NHS
Portsmouth
Clinical Commissioning Group

Primary Care Commissioning Committee

A meeting will be held from 1.00pm – 2.45pm on Wednesday 19 September 2018 in Conference Room B, 2nd Floor, Civic Offices, Portsmouth

AGENDA

1.	**Apologies for Absence and Welcome**	Ms M Geary	Verbal
2.	**Register and Declarations of Interest**	Ms M Geary	Paper
3.	**Minutes of Previous Meeting** a) To agree the minutes of the Primary Care Commissioning Committee meeting held on Wednesday 16 May 2018 b) Matters Arising	Ms M Geary	Paper
4.	**Risks**	Ms M Geary	Verbal
5.	**Chair's Action** **Personal Medical Services (PMS) contract changes** • Portsdown Group Practice ***Post Meeting Note: Margaret Geary, Chair, has approved an advanced Chairs Action relating to a GP retirement at the practice, as this will not have a significant impact on the Portsdown Group Practice.***	Mrs T Russell	Paper
6.	**Personal Medical Services (PMS) Reinvestment – Workforce**	Mrs T Russell	Paper
7.	**Integrated Primary Care Service**	Mr M Compton	Paper
8.	**Merger Review**	Mrs T Russell	Paper
9.	**University Student Health Needs Assessment**	Mrs T Russell	Paper
10.	**Special Allocation Scheme**	Mrs T Russell	Paper
11.	**Integrated Care Partnership Consultation**	Mr M Compton	Paper
12.	**Minutes of Other Meetings** • Primary Care Operational Group • Multi-speciality Community Provider (MCP) Working Group	Mrs T Russell Mr M Compton	Paper

13.	**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 21 November 2018 at 1.00pm – 2.45pm in Conference Room A, 2nd Floor, Civic Offices, Portsmouth.
14.	**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 Jason Horsley	-	Director of Public Health, Portsmouth City Council
Dr Jonathan Lake	-	Clinical Executive **(on Sabbatical)**
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

NHS
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Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

Date of Meeting	19 September 2018	**Agenda Item No**	2
Title	**Register and Declarations of Interest**		
Purpose of Paper	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. • 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	The Committee are requested to: • 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	11 September 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
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		✓	✓
Jane	Cole	Deputy Chief Finance Officer	Isle of Wight CCG		✓		Direct	Part-time secondment as Chief Finance Officer	31/07/2018	Current	Should any potential conflict arise, these would be declared and managed through the usual governance processes.			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 Director of Medicines Optimisation and Pharmacy	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	Left 31/3/18					
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	Left 31/3/19					
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		
Carly	Darwin	Practice Manager Representative	Portsdown Group Practice	✓			Direct	Employee		Current	Manage in line with CCG policy					Left 31/3/18	
Michael	Drake	Director of Planning and Performance	Nil													✓	✓

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
Dr Anne	Eggins	Clinical Commissioning Lead	Eastney Practice	✓	✓		Direct	General Practitioner Partner		Current	Manage in line with CCG policy	✓			✓		✓
Dr Anne	Eggins	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	✓				✓
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.						Left 31/7/18
Jo	Gooch	Strategic Projects Director	HFMA		✓		Direct	Member	15/12/2016	Current	None required.						Left 31/7/19
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.						Left 31/7/20
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.						Left 31/7/21
Jo	Gooch	Strategic Projects Director	Gosport & Fareham Multi Academy Trust			✓	Indirect	Member of secondary Local Governing Committee	01/06/2016	Current	None required.						Left 31/7/22
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.	✓			✓	✓	
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.	✓			✓	✓	

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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
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	Jeffs	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										Maternity Leave				
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	✓	✓	✓	✓		
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	✓	✓	✓	✓		

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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
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	14/12/2016	Current	Any conflicts when identified will be declared in line with CCG policy		Attendee	Attendee	✓ Ends May 2017		✓
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	✓				Started 1 April 2018 ✓	

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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
David	Scarborough	Practice Manager Representative on Governing Board	Trafalgar Medical Group	✓			Direct	Business Manager		Current	Manage in line with CCG policy	✓				Started 1 April 2018 ✓	
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 maybe 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	✓					

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
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		

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PRIMARY CARE COMMISSIONING COMMITTEE			
Date of Meeting	19 September 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 16 May 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	11 September 2018		

NHS
Portsmouth
Clinical Commissioning Group

DRAFT

Minutes of the Primary Care Commissioning Committee meeting held on Wednesday 16 May 2018 at 1.00pm – 2.45pm in Conference Room A, 2nd Floor, Civic Offices, Portsmouth

Summary of Actions

Agenda Item	Action	Who	By
4.	**Risks** Provide an overarching risk register at regular intervals.	T Russell	As required
5.	**Personal Medical Services (PMS) contract variations** • University Surgery - Provide student health needs assessment update for the September meeting. • General – All concerns regarding practice sustainability will be included on the Primary Care Operational Group Risk Register.	T Russell T Russell	September As required

Present:

Margaret Geary	- Lay Member (Chair)
Roger Batterbury	- Healthwatch Portsmouth Vice-Chair
Dr Linda Collie	- Clinical Leader/Clinical Executive (GP)
Dr Annie Eggins	- Clinical Executive (GP)
Dr Jason Horsley	- Director of Public Health, Portsmouth City Council
Dr Jonathan Lake	- Clinical Executive (GP)
Jackie Powell	- Lay Member
Jo York	- Director (New Models of Care)
Mark Compton	- Deputy Director of Transformation
Suzannah Rosenberg	- Director of Quality and Commissioning
Terri Russell	- Deputy Director of Primary Care
Michelle Spandley	- Chief Finance Officer

In Attendance

Justina Jeffs	- Head of Governance
Lisa Stray	- Business Assistant

Apologies:

Dr Julie Cullen	- Registered Nurse
Andy Silvester	- Lay Member
Innes Richens	- Chief of Health & Care Portsmouth

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 practice and as members of the Portsmouth Primary Care Alliance, declared a conflict of interest for Agenda items 5 and 7. Margaret Geary, as the Chair, agreed that the conflicted members could participate in the discussion but not in any decision-making.

Justina Jeffs informed the Committee that updates had been received against the Register of Interests and these changes would be included in the Register for the next meeting.

3. **Minutes of Previous Meeting**

The minutes of the Primary Care Commissioning Committee meeting held on Wednesday 21 March 2018 were approved as an accurate record.

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

Agenda Item	Action	Progress
7.	**Primary Care Commissioning Quality and Innovation Scheme (CQUIN)** Amendments to the Primary Care CQUIN. *Post meeting Note: The Chair agreed and approved the revised Primary Care CQUIN specification.*	Completed
8.	**Integrated Primary Care Service** Bring back for approval at the next meeting.	Item on agenda

4. **Risks**

Margaret Geary reported no new risks escalated from the Primary Care Operational Group. Committee Members requested that the overarching risk register is brought to the Committee at regular intervals.

Action: Terri Russell

5. **Personal Medical Services (PMS) contract variations**

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 direct 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 took members through the proposed GP partnership changes for PMS contracts.

Committee members approved the following contract variations for:

<u>Southsea Medical Centre</u>

- Dr Stone left on 2 February 2018
- Dr Klemenz is due to leave on 30 June 2018

Devonshire Practice

- Dr Bella Caiger will be retiring on 21 June 2018.

Although the practice has successfully recruited a part-time salaried GP, there are no plans to recruit additional nurse practitioners. Terri Russell reported that the investment in Healthcare Support Workers has been implemented through the resilience programme.

Dr Jonathan Lake questioned the way the role of nurse practitioners has been considered against that of the practice nurses. Terri Russell stated that these roles are different however emphasised that for this purpose, the skill mix and staffing levels concerns where the responsibility is transferred to.

University Surgery

- Dr Lawson will be retiring on 30 June 2018
- Dr Klemenz will be joining on 02 July 2018

Committee members previously discussed the significant difference between the GP to patient ratio of this practice, compared to others across the city due to the population served by the practice.

