the use of patient online services with an aim to reach 20% of their patients enabled to use online services. As at the end of February 2018, 7 out of 17 achieved this aim, with overall utilisation across the city at 18.30%.

Portsmouth TPP IT User Group

The User Group continues to provide a valuable network for practices to come together to discuss TPP. Some of the activity has included working with Community, Mental Health and PCC Social Care who are scheduled to go live with TPP in October 2018. To take this work forward the next steps include understanding what will be shared and the implementation of data sharing agreements. This group has been key in the development of the new Ardens templates and the development and roll-out of Solent's direct referrals; it is also a key forum for the exchange of information, sharing best practice and top tips.

Collaborative Working

MDT (Multidisciplinary Team) Working and Shared Care Planning (Virtual Wards)

Practices who took part in this element of the CQUIN were asked to carry out an audit of a sample of those patients they had taken through the MDT process and provide an overview of their findings. Feedback included improved relationships with service providers resulting in a more co-ordinated and timely approach to patient care. A number of practices also commented that they felt care had greatly improved and is reflected in feedback received from a number of their MDT patients and family members.

Overall, the success of the MDT has been due to the co-ordinated approach working with the necessary healthcare professionals and improved information sharing resulting in better management of these patients.

Sharing Good Practice

Learning Disability Health Checks

Practices were required to familiarise themselves with best practices guidance around optimising the LD Health Checks DES in order to improve outcomes for patients with learning disabilities.

For the 2017/18 financial year almost 50% of LD health checks were completed, which is an increase of 13% on the previous year.

The Management of Incidents in Primary Care

This element of the CQUIN involved working with practices on the development of a city wide process of the management of all significant events within Primary Care. It has also guided practice staff in the identification, reporting, investigation, management and learning from significant events and incidents.

This process has taken time to adopt and embed within practice; although there has been a steady increase in the number of patient safety incidents reported using the National Reporting and Learning system (NRLS) throughout the year.

Improving Cancer Screening Uptake

Practices were required to undertake a number of best practice activities in order to increase uptake of screening offers. Some of these included ensuring patient details were kept up to date, health promotion and ensuring a robust process for following up on non-responders of DNA's.

We're currently awaiting data in order to measure outcomes following this section of the CQUIN.

Quality Framework for Primary Care

Practices were required to identify and share elements of best practice through case studies and protocol and raise awareness around the quality dashboard and quality framework. These discussions took place as part of the monthly Practice Managers Forum; this work is being taken forward as part of the 18/19 CQUIN.

Psychological therapies for patients with Long Term Conditions and co-morbid common mental health problems

Practices were required to text all patients with an LTC to let them know of the benefits of the Talking Change service to encourage self-referral or opportunistically discuss the benefits and make a professional referral.

A total of 77 patients accessed the Talking Change service during 2017/18 as a result of this initiative.

Efficient and Effective Use of Resources

Retrospective Peer Reviews

Practices were required to complete 4 peer reviews throughout the year, looking at both primary and secondary care data.

The first review was to reflect upon the discussions and practice level QOF and National Diabetes Audit data presented at the May commissioning engagement event. Practices were required to outline how they planned to review and adjust diabetic care as a result of attending this event. They were also asked to carry out an audit of their diabetic patients identified as part of their 16/17 QOF exception reporting with the aim of understanding the outcomes for those patients and whether anything different could have been done.

Common themes following this review included improvements required around measuring urine albumin creatinine ratios, BMI and ACR, proteinuria testing and referral to further education. This feedback was shared with the Commissioning team.

Practices were required to carry out their second peer review looking at the Advice and Guidance service available as part of the NHS e-Referrals System. This was following the roll-out of the enhanced version of this service which allows multi-way conversations to take place. Clinicians were asked to review and reflect on the effectiveness and efficiency of this service.

Practices felt this was a big improvement, although there were certain specialities where this service worked better than others, mainly due to response times. The feedback following this review was shared with the NHS e-Referral Service Manager at PHT.

The third review involved practices carrying out an audit of their PHT Cardiology, Dermatology, ENT and Ophthalmology referrals and whether any of these could have been referred to services available at St Mary's Treatment Centre as an alternative to PHT. Feedback found a number of referrals were not made to St Mary's due to practices not being aware certain services were available or they found the criteria was not clear when trying to refer. This feedback was shared with the e-Referral team at St Mary's who have reviewed the criteria and have been working with the CCG on the promotion of their services.

As part of the fourth peer review practices were required to carry out an audit of their PHT Gastroenterology referrals (excluding Hepatology and GI Surgery). The aim of this audit was to identify whether there were any gaps in this service, whether there were any areas for improvement and what that may look like.

We are currently awaiting the outcome of this review. Following the outcome of this audit, the CCG will be looking at rolling out a Faecal Calprotectin test for GPs to use to exclude inflammatory bowel disease, along with supportive clinical guidelines.

5. Locally Commissioned Services

The CCG commissioned a number of local services from GP practices in 2017-18. A summary is provided below:

| LCS | No. of practices (out of 17 in total) |
|--------------------|---------------------------------------|
| Phlebotomy | 17 |
| Diabetes | 17 |
| Respiratory | 16 |
| Leg ulcer | 14* |
| Basket of services | 17 |

*2 of the remaining 3 practices have sub-contracted this service to another practice

A full review of each of the Locally Commissioned Services is due to take place in 2018/19 in preparation for plans to extend primary care at scale services.

6. General Practice Forward View (GPFV)

The General Practice Forward View, published in April 2016, outlined both the current crisis facing GP practices in England and proposed a number of initiatives (many with attached national funding streams) to support sustainability and transformation in Primary Medical Care.

CCGs were required to produce a GPFV plan detailing how the proposals would be operationalised locally and the Portsmouth CCG 2017-2019 plan was submitted and signed off at Primary Care Commissioning Committee in January 2017. Some of the key projects undertaken in the 2017-18 financial year are detailed below:

6.1 Workflow Optimisation

In April 2016 the General Practice Forward View announced a plan to provide funding for receptionists training, for initiatives such as workflow redirection and active signposting.

Practices in Portsmouth expressed a preference to focus on workflow and identified a package of support from HERE (previously BICS - Brighton and Hove Integrated Care Service). The training was provided for four practices in the city in 2016/17 and rolled out to a further nine practices in 2017/18, with agreement that the CCG would 'top-up' the funding available from NHSE.

All practices in the city have reported that the programme has improved processes and productivity; reducing workload for GPs with up to 80% of the incoming correspondence being managed through these new roles and giving reception and admin team members the opportunity to take on additional responsibilities.

6.2 Improved Access

NHS Portsmouth CCG has been able to accelerate development of the improved access service for patients in the city, ahead of the national requirement (October 2018). To date the service has been providing access to urgent and routine appointments between 18:30 and 20:00 in the evenings and between 8:00 and 18:00 at weekends. The plan is to have the full service specification provided from June 2018.

6.3 Online Consultations

NHS Portsmouth CCG joined the STP wide procurement of an online consultations solution for practices. During 2017/18, four Portsmouth practices implemented the system with the remaining practices coming online during 2018/19. Regular, detailed reporting is being provided through the monthly GPFV assurance reports.

6.4 Time for Care Programme

The Time for Care programme offers CCGs and specifically practices working at scale, the opportunity to access facilitated support around implementing some of the Ten High Impact Actions (outlined in the GPFV). In 2017/18 Portsmouth CCG, together with Fareham and Gosport and South Eastern colleagues, arranged a showcase event for local practices. As a result Portsmouth practices will be having a follow up work shop, focussing on care navigation, active signposting and social prescribing in June 2018.

6.5 General Practice Resilience Scheme

The General Practice Resilience programme was established to support practices facing resilience issues and to encourage the development of longer term sustainability plans. The programme is administered by the Local Area Team, with CCGs and/or practices identifying suitable candidates.

In 2017/18 four Portsmouth practices accessed the scheme, One as a result on an impending merger, one in order to assess future options following a delayed merger and the final practice as a result of short term capacity issues and the need for some specific and specialised support. The final practice received funding in 2016/17 but has only recently agreed a plan to take forward.

Feedback regarding the scheme and support on offer has been mixed and a more robust approach to evaluation is welcomed for the 2018/19 programme.