A previous retirement notification for Dr Lawson had not been agreed at the Primary Care Operational Group meeting in December 2017, due to significant number of patients per GP ratio. Terri Russell reported that this was due to the surgery effectively becoming a single handed practice if Dr Lawson left. The practice has since confirmed they have been successful in their recruitment of a new GP partner, and have developed an action plan with support from the Primary Care team.

Dr Jonathan Lake suggested that in order to provide additional assurance for the Committee, it would be useful for members to have an overview of the student population needs which is reflected in workforce. Terri Russell will provide an update for the September meeting.

Action: T Russell

Portsdown Group Practice

- Dr Kipgen will change role from salaried GP to GP partner as of 1 April 2018 which has no impact on GP to patient ratios for the practice.

Committee Members highlighted the following:

- Michelle Spandley stated that sustainability has been raised a number of times and questioned how the Primary Care Team are made aware of the potential impact of workforce changes. Suzannah Rosenberg replied that practices data is reviewed by the team and scrutinised through the Primary Care Operational Group.
- Dr Linda Collie commented that larger patient numbers in practices present a higher risk.

- Mark Compton raised a concern around resilience of smaller practices, and questioned the need to do something different. Terri Russell confirmed that the resilience programme is being rolled out across practices and there is good communication between practices and the Primary Care Team.
- Dr Linda Collie asked if there were examples where we currently support each other e.g. shared IT and processes which could be rolled out.
- Jo York suggested considering support from the Portsmouth Primary Care Alliance.

- Mark Compton asked how the CCG and this Committee could influence future business model e.g. Multispeciality Community Provider.

All concerns will be included on the Primary Care Operational Group Risk Register.

Action: T Russell

The Primary Care Commissioning Committee agreed the recommendations in principle, subject to additional assurance around ratios in practices.

6. **Primary Care Commissioning Committee Work Programme 2018/2019**

Terri Russell presented the Primary Care Commissioning Committee Work Programme 2018/19.

The Primary Care Commissioning Committee approved the Annual Committee Work Programme.

7. **Integrated Primary Care Service Contract**

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 direct 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 update on the progress of procuring and mobilising the Integrated Primary Care Service. The continuation of all services joined together will be the 1 July 2018.

Committee members were asked to review the report which included:

- Revised service go-live date
- Suitable assurance to grant authorisation to pursue to contract signature for the provision on Integrated Primary Care between the CCG and Portsmouth Primary Care Alliance (PPCA).

Jo York advised members that due to the change in the go live date, existing contracts had been extended resulting in financial implications for the CCG.

Committee members raised the following:

- Margaret Geary questioned whether this had an impact on Key Performance Indicators. Jo York confirmed that mechanisms have been in place throughout the process to identify risks, including those relating to performance.
- Mark Compton reported that the Portsmouth Primary Care Alliance will deliver this service between 6.00am and 8.00am. Primary Care will be able to deliver the demand more effectively resulting in a positive impact for quality.
- Jo York reported that we would expect to see more patients earlier in the evening period. The PPCA will continue to deliver this service until 10.00pm, and then handover will be to Partnering for Health Limited (PHL).
- Roger Batterbury asked what changes patients will see on the 1 July when the phased transition is implemented. Jo York answered that the hours will be extended and patients will have simplified access. 111 will still be an access point and reduce times for out of hours for a more coherent patient care.
- Dr Linda Collie highlighted that patients will not need to explain their medicines record, as this will be all ready when they arrive.

- Committee members congratulated Jo York's team on their hard work, and highlighted this has been a huge success for the GPs in the city.

The Primary Care Commissioning Committee approved the report that granted authorisation to pursue to contract signature, for the provision of Integrated Primary Care between the CCG and Portsmouth Primary Care Alliance.

8. **Annual Report to NHS England**

Terri Russell presented the report that covered all aspects of Primary Care commissioning activities. Committee members were asked to receive the report.

The Primary Care Commissioning Committee received and noted the report.

9. **NHS England Policy and Guidance Book**

Terri Russell spoke to the Policy and Handbook that underpinned the contractual management of Primary Medical Care Services, which provided additional assurance regarding appropriate governance. The link to the Policy Guidance had been sent previously to members for their information. Terri Russell confirmed that the work presented to the Primary Care Commissioning Committee was based on the Policy Guidance which was stated in the Committee papers where relevant.

The Primary Care Commissioning Committee noted the NHS England Policy and Guidance Book.

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 12 march 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 18 July 2018 at 1.00pm – 2.45pm in Conference Room A, 2nd Floor, Civic Offices.

Member Name	May 2018	Jul 2018	Sept 2018	Nov 2018	Jan 2019	Mar 2019
Dr Linda Collie	✓					
Mark Compton	✓					
Dr Julie Cullen	A					
Dr Annie Eggins	✓					
Patrick Fowler						
Jo Gooch						
Dr Jason Horsley	✓					
Justina Jeffs	✓					
Dr Jonathan Lake	✓					

Jackie Powell	✓					
Innes Richens	A					
Terri Russell	✓					
Suzannah Rosenberg	✓					
Tracy Sanders						
Andy Silvester	A					
Jo York	✓					
Michelle Spandley	✓					
Lisa Stray	✓					
Margaret Geary	✓					
Roger Batterbury	✓					

✓- Present

A – Apologies

NHS
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PRIMARY CARE COMMISSIONING COMMITTEE			
Date of Meeting	19 September 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	11 September 2018		

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PRIMARY CARE COMMISSIONING COMMITTEE			
Date of Meeting	19 September 2018	**Agenda Item No**	5
Title	**Chair's Action**		
Purpose of Paper	Committee members are asked to note the approved Chair's Action for GP retirement at Portsdown Group Practice.		
Recommendations/ Actions requested	Committee members to ratify changes.		
Engagement Activities – Clinical, Stakeholder and Public/Patient	N/A		
Item previously considered at	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	Margaret Geary – Lay Member (Committee Chair)		
Date of Paper	16 August 2018		

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RECORD OF CHAIR'S ACTIONS

Background and Summary:

The Primary Care Commissioning Committee Chair is asked to consider a Portsmouth Personal Medical Services practice change for Portsdown Group Practice.

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

Practice change:
Dr KaWai Mo retired as a GP partner at the practice on 1 April 2018

GP Partner WTE after change:
12.3 this equates to 3570 patients per GP Partner

Salaried GP WTE after change:
3.8

Total number of GPs after change:
17

Additional Workforce WTE after change:
7.8 Nurse Practitioners

Total WTE GP and additional workforce:
23.9 this equates to 1837 patients per WTE GP and additional workforce

The Chair's Action decision will be formally reported to the September 2018 Primary Care Commissioning Committee for ratification where there will be further opportunity for comments.

Action:

Chairman's action to approve the amendment

Action authorised by:

Signed: ..... Date: 20/7/18

Margaret Geary
Chair of Primary Care Commissioning Committee
NHS Portsmouth Clinical Commissioning Group

Prepared by: Terri Russell, Deputy Director of Primary Care

NHS
Portsmouth
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

Date of Meeting	19 September 2018	**Agenda Item No**	6
Title	**GP Practice Workforce Development Scheme**		
Purpose of Paper	To set out proposals for a GP Practice workforce development scheme utilising recurrent PMS reinvestment monies. Primary Care Commissioning Committee have previously approved funding for the scheme but requested that the detail be brought back for approval.		
Recommendations/ Actions requested	The committee is asked to consider the proposals and agree the principles of the scheme.		
Engagement Activities – Clinical, Stakeholder and Public/Patient	Discussions held with the local Practice Manager Advisory Group and at the Practice Manager Forum.		
Item previously considered at	The scheme has been developed following initial discussions at the CCG's Primary Care Operational Group, with Local Medical Committee representation. This resulted in an action to provide further information and take to the Primary Care Commissioning Committee.		
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	Steve McInnes, Primary Care Relationship Manager		
Sponsoring member	Terri Russell, Deputy Director Primary Care		
Date of Paper	24 August 2018		

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GP Practice Workforce Development Scheme

Background

The Primary Care Commissioning Committee agreed in March 2018 the following plan to utilise PMS reinvestment monies from 2018-19:

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)
The proposal is to support practices to invest in training to develop existing staff in new roles or to develop their current scope of practice and/or to remunerate staff for taking on these developing roles. Examples include reception staff who have undertaken training to take on additional responsibilities e.g. workflow optimisation or care navigation or for upskilling nursing staff to take on nurse practitioner roles.