7. Summary of full Primary Care Budget

| Portsmouth CCG Primary Care Commissioning Summary (SUBJECT TO AUDIT SIGN-OFF) | Annual Budget 17/18 | Outturn 17/18 | Variance |
|---|---------------------|---------------|----------|
|---|---------------------|---------------|----------|

The table below provides information regarding the budgeted and actual expenditure in relation to the primary care delegated commissioning functions and the wider Primary Care commissioning programme.

| | | | |
|--|------------|------------|----------|
| Co-commissioning | 26,609,792 | 26,691,587 | 81,795 |
| Local Commissioning Schemes | 1,714,938 | 1,718,235 | 3,297 |
| GP IT | 758,659 | 738,593 | (20,067) |
| Local investment (£3.00 p/h - split over 2 years) | 335,000 | 333,985 | (1,015) |
| Primary Care Transformation (Non-recurrent) | 324,000 | 324,000 | 0 |
| A&C Reception training | 38,000 | 38,000 | 0 |
| GP Retainer Scheme Central Funding | 14,000 | 0 | (14,000) |
| | 29,794,389 | 29,844,400 | 50,011 |

| | | | |
|--|---------------------|---------------|----------|
| Portsmouth CCG AVS Summary (SUBJECT TO AUDIT SIGN-OFF) | Annual Budget 17/18 | Outturn 17/18 | Variance |
| Acute Visiting Service (Funded through BCF) | 364,594 | 364,594 | 0 |
| Winter monies (AVS) | 157,099 | 157,099 | 0 |

Co-commissioning (SUBJECT TO AUDIT SIGN-OFF)

| Summary | Description | Annual Budget 17/18 | Outturn 17/18 | Variance |
|---------|--------------|---------------------|---------------|----------|
| GMS | GMS Contract | 7,883,224 | 8,110,217 | 226,992 |

| | | | | |
|-----|--------------|-----------|-----------|----------|
| PMS | PMS Contract | 9,066,040 | 8,974,445 | (91,596) |
| PMS | PMS Premium | 1,163,305 | 1,113,679 | (49,626) |

| | | | | |
|------|---------------|-----------|-----------|--------|
| APMS | APMS Contract | 1,271,339 | 1,292,387 | 21,048 |
|------|---------------|-----------|-----------|--------|

| | | | | |
|-----|-----|-----------|-----------|--------|
| QOF | QOF | 2,589,156 | 2,677,497 | 88,341 |
|-----|-----|-----------|-----------|--------|

| | | | | |
|-----|---------------------|---------|---------|--------|
| DES | Violent Patients | 10,717 | 14,727 | 4,010 |
| DES | Qrisk2 | 6,000 | 5,948 | (53) |
| DES | Minor Surgery | 159,000 | 179,979 | 20,979 |
| DES | Extended Hours | 404,314 | 407,547 | 3,233 |
| DES | Learning Disability | 45,000 | 61,432 | 16,432 |

| | | | | |
|-----|------------------|---------|---------|---------|
| PCO | Seniority | 244,075 | 244,189 | 114 |
| PCO | Retainers | 60,000 | 57,998 | (2,002) |
| PCO | Maty/Paty/Adop | 50,000 | 204,070 | 154,070 |
| PCO | Sickness | 40,000 | 125,253 | 85,253 |
| PCO | Needles/Syringes | 7,550 | 8,825 | 1,275 |

| | | | | |
|--------|---------------|---------|---------|--------|
| Collab | Collaborative | 126,889 | 141,855 | 14,966 |
|--------|---------------|---------|---------|--------|

| | | | | |
|-------|------------------------|---------|---------|----------|
| Drugs | Prescribing/Dispensing | 172,035 | 161,418 | (10,617) |
|-------|------------------------|---------|---------|----------|

| | | | | |
|----------|-----------------------------------|-----------|-----------|-----------|
| Premises | Premises | 2,864,293 | 2,655,289 | (209,004) |
| Premises | Premises Improvement Grants 17/18 | 198,000 | 70,922 | (127,078) |

| | | | | |
|-------|---|---------|---|-----------|
| Other | GP Indemnity 1718 Now Centrally funded) | 118,462 | 0 | (118,462) |
|-------|---|---------|---|-----------|

| | | | | |
|-------|--------------|---------|--------|----------|
| Other | CQC Fees | 105,391 | 87,061 | (18,331) |
| Other | Lifechannel | 25,000 | 29,440 | 4,440 |
| Other | Target | 0 | 43,359 | 43,359 |
| Other | 16/17 Impact | 0 | 24,052 | 24,052 |

| | | | | |
|--------------|--|-------------------|-------------------|---------------|
| Total | | 26,609,791 | 26,691,587 | 81,795 |
|--------------|--|-------------------|-------------------|---------------|