Total proposed funding: £380k
(£1.65 per head of population)

Proposal for Workforce development scheme

A proposed scheme has been developed following discussion with the Local Medical Committee and GP practices in Portsmouth.

The draft scheme outline is enclosed at Appendix A.

The Primary Care Commissioning Committee is asked to approve the detail of the scheme.

Steve McInnes
Primary Care Relationship Manager

August 2018

Appendix A

Workforce development scheme

Background

The GPFV committed to strengthening the general practice workforce and enabling bigger teams of staff providing a wider range of care options for patients, freeing up time for GPs to focus on patients with more complex needs.

The national Releasing Time for Care programme also focusses on non-clinical roles and how they can support new ways of working in the practice, such as Care navigation.

NHS Portsmouth CCG wishes to support this through a scheme which utilises a proportion of the PMS reinvestment monies, circa £380K.

Criteria for scheme

The scheme is not intended to fund existing/established roles but can be utilised to support the following, in agreement with the CCG:

- Funding towards new or enhanced practice roles
- Training associated with new ways of working, e.g. Workflow Optimisation
- Backfill for the above training

This can however be back-dated to 1st April 2017 in terms of when any new or enhanced role was developed, with the funding to commence from April 2018.

Examples of such roles include accredited Health Care Assistants, receptionists with extended roles including workflow optimisation or care navigation and the upskilling of registered nursing staff to take on Nurse Practitioner roles.

Funding process

Subject to bids being agreed by the CCG, practices are able to access **£1.65 per head of population** for 2018-19 based on April 2018 raw list size. Where this relates to new or enhanced roles this will be recurrent funding, i.e. payment will be made annually for this once agreed. For training and associated backfill, this would clearly be a one-off payment and the practice would need to consider how to utilise their funding the following year.

Practices are asked to submit their case for funding using the template at Appendix 1.

Appendix 1

Workforce development scheme 2018-19

Practice name	
J code	

Funding requirements:

New / Enhanced roles

1. Job title	
2. Description of role	
3. Is this a new or enhanced role? ***Delete as appropriate***	***New/Enhanced**
4. What was the start date of the new or enhanced role?	
5. What is the additional annual salary relating to this role?	
6. Confirm the amount being claimed	

1. Job title	
2. Description of role	
3. Is this a new or enhanced role? ***Delete as appropriate***	***New/Enhanced**
4. What was the start date of the new or enhanced role?	
5. What is the additional annual salary for this role?	
6. Confirm the amount being claimed	

1. Job title	
2. Description of role	
3. Is this a new or enhanced role? ***Delete as appropriate***	***New/Enhanced**
4. What was the start date of the new or enhanced role?	
5. What is the additional annual salary for this role?	
6. Confirm the amount being claimed	

Training

1. Title of the training	
2. Description of training	
3. Date of training	
4. Role of person undertaking training	
5. Confirm the amount being claimed	

1. Title of the training	
2. Description of training	
3. Date of training	
4. Role of person undertaking training	
5. Confirm the amount being claimed	

Backfill for training

1. Title of the training	
2. Description of training	
3. Date of training	
4. Role of person undertaking training	
5. Confirm the amount being claimed	

1. Title of the training	
2. Description of training	
3. Date of training	
4. Role of person undertaking training	
5. Confirm the amount being claimed	

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PRIMARY CARE COMMISSIONING COMMITTEE

Date of Meeting	19 September 2018	**Agenda Item No**	7
Title	**Integrated Primary Care Service Update**		
Purpose of Paper	The purpose of this paper is to update the Primary Care Commissioning Committee on progress regarding the newly commissioned Integrated Primary Care Service following contract award to the Portsmouth Primary Care Alliance in June 2018.		
Recommendations/ Actions requested	The PCCC are requested to note the content of this report. No actions or decisions are required at this stage.		
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	12 September 2018		

NHS
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Integrated Primary Care Service Update

1. Introduction

1.1. The purpose of this paper is to update the Primary Care Commissioning Committee (PCCC) on progress regarding the newly commissioned Integrated Primary Care Service following contract award to the Portsmouth Primary Care Alliance (PPCA) in June 2018.

2. Background

2.1. In May 2018, following the undertaking of fair and transparent procurement exercise, the PCCC authorised the letting of an 18 month contract for an Integrated Primary Care (IPC) Service to the PPCA, unifying the provision of the Acute Visiting Service, GP Enhanced Access Service, and Out-of-Hours service into a single contract.

2.2. The IPC service successfully went live on Friday 29th June 2018.

3. Post Service Go-Live Update

3.1. Since the service contract officially commenced on 29th June 2018 service provision has been implemented effectively with no significant issues arising. As with the introduction of any new service a number of minor 'teething problems' have been encountered, predominantly in relation to interfaces with other services, but these have been swiftly identified and the PPCA are actively working with provider partners to resolve and mitigate.

3.2. Activity managed by the service has closely matched forecast demand (however is subject to further data validation). A slightly lower conversion of clinical telephone assessments to face-to-face appointments has been observed compared to forecast, likely to be a result of better than predicted confidence during GP triage with access to patients' notes and lower acuity demand presenting in the summer months.

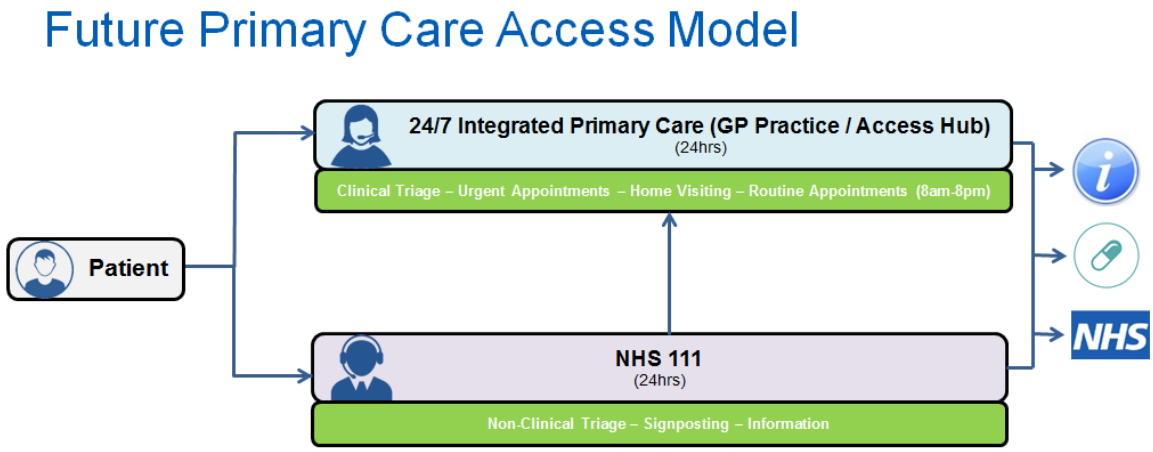
3.3. One of the key risks highlighted during service mobilisation was the ability to effectively fill the clinical rota; during the first month of the service operating the clinical rota fill has been circa 85%, with subsequent months seeing an increase in clinical rota fill.

3.4. The service is now subject to regular Contract Review Meetings between the PPCA and CCG colleagues overseeing the delivery of the service. Both parties are currently continuing to work on strengthening reporting arrangements, including robust data validation, and analysing metrics to improve service quality and delivery.

4. Service Developments

4.1. Throughout the duration of the interim contract the CCG and the PPCA will develop and evolve the service to further test new delivery models and improve patient care. In

future it is envisioned that patients will be served by a single, consistent IPC service across key consolidated sites within the city. Access to this service will be via a local telephone number and online access with NHS 111 continuing to provide a service for urgent needs where patients are unsure if it is an emergency (reflected in the diagram below):



4.2. In order to move positively towards the model outlined above a continuous programme of service development will be undertaken throughout the duration of the interim contract; this will constitute the Service Development Improvement Plan for the service, and will seek to realise improved efficiencies for the local healthcare system.