Local Commissioning Schemes (SUBJECT TO AUDIT SIGN-OFF)

| Summary | Description | Annual Budget 17/18 | Outturn 17/18 | Variance |
|---------|----------------------------|---------------------|---------------|----------|
| LCS | Basket Scheme | 457,561 | 401,327 | (56,234) |
| LCS | Phlebotomy | 190,473 | 180,548 | (9,925) |
| LCS | Diabetes | 115,644 | 130,170 | 14,526 |
| LCS | Respiratory | 193,055 | 203,000 | 9,945 |
| LCS | Leg ulcers | 164,347 | 150,282 | (14,065) |
| LCS | Low Vision/Stable Glaucoma | 44,265 | 30,017 | (14,248) |
| LCS | CQUIN | 437,457 | 488,426 | 50,969 |
| LCS | Pharmacy | 85,854 | 108,644 | 22,790 |
| LCS | Flu | 26,282 | 18,375 | (7,907) |
| LCS | Other | 0 | 3,878 | 3,878 |
| Other | 16/17 Impact | 0 | 3,570 | 3,570 |

| | | | | |
|--------------|--|------------------|------------------|--------------|
| Total | | 1,714,938 | 1,718,235 | 3,297 |
|--------------|--|------------------|------------------|--------------|

| (SUBJECT TO AUDIT SIGN-OFF) | Annual Budget 17/18 | Outturn 17/18 | Variance |
|-----------------------------|---------------------|---------------|----------|
| GP IT | 758,659 | 738,593 | (20,067) |

| (SUBJECT TO AUDIT SIGN-OFF) | Annual Budget 17/18 | Outturn 17/18 | Variance |
|--|---------------------|---------------|----------|
| Local investment (£3.00 p/h - split over 2 years) | 335,000 | 333,985 | (1,015) |
| Primary Care Transformation (Non-recurrent) | 324,000 | 324,000 | 0 |
| A&C Reception training | 38,000 | 38,000 | 0 |
| GP Retainer Scheme Central Funding | 14,000 | 0 | (14,000) |

These figures represent the unaudited 2017/18 position. The majority of the overspend in Co-commissioning is related to the closure of Queens Road surgery, with activity and ensuing expenditure moving from the PMS to the GMS budget and also reflects the utilisation of section 96 flexibilities to support neighbouring practices to manage the dispersed patient list.

All GPFV monies, made available through both central and local funding streams, have been fully utilised in 2017/18.

8. 2018/19 and beyond

The main priorities heading into 2018/19 include;

- Development of a robust and realistic workforce strategy for Primary Medical Care Services, linked to system wide, sustainable Estates Strategy
- Further roll out of initiatives that aim to improve productivity, e.g. technological solutions and streamlined processes
- Full implementation of the Primary Care Quality Framework with increased operational support from the Primary Care Team
- Support for the ongoing development of the MCP and the Health and Care plan in Portsmouth, working with community partners to develop networks supporting locality based populations
- In depth exploration of the benefits and risks of practice mergers

Terri Russell
Deputy Director of Primary Care
May 2018

| PRIMARY CARE COMMISSIONING COMMITTEE | | | |
|---|---|-----------------------|---|
| Date of Meeting | 16/05/18 | Agenda Item No | 9 |
| Title | Policy and Guidance Book | | |
| Purpose of Paper | <p>The Primary Care Commissioning Committee has decision making responsibility regarding all delegated co-commissioning activities. As a result Committee members should ensure they are appraised of the Policy and Guidance book that underpins the contractual management of Primary Medical Care Services.</p> <p>https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/</p> | | |
| Recommendations/ Actions requested | Committee members are to peruse the Policy and Guidance Book and consider the approach required to provide assurance regarding appropriate governance. | | |
| Engagement Activities – Clinical, Stakeholder and Public/Patient | N/A | | |
| Item previously considered at | N/A | | |
| Potential Conflicts of Interests for Committee Members | None | | |
| Author | Terri Russell – Deputy Director of Primary Care | | |
| Sponsoring member | Suzannah Rosenberg – Director of Commissioning and Quality | | |
| Date of Paper | 9 May 2018 | | |

| PRIMARY CARE COMMISSIONING COMMITTEE | | | |
|---|---|-----------------------|----|
| Date of Meeting | 16 May 2018 | Agenda Item No | 10 |
| Title | Minutes of Other Meetings | | |
| Purpose of Paper | <p>Attached are the minutes of the previous meetings of:</p> <ul style="list-style-type: none"> Minutes of the Primary Care Operational Group meetings held on 12 March 2018 | | |
| Recommendations/ Actions requested | The Primary Care Commissioning Committee is requested to note the above minutes. | | |
| Engagement Activities – Clinical, Stakeholder and Public/Patient | N/A | | |
| Item previously considered at | N/A | | |
| Potential Conflicts of Interests for Committee Members | N/A | | |
| Author | Various | | |
| Sponsoring member | Margaret Geary, Lay Member (Committee Chair) | | |
| Date of Paper | 27 April 2018 | | |

**Minutes of the Primary Care Operational Group Meeting
Monday 12 March 2018 at 10.30am – 12.30pm
CCG Committee Meeting Room, CCG Headquarters, Civic Offices**

Summary of Actions

| Agenda Item | Action | Who | By |
|---------------------------|--|----------------------|--------------------|
| 5. | General Practice Quality Dashboard (GPQD) metrics SMc will update the agreed identified inclusions within the GPQD, and provide a progress update at the next meeting. | SMc | April |
| 6. | Primary Care Projects: Portsmouth SystemOne & Digital User Group CH and JO'M to discuss options and report back to the group at the April meeting. Portsmouth Online Week CH/TR will liaise with JP regarding forthcoming Patient Participation Group Forum evening events later in the year. | CH/JO'M CH/TR | April April |
| 8. | Co-Commissioning Log of Decisions LS will change standing Agenda Item title to Co-Commissioning Log of Recommendations <i>Post Meeting Note: Standing Agenda Item title amended</i> | LS | April |
| Any Other Business | Special Allocation Scheme (SAS) – appeals process SMc add an additional box for rationale on Appendix A. | SMc | April |

Present:

Blanka Wood, Primary Care Project Officer (BW)
Christine Horan, Primary Care Improvement Facilitator (CH)
Carly Darwin, Practice Manager Representative (CD)
Dr Linda Collie, Clinical Executive GP Lead for Primary Care Co-Commissioning (Dr LC) (GP)
Emma Aldred, Primary Care Transformation Manager (EA)
Jackie Powell, Lay Member (JP)
Julia O'Mara, Practice Nurse and Prescriber Nurse (JO'M)
Lisa Hardy, LMC Representative (LH)
Lisa Stray, Business Assistant (LS)
Mark Compton, Deputy Director of Transformation (MC)
Rebecca Spandley Assistant Finance Manager (RS)
Simon Cooper, Deputy Director of Medicines Optimisation (SCr)
Stephen Corrigan, Clinical Quality Manager (SC)
Steve McInnes, Primary Care Relationship Manager (SMc)
Terri Russell, Deputy Director of Primary Care (TR) – Chair
Victoria Smyth, Primary Care Commissioning Officer (VS)

Apologies:

Carol Giles, Contracts Manager, NHS England (Wessex) (CG)
Jason Eastman, IT Programme Manager (JE)
Melanie Tourres, Finance Manager (MT)
Suzannah Rosenberg, Director of Quality and Commissioning (SR)

1. Welcome and Apologies

TR welcomed the group and apologies were noted.