4.3. Integrated Urgent Care

4.4. In line with the national ambition to implement Integrated Urgent Care (IUC), the IPC service will form a core component of the local IUC delivery vehicle including the requirement to deliver a Clinical Assessment Service (CAS).

4.5. The CAS will provide clinical telephone triage for at least 50% of the calls to NHS 111. The service effectively already delivers this for all GP dispositions outside traditional core in-hours provision. The priority for the IPC will be to incorporate the clinical validation of all ED dispositions and low acuity ambulance dispositions (Category 3 and 4).

4.6. In line with the NHS Operational Planning and Contracting Guidance (2017-2019) the PPCA will work towards offering direct booking from the CAS in due course.

4.7. Integration of Overnight Services

4.8. Another development for the IPC service to explore is the unification of primary and community overnight provision through a single point of access and a combined workforce, enabling all primary and community overnight demand to be met by the most appropriate healthcare professional. There may also be scope to include overnight social care provision.

4.9. ED Clinical Streaming

4.10. The IPC service had already begun, in collaboration with Portsmouth Hospitals Trust, piloting an ED Clinical Streaming model that incorporates a re-direction service, whereby patients, following a clinical assessment and deemed to present with an urgent primary care need, can be booked in for an appointment within the IPC service for treatment rather than being treated within a busy ED.

4.11. Urgent Treatment Centres

4.12. Following the national guidance to standardise urgent provision for minor illnesses and injuries into Urgent Treatment Centres (UTCs), and the potential duplication of provision with the IPC service, the PPCA and CCG are keen to work with the provider of the Portsmouth Urgent Treatment Centre, Care UK, currently based at the St Mary's Treatment Centre.

4.13. The intention is to explore opportunities to integrate these services in order to deliver a more efficient and unified service, and seeking opportunities around a shared workforce.

4.14. Workforce Diversification

4.15. In order to build a more sustainable workforce for the future, a broader skill mix will be required to achieve financial efficiencies and address the issue of healthcare professional shortages. The intention is to explore diversifying the workforce especially in relation to the provision of a CAS and AVS.

5. Conclusion

5.1. The PCCC are requested to note the content of this report. No actions or decisions are required at this stage.

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PRIMARY CARE COMMISSIONING COMMITTEE			
Date of Meeting	19 September 2018	**Agenda Item No**	8
Title	**Review of GP practice mergers**		
Purpose of Paper	The purpose of this paper is to present the findings of a formal review of local GP practice mergers, undertaken jointly by NHS Portsmouth Clinical Commissioning Group (CCG) and Healthwatch Portsmouth (HWP).		
Recommendations/ Actions requested	The Primary Care Commissioning Committee is asked to note and discuss the content of the report and provide recommendations and direction as appropriate.		
Engagement Activities – Clinical, Stakeholder and Public/Patient	Survey of patients undertaken by Healthwatch Portsmouth; interviews held with clinicians and practice staff by CCG Primary Care Team.		
Item previously considered at	N/A		
Potential Conflicts of Interests for Committee Members	Clinical Executive colleagues have a potential conflict of interest due to involvement in previous mergers.		
Author	Steve McInnes, Primary Care Relationship Manager		
Sponsoring member	Terri Russell, Deputy Director Primary Care		
Date of Paper	10 September 2018		

NHS
Portsmouth
Clinical Commissioning Group

Review of GP Practice mergers in Portsmouth

1. Introduction

The purpose of this paper is to present the findings of a formal review of local GP practice mergers, undertaken jointly by NHS Portsmouth Clinical Commissioning Group (CCG) and Healthwatch Portsmouth (HWP). The intention of the review was to help commissioners and providers reflect on whether the anticipated benefits were delivered by the mergers and to understand the impact on patients and other stakeholders. The merger process itself was also discussed from the perspective of each of the practices (who have undertaken a recent merger), the CCG and other relevant stakeholders, and consideration given to enhancing the guidance available to improve the process for future mergers. Finally, as branch site closures were sometimes associated with such mergers, this was also touched on in the review.

The Primary Care Commissioning Committee is asked to note and discuss the content of the report and provide recommendations and direction as appropriate.

2. Background and context

Securing the sustainability of general practice is one of nine national 'must dos' in the NHS Operational Planning and Contracting Guidance for 2017-2019. This includes supporting practices to work at scale. The Portsmouth Blueprint set out plans for creating a different primary care service for the city, retaining the GP as the basis for the service but with a wider workforce which sees individual GP practices working together or merging to provide services collectively for the City.

It should also be noted that a number of practices have made use of the General Practice Resilience programme in the last 3 years, which suggests that local practices are taking the need to address long term sustainability very seriously. The CCG has supported recent practice mergers with this in mind.

Since April 2013 there have been 10 practice mergers and 3 associated branch site closures in Portsmouth, as well as 2 site moves and 1 unforeseen full practice closure. The overall number of practices in the city has reduced from 27 to 16 in five years.

Official data from NHS Digital suggests that more than 250 GP practices covering almost 1m patients across England closed or merged in 2017-18, indicating this is very much a national trend.

3. Stakeholder engagement

The practices involved in this review were:

1. Craneswater Group Practice (comprising of the former Waverley Road and Salisbury road practices)
2. East Shore Partnership (comprising of the former Baffins and Milton Park practices, and including a relocation of the Milton site)
3. Portsdown Group Practice (comprising of the Portsdown and Northern Road practices, and a subsequent site closure of Northern Road)
4. Trafalgar Medical Group Practice (comprising of the former Ramillies and Osborne Road practices, and including a subsequent closure of Ramillies)[1]

In undertaking this review, the CCG and HWP engaged with the following stakeholders for the above practices:

- Patients
- GPs
- Nurses
- Practice Management teams
- Other practice staff
- Portsmouth CCG colleagues

HWP carried out their research during the month of August 2018 and gained feedback from 441 patients. The patients were able to provide confidential responses through online or paper surveys (see App 1).

CCG Primary Care Team managers conducted interviews with members of the practice team asked a series of pre-defined questions (App 2). Some additional questions were also asked in relation to the specific benefits and innovative working that the practices had highlighted in their application. People were encouraged to talk openly about the merger, and any associated closure, having been assured that feedback would be anonymised. Both patients and practice staff were also given the opportunity to highlight any other issues regarding the merger/closure that were not already covered.

For completeness the CCG Primary Care Team also spoke to other colleagues that were involved in the merger process, including staff from the CCG itself and the local Commissioning Support Unit.

[1] Some feedback was also received in relation to the very recent merger of Trafalgar MGP and Eastney Practice

4. Findings

Both HWP and the CCG will share with individual practices a summary of the feedback obtained, and there is a desire to work with practices on any issues that have arisen.

A summary of the stakeholder feedback is provided below:

4.1 Mergers

4.11 Communications

Generally the findings regarding merger communications were positive and the majority of patients felt they were aware that a merger had occurred; 85% of respondents confirmed this (range across practices was 79-95%).

However in the case of one merger the percentage of patients who felt they had been kept informed during the process was less than half (47%) whilst only 41% stated they had been given the opportunity to ask questions.

With regard to responses to a site closure, 80% of respondents felt they had been kept informed, but the 'feeling engaged' responses dropped to 67% when asked whether they were able to ask questions.

In terms of communication *within* the practices, clinicians felt they were well informed and had an integral role in discussions from an early stage. However some practice staff felt that they were not kept up to date with the planned changes and that there were quite a few 'surprises' by the time the merger happened. Some suggested there should have been greater clarity from the outset and a joint practice meeting to include all staff would have been beneficial, a point that was also echoed by some of the GPs. One merger had involved a pre-merger 'away day' for everyone at both practices and this was very well received. A GP considered on reflection that more could have been done to try and set out the ethos of the 'new' practice, which may have mitigated some negativity around how successful the practices had been in bringing people together. It should be noted that many staff commented they were very grateful for the support provided by the Practice Management team.

Recommendation - the CCG, alongside HWP and GP practices, should encourage greater patient engagement activities in the planning and implementation phases of practice mergers and site closures, building on

the successful engagement activities that a number of practices have already undertaken.

Recommendation - any practices planning on a future merger should consider the process for staff consultation and look to involve all staff at the earliest opportunity, ensuring they are kept updated. Consideration should be given to a staff 'away day' which feedback suggests is a key activity for engaging staff.

4.1.2 Sustainability

Whilst patients were not specifically asked about their practice's long term sustainability, from some of the comments received it could be argued there is a need to raise greater awareness of the pressures that practices are under, for example to illustrate the crisis that General Practice is facing in recent years as a result of rising demands and a stretched workforce, and how practices are increasingly working together to resolve those issues. Further communications regarding future ways of working, including collaborative and hub delivery of care, are also required.

Virtually all clinical and non-clinical interviewees agreed that the practice was more sustainable for the long term future following the merger. Some of the advantages expressed were:

- Increased clinical cover for sickness (and particularly useful with various retirements having occurred or in the pipeline)
- More diversified workforce now in place, and merging has enabled new roles to be established, and skill sets increased
- Working at scale supports economies of scale and has allowed service provision to be maintained (and improved in some cases)
- Previous practice was too small to be able to survive longer term and would have likely closed
- Economies of scale
- Being a larger practice has significantly helped with recruitment and retention
- Workload, accountability, responsibility, and risk has been shared

The CCG recognises that mergers have provided the platform for greater sustainability of primary care provision, particularly for smaller scale practices that were in an increasingly vulnerable position. Some practices had declared they were now in a stronger financial position, thus securing the longer term provision of services.

Recommendation - the CCG and practices should engage in proactive communications to further raise awareness of the current challenges that GP practices face in continuing to provide services and how locally this is being addressed. This should not focus solely on mergers but include messaging around hub and other collaborative working, as well as effective use of other providers such as pharmacies, and the promotion of self-care.

4.1.3 Benefits realisation

The following is a summary of the main benefits that were outlined by practices in their merger applications, along with feedback from the practices themselves and their patients on whether it was felt these have been realised.

Practices A+B

Intended Benefit	Patients	Practice
Wider choice of appointment times for patients	20% of respondents agreed this had been for the better; 80% disagreed. The theme of the comments received was that it was difficult to get an appointment, and more so since the merger for some. However many of the comments related to not getting an appointment with the GP and instead being offered something else.	Wider choice of appointments now available, including through increase in extended hours provision. More diverse workforce now in place allowing new ways of working and delivering services.
Greater access to specialised staff for particular treatments and advice	26% agreed; 74% disagreed. Some feedback suggested patients may not be aware of why there are other healthcare professionals, such as the paramedic, based in the practice.	More specialised roles are now embedded in the practice, including Paramedic, Emergency Care Practitioner.
Better access to GPs where needed	18% agreed; 82% disagreed. Some patients commented that access to a GP was difficult/worse than pre-merger. There was also feedback around having to be triaged and then seeing a nurse when they expected to see a GP.	GP time has been freed up due to a wider workforce in place, enabling improved access to a GP for patients that *need* to see one.

Practices C+D

Intended Benefit	Patients	Practice
Providing patients with greater choice over gender of GPs to see	62% agreed; 38% disagreed.	Wider choice of GP now available since the merger, including greater gender mix.
Providing greater access to the nursing team through number of nurses increasing	69% agreed; 31% disagreed.	Increased nurse provision now available, including outreach nurse.
Increased opening hours	77% agreed; 23% disagreed.	More availability since the merger through extended hours provision.
Easier to book appointments through use of a centralised call centre to take calls	45% agreed; 55% disagreed. High level of frustration shared by patients regarding the telephone hub system and inability to get through.	New system in place with additional phone lines and GP triaging. Some staff felt the system was not as effective as it could be and it was difficult with the increase in volume of calls since the merger.

Practices E+F

Intended Benefit	Patients	Practice
Providing patients with access to more specialist care	82% agreed; 18% disagreed.	Wider pool of clinicians available; some specialist clinics running that were not provided at the other practice pre-merger.
Offering extended opening	60% agreed; 40% disagreed.	GP, nursing and HCA appointments all available at different sites

hours at other sites for patients to book		since the merger.
Improved access for urgent appointments	70% agreed; 30% disagreed.	More appointments now available.

Practices G+H

Intended Benefit	Patients	Practice
Providing patients with a choice of two surgery sites instead of one	88% agreed; 12% disagreed.	Provision across 2 sites has enabled greater flexibility. Some patients have told us they are not happy to be given appointments at one of the sites.
Aim to recruit more permanent GPs and use less temporary GPs	90% agreed; 10% disagreed.	This proved successful early on although it is still a struggle in terms of recruitment and retainment.
If patients need to see a GP, they have more GPs available to choose from when booking appointments	88% agreed; 12% disagreed.	There are more GPs available and a greater gender mix.
Improvements made to the home visiting service	93% agreed; 7% disagreed. (The local home Visiting Service has also been introduced in this time and will have impacted on patient perceptions).	There are more GPs available so things have improved.

It could be argued that some of the results represent a very good outcome with a high percentage of patients agreeing the changes have made a positive difference.

In other cases however there is clearly some disparity between what practices feel they have implemented versus the perception of patients. Much of this ties in with access which is covered under 4.1.4 below.

Recommendation - HWP to share their detailed findings and recommendations for individual practices to consider what else can be done to improve patient satisfaction, with an offer of support from both HWP and the CCG.

Recommendation - For future mergers, practices should consider how they will promote the advantages and educate patients on engaging with new ways of working. Practices need to implement measures that they can monitor and conduct their own analysis on whether the benefits have been fully realised or any further efforts are required in order to fulfil them.

4.1.4 Access

A significant issue to come out of the feedback from patients related to dissatisfaction in the appointment system, in terms of:- getting through to the practice to make an appointment; having to navigate triage systems; not being able to see the healthcare professional of choice (usually the GP); and length of time waiting for a routine appointment. This relates to previous comments highlighted regarding not realising or communicating the benefits in having a wider pool of clinicians and additional appointments. The following provides a flavour of the individual comments received:

- *I am frustrated by….Having to wait for a call back to discuss condition & not being able to give times when this is not available, ie not between 8am-9am as on public transport.*
- *Unfortunately I now dread contacting the surgery … as I have to take morning holiday from work just to wait in a queue to speak to someone … If I 'qualify for a call back then need to wait at home for a callback to decide whether I need to come in. All rather inconvenient as unable to spend all morning sitting by a phone waiting to speak to someone. Would much rather be able to walk in if needed or book an appt say 2 weeks time. Find the new system frustrating and stressful.*
- *The last time I called I had to hold on the phone for 58 minutes. I needed an urgent appointment otherwise I would have hung up.*
- *It's impossible to get appointments so resort to looking online to find out my illnesses…Booking on phone is impossible.*
- *There have been no increased access to GPs; at best you might be able to see the practice nurse on a triage basis but access to GP is definitely reduced*
- *Being able to access a GP for review of long term condition. Before merger access was sometimes difficult but you could get an appointment, since the*

merger the access to a GP for review of long term condition is now almost impossible.

- *Waiting up to 5 weeks for a simple telephone triage slot before an appointment is ridiculous. Not having abilities to book appointments/triage outside of the 8:30am window is poor for people who work*
- *Getting an appointment is a challenge. 20 minutes plus on the phone is an expensive business*
- *I would like to be able to phone the surgery and get through between 8am and 8.30am to get an appointment for later the same day, without needing to come round to the surgery at 7.50am and stand outside in a queue until the surgery doors open.*
- *Appointment system is the MAIN issue, more patients has made things worse.*

Whilst some patients made it clear that things had, in their view, become worse since the merger, it should be stressed that this review doesn't provide a control group of practices to compare against. Some comparisons pre and post-merger are provided for a small number of access related measures (extracted from the GP Patient Survey results) later in this report, however this provides limited data.