2. Declarations of Interest

A direct conflict of interest was declared for Item: 5 for all practice staff members, and CD for Item AOB - Special Allocation Scheme (SAS) appeals process. The Chair agreed that CD could still participate in discussions and would not be excluded from the meeting.

3. Minutes of Previous Meeting

The minutes of the Primary Care Operational Group meeting held on the 12 February 2018 were approved as an accurate record subject to the following change:

Delete Page 1: Agenda Item 3: Summary of Actions

4. Summary of Actions

The summary of actions from the Primary Care Operational Group meeting held on the 12 February 2018 were discussed and reviewed as follows:

| Agenda Item | Action | Who | Progress |
|-------------|---|-----|---|
| 3. | Minutes of Previous Meeting RS will provide an update on Rent Reviews at the next meeting. | RS | April |
| 5. | TPP SystemOne Enhanced Data Sharing Module (eDSM) update JE will provide an update at the next meeting. | JE | Carried Forward |
| 6. | Portsmouth Group Practice – Minor Surgery Budget SMc will provide a detailed update at the April/May meeting. | SMc | Carried Forward to May |
| 8. | “Mock Inspections” & CCG Support SC will provide an update at the next meeting. | SC | Carried forward to June |
| 9. | General Practice Forward View Assurance CG will confirm what the expectation is nationally regarding implementation data and feedback at the next meeting. | CG | Now aware of expectations of assurance. Action complete |
| 11. | General Practice Quality Dashboard (GPQD) update VS will provide an update on the national figures for Shingles at the next meeting. | VS | Currently the Shingles data at national level is only published annually. The annual publication reflects the end of campaign position as at August of the year. The data is normally published in December. However, the annual data only reflects that as at August and not any other time of the year. Action complete |
| 13. | Personal Medical Services (PMS) Contract Variations <ul style="list-style-type: none">• Southsea Medical Centre TR will liaise with Andy Clarke, Practice | TR | Completed |

| | | | |
|--|---|----|---|
| | <p>Manager. CG will communicate with Julia Barton regarding eligible support for the practice.</p> | CG | Carried Forward to April |
| | <ul style="list-style-type: none"> The University Practice TR will provide an update at the next meeting following agreed change. | TR | Dr B Klemenz will be joining the practice on the 2 July 2018. Action complete |

5. General Practice Quality Dashboard (GPQD) metrics

A direct conflict of interest was declared for Item: 5 for all practice staff members. No decision is required at this time by the group, and therefore, the Chair agreed that these members could remain and participate in the general discussion.

SMc summarised a paper that was launched by the CCG in May 2017, and is currently being used by all GP practices in the city in identifying their uptake/achievement in relation to a range of primary care metrics. He reported that the dashboard is due to be refreshed in April/May 2018 to reflect new functionality, and additional metrics such as the Prescribing indicators. The group were asked to review and agree any additional metrics to be included in the GPQD.

SMc will update the agreed identified inclusions within the GPQD, and provide a progress update at the next meeting.

Action: SMC

6. Primary Care Projects

CH provided the group with an update on the following projects:

MJog
Ardens & PIP
Patient Online
eConsult
eReferrals

Portsmouth SystemOne & Digital User Group:

- As part of the 18/19 CQUIN it has been proposed to continue to fund 5 GPs to attend from SystemOne practices.

There was discussion whether it would be of benefit for a nurse to attend, which the group agreed. JO'M requested whether nurse attendance could be funded through the scheme. CH and JO'M to discuss options and report back to the group at the April meeting.

Action: CH/JO'M

- Work with Community, Mental Health and PCC Adult Social Services (due to go live on TPP (clinical system provider) in October 2018;
- Support the ongoing development of Ardens, Solent direct referrals etc.;
- Exchange of information, best practice and top tips

Portsmouth CCG Online Working Group will:

- Support the development of online and digital projects

Portsmouth Online Week:

- Campaign week of the promotion of online tools, available to patients across Portsmouth, including: Patient Online, eConsult, e-Referrals, MJog, Social Media, Websites etc.

CH/TR will liaise with JP regarding forthcoming Patient Participation Group Forum evening events later in the year.

Action: CH/TR

7. General Practice Forward View Assurance

TR reported the Operating Plan will be refreshed to include new requirements for this year.