It appears the case that access is perceived to be difficult in other practices that have not been through a merger process (e.g. Patient Survey results). Nevertheless it does raise questions around how difficult it may be to manage appointments in larger practices, particularly in regard to the booking. It also highlights the fact that some patients feel they are unable to see their GP when they want to, and that waits for routine appointments are too long. This may be partly down to patients not being aware of how different healthcare professionals can address their needs.

There were some favourable comments relating to online consultations, and this facility is being rolled out across the city this year.

Recommendation – the CCG should consider undertaking further local surveys of patients, at other practices in the city, to ascertain how people feel about access to general practice. This would be in addition to the national GP Patient Survey questions.

Recommendation – practices should ensure appropriate and timely access is available to patients and reflective of needs. This may require consideration of the messaging required for patients around how different healthcare professionals can help address their needs and a clear explanation or commitment to some principles (e.g. maximum wait times on the telephone) regarding the access provided. This would need to be handled sensitively given some of the frustrations relating to access that are highlighted and practices

should explore how HWP and the practice's Patient Participation Group could support that work.

4.1.5 Other general benefits and positives of merging

There were a number of other benefits reported, internal to the practice, which cannot be underestimated. These include the ability to share best practice and refine policies across the former practices that came together, and more opportunity for clinical peer support. There were also comments from non-clinical staff that there was more cover now in place, and greater opportunity for role development. GPs and Practice Managers were complimentary about staff who had worked hard to adapt to the new organisation.

There was also positive feedback from patients in the sense that they recognised practices coming together strengthened their position. Some patients also liked the fact that more than one location was now available to them following the merger.

4.1.6 Other implications of merging

There was some acknowledgement from practices that it can be a confusing time for patients when their practice merges and systems are changed. Communication needs to be very strong at this time and it is not easy to engage entire practice populations.

Staff turnover was, perhaps predictably, quite high pre and post-merger. It was recognised that major change will not suit everyone and that some staff will wish to move on, however feedback does suggest that more proactive, timely and inclusive communications may help in this regard.

Some staff commented that they found it challenging to keep on top of changes/new ways of working, and an increase in workload was a common concern. Assimilation into the new organisation was sometimes difficult according to some staff and this had also been picked up as an issue by senior members of the practice team.

In terms of amalgamating processes this was a hot topic for many administration staff, with a degree of frustration that processes were not aligned sooner and that their former practice policies were not retained. However as described under 4.1.5 above, not all staff felt this way and there were positive comments around learning from each other and taking the best from each of the practices, despite this being very time consuming.

Practice management teams stressed that a considerable amount of time was needed to manage the merger and that ideally some project management support would be available, as it was extremely difficult to keep up with the 'day job' as well as the merger. The HR process in itself is a very time consuming endeavour and requires significant investment; managers recognised this needed to be addressed at an early stage. The clear message was to dedicate a significant amount of time to the planning and preparation phase to ensure the implementation process could run smoothly further down the line. Practices recommended that a minimum of 12 months settling in time, post-merger, was required before any of the real benefits could be seen.

Aside from issues relating to access, the other areas where patients suggested improvements could be made are summarised below:

- Premises (improvements to reception/waiting area)
- Patient experience at reception (with reception staff)
- Personalisation, patient-centred care and continuity of care (this was also stated by some who worked within practices, both clinical and non-clinical)

These may not necessarily relate to the merger, although the final point clearly does. This largely relates to feedback from patients who were previously at a fairly small practice, and now feel they are not known by the reception team or the clinicians, which is of concern to them.

Recommendation – the CCG should share this feedback with **all** practices so that any embarking on a future merger are able to refer to this, as well as considering how any changes to practice processes may impact on person-centred care. As stated elsewhere in this report, the CCG should also commit to engaging in further communication with the Portsmouth population regarding the evolution of primary care provision.

4.1.7 The contractual and technical process of merging

In terms of the formal process of merging, practices were appreciative of the support from the CCG, particularly in regard to the guidance and checklists provided and the communications/media support. Additional support and/or funding that would be welcomed for future mergers include project management support, HR advice and more on-site help for computer issues. Clinical system training was also mentioned however all practices in the city are now using the same system so future mergers should be more straightforward.

Practices also fed back some on-going difficulties with other agencies, specifically Primary Care Support England, in relation to pensions, finances, premises, and crucially clinical system mergers, which were either directly or indirectly associated with the merger. This caused an enormous amount of unnecessary stress and concern for practice staff, who had to spend a disproportionate amount of time dealing with such matters. This disadvantaged practices when trying to maximise the benefits of the merger, due to the time spent trying to resolve issues, and also impacted on ability to deliver patient care effectively, for example where patient records were not available in a timely manner.

CCG and other NHSE staff have fed back that there can be difficulties in reconciling different procedures used by each of the merging practices and that early preparation is key. This should include giving staff access to both practice systems in advance and a thorough review of templates/reports etc. An on-site technical presence was also essential.

Finally, there are internal issues that could be improved within the CCG in regard to clarity of information about practices merging and this will be addressed.

Recommendation – the CCG should continue to work with NHS England and other stakeholders to address any on-going problems that practices have outlined. This will be discussed in more depth with individual practices.

4.2 Site closures

4.2.1 Feedback from patients

Results from the HWP survey of patients suggested that patients were generally kept well informed of the closures and felt they had the opportunity to ask questions.

However a number of respondents felt disappointed about the closure, stating that this contributed to the loss of personal touch and also that the other sites(s) were further away and/or more difficult to get to.

4.2.3 Commissioner and provider view

From the commissioner and provider viewpoint the closures were considered necessary due to the sites not being fit for purpose for future healthcare provision, whereas the other venues available were. Notwithstanding this the CCG carefully considers any request for branch site closure and will always consider patient accessibility in any review of an application. On reflection some key practice personal felt that the communications could have been improved regarding the closure and this should be noted.

Recommendation – the CCG should continue to develop and deliver a more public facing communications programme regarding the long term provision of primary care services and how these may be delivered.

5. 'Performance' of practices

The CCG has a duty to work with GP practices on quality improvement and reduce unwarranted variation. In relation to practice mergers some specific analysis was undertaken to identify if the 'performance' of a practice had significantly improved or declined following a merger. Whilst it would be inappropriate to assume a direct correlation between practice performance and the merger, this review may indicate relationships between the two that warrant further investigation. The findings are below:

5.1 GP Patient Survey results

Key survey questions selected –

	Practices											
Survey measure	**A**	**B**	**Merged**	**C**	**D**	**Merged**	**E**	**F**	**Merged**	**G**	**H**	**Merged**
Easy to get through on the phone?	37%	52%	35%	88%	78%	61%	94%	90%	92%	91%	80%	59%
Good experience of making an appointment?	50%	61%	39%	94%	70%	86%	92%	86%	80%	84%	66%	64%
Good overall experience of your practice?	64%	72%	55%	91%	85%	86%	94%	91%	93%	88%	86%	86%

It can be argued that some of the results from the survey reflect very well on general practice with high satisfaction levels. However there is a notable decline in some cases following a merger, which may be suggestive of the issues practices face during and following a merger, for example, an increase in the number of patients trying to book appointments in the merged systems at the same time as dealing with the significant workload that a merger brings.

It should be noted that measures in the survey relating specifically to clinical care and patient outcomes reflected very well on the practices, with no marked differences since a merger.

5.2 GP Quality dashboard

Key measures selected –

	Practices											
Measure	**A**	**B**	**Merged**	**C**	**D**	**Merged**	**E**	**F**	**Merged**	**G**	**H**	**Merged**
Flu vacc 65+	74.9 %	77.9 %	76.1%	75.1 %	66.2 %	66.7%	70.9 %	74.6 %	71.1%	74.5 %	74.2 %	75.3%
Flu vacc 'at risk'	43.8 %	46.4 %	55.0%	59.7 %	36.6 %	42.3%	49.8 %	43.7 %	46.8%	52.1 %	53.9 %	56.2%
Breast screening	74.1 %	75.5 %	75.1%	60.1 %	59.5 %	65.6%	N/K	N/K	72.7%	67.5 %	65.0 %	64.0%
Cervical screening	67.5 %	77.4 %	70.3%	68.2 %	64.6 %	62.1%	N/K	N/K	66.0%	76.3 %	70.8 %	68.7%

It may not be appropriate to draw too many conclusions from this brief analysis, but in some cases the percentage for the merged practice either declined or was at the lower end of the 2 previous practice results. There may be other factors in this although it does perhaps indicate it may be challenging for the newly formed practice to consolidate or improve results once merged.

5.3 CQC ratings

There were few changes in CQC ratings in relation to pre and post-merger inspections. One practice received an 'Inadequate' rating just after a merger, having had a positive report previously, and practice staff reflected that some of this could be attributed to issues associated with the merger. The practice has since overcome these issues with great resolve.

Recommendation – the issues that the practice faced, and how they managed to overcome them, should be shared as learning points for other practices going through a merger.

6. Findings/learning from elsewhere

Primary Care Commissioning Community Interest Company (PCC) is a 'not for profit' national organisation supporting the effective commissioning and development of services. PCC argue that a successful merger meets the aspirations that were outlined at the start of the journey. They go on to say that as mergers are complex and time consuming it is not surprising that some may lose sight of why they started and will judge success on whether or not they got to the end of the process. PCC also acknowledge that smaller practices will struggle to survive and that there is strength in numbers.

Taking examples provided by the Wessex Local Medical Committee and those quoted in GP Online (magazine for health professionals) a number of learning points were identified, some of which are outlined below:

- Creation of a 'customer service' role can really help in terms of addressing patient concerns and then informing the practice of where improvements were needed; it may also be worth freeing up staff by investing in short term additional admin support
- Be prepared for challenges around change management and supporting staff through the process
- Sorting out financial issues and partnership agreements should be discussed at an early stage, and worth seeking professional help
- Consider any property issues from the outset
- Set a realistic timescale with ample opportunity to prepare, particularly in regard to integrating protocols and procedures
- Consider new and innovative solutions if current systems are not quite working
- Set aside time post-merger for embedding processes and addressing issues that arise
- Involve the teams in the detail as they have a lot of the knowledge and experience of what may work on the ground
- Post-merger meetings are important, including with Team Leaders, to review things such as staff ratios
- Be honest and open with patients and the PPG to manage expectations and gain support
- It is also the case that research by the Nuffield trust found no detectable difference in the quality of care provided by large-scale organisations compared with smaller ones, and patient views were mixed.
- Expect the unexpected and a few curve balls!

Recommendation – the CCG should utilise these findings to help inform the local process and guidance/support that is given to practices.

7. Conclusion and next steps

The survey work undertaken and the findings in this report are not intended to answer the question as to whether mergers are the right or wrong way to go, more to establish any learning for the future, both in terms of delivering benefits and mitigating any implications or unintended consequences.

The overall findings support the belief that local practice mergers have been successful in ensuring provision of services is maintained and delivered in a managed way, as opposed to the very real threat of practices closing and handing back the keys. Sustainability has undoubtedly been the main driver behind the mergers, with some additional benefits also realised, including shared learning and the ability to attract new workforce with greater skill mix.

In all cases it appeared that practices found the merger challenging to manage and very time consuming, suggesting that it can be difficult to realise short term benefits from such a complex process. In future there should be clearer outcomes identified and measured accordingly over a reasonable time period.

Access and continuity of care are the key issues that patients have highlighted as negatives, and whilst some of this could potentially be attributed to the creation of larger practices there are reportedly (e.g. GP Patient Survey) similar difficulties elsewhere in the city and further afield. Further patient engagement should be undertaken in this regard.

The quality of primary medical care does not appear to have diminished in any way and practices should be commended for this, and for meeting CQC and other requirements, at what is clearly a challenging time.

The CCG Primary Care Team and HWP will look to work with practices on learning points, using the HWP report as a working tool. Recommendations have been made to individual practices, and the CCG - in conjunction with other relevant stakeholders - will also look at what actions may be required. This will include consideration of additional public facing communications, as highlighted elsewhere in this report, and updated guidance and support for practices. The HWP report provides significant detail for each practice, including the demographics of the patients providing feedback.

Some of the issues raised, for example access and continuity of care, open the debate regarding whether there is an optimum list size for a GP practice. This needs further discussion and consideration, accepting that there may not be a ‘right’ answer. However it should be borne in mind that larger practices have reported they have been able to stabilise and increase the services available since merging, and offer a more diverse workforce in terms of skill mix and gender. It is likely that the national review of GP partnerships and premises

issues will also have a bearing on the future state of General Practice, which is due to report later in this calendar year.

It is hoped this paper acts as a discussion point for the CCG, HWP, GP practices and other stakeholders to identify and share what has worked well, where improvements may be necessary, and how mergers can best accommodate the needs of patients, practices and the wider health economy.

The CCG would like to express its thanks and gratitude to all practices that participated in this review, and to Healthwatch Portsmouth for its work in surveying patients and reporting back its findings.

The Primary Care Commissioning Committee is asked to note and discuss the content of the report and provide recommendations and direction as appropriate.

Steve McInnes
Primary Care Relationship Manager
NHS Portsmouth CCG September 2018

Appendix 1 – example patient survey form

GP mergers benefits research – Survey questions template

Question A:
Are you aware a merger took place at your GP practice? *(please circle your answer)*

- o Yes
- o No

Question B:
Please give your response to the questions below:

Practice	**These were the proposed improvements to patient services arising from the merger:**	**Which of these improvements do you think were a GOOD IDEA?** **(please select one answer from each box below)**	**Which improvements:** • **Have been for the BETTER or** • **Have you NOT LIKED?** **(please select one answer from each box below)**
xxxxxx	i. Providing patients with a choice of two surgery sites instead of one.	o Yes o No o Not aware of this	o Yes, been for the better o No, I've not liked this
	ii. Aim to recruit more permanent GPs and use less temporary GPs	o Yes o No o Not aware of this	o Yes, been for the better o No, I've not liked this
	iii. If patients need to see a GP, they have more GPs available to choose from when booking appointments	o Yes o No o Not aware of this	o Yes, been for the better o No, I've not liked this
	iv. Improvements made to the home visiting service	o Yes o No o Not aware of this	o Yes, been for the better o No, I've not liked this

Question C:
What one thing would you now like to see improved?

Question D:
Please use the space below to make any further comments you would like to feedback to Healthwatch Portsmouth about these changes to your GP Practice:

GP Practice closures (only for patients who were affected by the previous closure of the **xxxxxxxxx site.**

Question E:
If you were affected by the closures of xxxxxx after they merged with other practices, please answer the questions below:

	Please circle your answer below	**Are there any other comments you would li**
Which of these practices were you a patient of before it closed:	o xxxx o xxxx	
Were you kept fully informed of the plans to close?	o YES o NO	
Were you able to ask questions about the closures?	o YES o NO	
What has been the **BEST THING** for you about the closure of your practice?		
What has been the thing you have **NOT LIKED** about the closure of your practice?		

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Appendix 2 – example practice survey

PRACTICE MERGER REVIEW

General questions for CCG Primary Care Team to ask

Questions	Response from GP	Response from Nurse	Response from Practice Mgt team
Do you feel more confident in the practice's sustainability since the merger?			
What has been the most positive thing about the merger? (not including sustainability)			
Have there been any negative or unintended consequences of the merger?			
What were the most difficult aspects of the merger process? Any lessons learned? What would you do differently?			

Questions	Response from GP	Response from Nurse	Response from Practice Mgt team
Is there any additional support that would have helped, from the CCG or others?			
How have things gone in terms of amalgamating systems, processes and policies to operate as one practice?			
What positive feedback have you had from patients (if any)?			
What negative feedback have you had from patients (if any)?			