TR and MC summarised the Delivery area for 2018/19:

Improving Access – fully assured

- Providing extended access during weekday evenings and on Saturdays for 100% of their population.
- Plans for the Integrated Primary Care Service to go-live from June 2018 which will meet all core requirements (with a national deadline of October 2018).
- Portsmouth CCG has undertaken a formal procurement process for this service.

Workforce – partially assured

- Delivering their contribution to the workforce commitment to have an extra 5,000 doctors and 5,000 other staff working in primary care.

Investment – fully assured

- Investing the balance of the £3 per head investments for general practice transformation support over 2017-19.

Networking – fully assured

- Actively encouraging every practice to be part of a local primary care network, so that there is a complete geographically contiguous population coverage of primary care networks as far as possible by the end of 2018/19.
- Portsmouth CCG is meeting these requirements through the PPCA and MCP work programmes.

ETTF- fully assured

- Investing in upgrading primary care facilities, ensuring completion of the pipeline of Estates and Technology Transformation schemes, and that the schemes are delivered within the timescales set out for each project.

Sustainability and resilience – Unable to assure as budget sits with NHS England

- Ensuring that 75% of 2018/19 sustainability and resilience funding allocated is spend for December 2018, with 100% of the allocation spent by March 2019.

Time to Care – fully assured

- Ensuring every practice implements at least two of the high impact 'time to care' actions.

Provider development initiatives – fully assured

- In all practices, delivering primary care provider developments initiatives for which CCGs will receive delegated budgets, including online consultations.

8. Co-Commissioning Log of Decisions

LS will change standing Agenda Item title to Co-Commissioning Log of Recommendations.

Action: LS

Post Meeting Note: Standing Agenda Item title amended.

9. Risk Register

MC confirmed there were no changes to the Risk Register.

10. Any Other Business

CD declared a direct conflict of interest for Item: Any Other Business - Special Allocation Scheme (SAS) appeals process. No decision is required at this time by the group, and therefore, the Chair agreed that this member could remain and participate in the general discussion.

Special Allocation Scheme (SAS) – appeals process

SMc reported the SAS is formally known as the Violent Patient Scheme, and that guidance sets out the Clinical Commissioning Group's (CCG) role with regard to the scheme, including the need to form a SAS Panel to review appeals from patients. The panel would also potentially be used where the SAS Provider does not agree with the allocation.

The SAS Appeal Process

- It is recognised that GP practices report incidents to the police and request an immediate removal where there is due cause, and to protect the safety of practice staff, patients and visitors;
- The patient referred to the SAS has a right of appeal should they wish to do so, by putting in writing **within 14 working days**;
- The primary care team at the CCG will contact the GP practice, and Primary Care Support England (PCSE) to notify them of the appeal;
- The appeals process does not delay the immediate removal of a patient following a request;
- The appeal will be reviewed by a panel convened by the CCG (a 'SAS Panel');
- The primary care team issue a letter to referring GP practice with the outcome of the appeal;
- If appeal successful, primary care team will contact PCSE to request a re-instatement of the registration;
- The CCG will notify the patient of the decision in writing **within 14 working days**;
- The panel's decision with regard to the removal and SAS allocation does not affect the patient's right to escalate the matter to the NHS England, if their appeal is rejected and they remain dissatisfied.

The group reviewed the draft appeals process and agreed the following actions:

SMc will liaise with other CCGs around specific training for practices around the scheme, and feedback at the next meeting.

SMc will provide guidelines for the Business Services reception pertaining to received telephone calls.

SMc add an additional box for rationale on Appendix A.

Action: SMc

New Practice Manager Representative

TR reported that Mr Dave Scarborough will be taking over from CD as then new Practice Manager Representative for the Primary Care Operational Group, attending Governing Board, and as a representative on the TARGET group from April. TR personally thanked CD on behalf of the group for all her hard work, commitment and input at the meetings.

Nominated Deputy Chair for Primary Care Operational Group

Following recommendations made by internal audit the group was asked to nominate a deputy chair. TR has been nominated as Deputy Chair.

12. The next Primary Care Operational Meeting is scheduled for:

Monday 23 April 2018 at 10.30am, Committee Meeting Room, CCG HQ