Specific questions for CCG Primary Care Team to ask of individual practices on benefits realisation

Practice xxxxxx

Intended benefits	**Response from Snr GP**	**Response from Practice Mgt Team**
Withheld to preserve anonymity		
How patients can access a single service		
Withheld to preserve anonymity		

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PRIMARY CARE COMMISSIONING COMMITTEE

Date of Meeting	19 September 2018	**Agenda Item No**	9
Title	Portsmouth Student Health Needs Assessment 2018		
Purpose of Paper	To present the Portsmouth student health needs assessment, 2018. Please note an executive summary of the needs assessment is attached as an agenda item. The full report can be accessed at https://www.portsmouth.gov.uk/ext/health-and-care/health/joint-strategic-needs-assessment		
Recommendations/ Actions requested	To note the contents of the needs assessment and to consider the recommendations made.		
Engagement Activities – Clinical, Stakeholder and Public/Patient	The methodology of this needs assessment included stakeholder involvement and a survey of undergraduate students (81 responses).		
Item previously considered at	Led by the CCG, a meeting was held with University of Portsmouth, University Surgery and Guildhall Walk Practice on 24th April 2018 to discuss the findings of the needs assessment.		
Potential Conflicts of Interests for Committee Members			
Author	Claire Currie, Consultant in Public Health, Portsmouth City Council		
Sponsoring member	Terri Russell, Deputy Director, Primary Care		
Date of Paper	3 September 2018		

PORTSMOUTH STUDENT HEALTH NEEDS ASSESSMENT 2018 - EXECUTIVE SUMMARY

Introduction

Students form a significant part of the Portsmouth population with 18,500 undergraduate students representing approximately 9% of the Portsmouth population. Of these 12% are international students and 56% male (nationally, females make up a greater proportion of the student population). Students are known to have distinct health needs with mental health, sexual health, healthy lifestyles and access to healthcare services being key issues. This report sought to assess the health needs of students in Portsmouth through a description of services and their use by students. Stakeholder involvement and a survey of undergraduate students with 81 responses were used to complete this picture.

Main findings (also see 'discussion' section, page 48)

Note - survey respondents represent a small sample of the student population and should be treated with caution

Sexual health

Sexual health is an important area for student health and wellbeing with provision in Portsmouth generally seeming to meet needs. Demand for Emergency Hormonal Contraception from students may warrant attention to encourage considering needs and methods offering longer term contraception.

Over two thirds of students who responded to a survey reported to have accessed a sexual health service in Portsmouth. Generally, where services had been accessed, the majority found it easy to do so. Nearly all students who responded to the survey said that sexual health services in Portsmouth met their needs.

Over a recent six month period, approximately 40% of Emergency Hormonal Contraception use from community pharmacies was by students, with increased levels of unprotected sex as a trigger factor amongst students compared to other clients. Over this time period, 90% of Emergency Hormonal Contraception activity was through community pharmacies, with 10% from the sexual health service (using the 18-22 age group as a proxy measure for students).

Mental health and wellbeing

Nationally, attention has been drawn to the apparent increase in level of need for mental ill-health in the student population. The seriousness of the issue is made clear by the rise in numbers of completed suicides within this cohort over the last decade. Locally, discussions with stakeholders highlighted a reduction in resilience as well as an increase in awareness and acceptance as explanatory factors for a perceived rise in mental health and wellbeing concerns amongst students.

There appears to be a degree of unmet need in relation to University of Portsmouth students regarding their mental health and wellbeing. Nearly three-quarters of survey respondents reported problems with their mental health or wellbeing in the past academic year, including worry and stress. Of these, a third of individuals also reported that they had not accessed any support (which included from family/friends). Some had sought help from their lecturers or supervisors. From the student survey, just over half (57%) of those who reported mental-ill health felt that current mental health services met their needs.

It is also not clear whether service design meets the particular needs of students. For students referred from the University Wellbeing Service to the psychological therapy service (referrals are also made through other routes but not captured in this assessment), the drop-out rate from psychological therapy support for students was twice the national average drop-out rate for all ages. This may be because the treatment course does not fit neatly with University term times, or due to cyclical stressors of University life and warrants further understanding.

18-22 year olds represented 22.9% (n=643) of all Emergency Department attendances due to self-harm over three years from September 2014, although this age group accounted for 9.3% of total Emergency Department attendances over this time frame. Poisoning including overdose was one of the most common reasons for Emergency Department attendance in this age group (849 attendances).

Healthy lifestyles

Survey respondents had low awareness of Portsmouth City Council Wellbeing service for weight management, smoking cessation and alcohol reduction. However, 27% (16/60) of survey respondents reported to require assistance with addressing their behaviour in smoking tobacco which is higher than the adult Portsmouth population of current smokers (20.1%). As well as low awareness of available services, there may be a perception that alcohol consumption, use of substances or not maintaining a healthy weight are not significant health issues.

Primary healthcare

Generally, survey responses indicated that students feel well supported and able to navigate healthcare options in the city. The majority of students are also registered with a GP in Portsmouth. The picture was not so clear for International students, or other specific groups, due to small numbers of responses to the survey and may benefit from further insight. However, there are areas of specific concern. For those with a long term health condition, the majority found it difficult to continue their care for their condition when moving between home and University.

A literature review of the evidence base for providing digital access to healthcare professionals showed a lack of good quality evidence regarding benefits to healthcare workload and long term health outcomes. 85% of students who responded to the survey reported that they would choose a face to face appointment with their GP over novel digital options such as email or video conference.

Urgent and emergency care

Over three years from September 2014, there were 12,458 attendances to the Emergency Department at Queen Alexandra Hospital by 18-22 year olds (9.3% of all activity) and 9,869 attendances to the Walk-in Centre at St Mary's Hospital (9.2% of all activity). This is almost proportionate to the size of the student population of the total Portsmouth population (approximately 9%). In both services, highest demand occurs in September, October, November and January, February for this age group (which matches University term time, although student status is not recorded in routine data).

Although a high volume presented to both services, compared to Emergency Department attendances, slightly more sprain/ligament injuries and dislocation/fracture/joint injury/amputation presented to the Walk-in Centre, while more lacerations presented to the Emergency Department. Poisoning and head injury featured in the most frequent diagnoses for the 18-22 age group in Emergency Department attendances, whereas ear nose and throat conditions featured as a common category of Walk-in Centre presentations. Over six months from September 2017, 75 ambulance callouts for the same age group were recorded as related to alcohol intoxication.

Recommendations (see page 51 for further explanation)

There is much success to recognise in the provision of healthcare to students in Portsmouth with a wide range of services that are generally well received. However, this report has suggested the following could be helpful:

- Improving data collection and availability from services to inform understanding about health needs of students
- Undertaking a larger scale survey or target a survey to improve understanding of health needs of specific student groups
- Continue supporting students to minimise impact of risky behaviour, including sexual health and alcohol drinking. This includes reducing demand on emergency contraception
- Consider action to build student resilience and ensure appropriate, timely support is available for those living with mental illness
- Consider how to optimise information provision to students from the start of the academic year
- Consider further opportunities for services and partners to collectively address health needs of students as a city, including gathering data to understand and monitor health and wellbeing needs and in recognising the University as a setting to promote health and wellbeing
- Take opportunities to advocate for improvements to support provision of healthcare where students frequently move for University term and holiday times.

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PRIMARY CARE COMMISSIONING COMMITTEE			
Date of Meeting	19 September 2018	**Agenda Item No**	10
Title	**Special Allocation Scheme**		
Purpose of Paper	To set out the position with the Special Allocation Scheme (SAS) in terms of service provision and funding.		
Recommendations/ Actions requested	The committee is asked to approve the commissioning intention.		
Engagement Activities – Clinical, Stakeholder and Public/Patient	Discussions have been held with the current provider and other local CCGs in Wessex.		
Item previously considered at	This item was discussed at the June 2018 Primary Care Operational Group meeting, at which point the current provider of the SAS was seeking uplift to tariffs. This resulted in an action to take to the Primary Care Commissioning Committee, however the provider has since served notice on the scheme and this paper now reflects this and the proposals for future provision.		
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	Steve McInnes, Primary Care Relationship Manager		
Sponsoring member	Terri Russell, Deputy Director Primary Care		
Date of Paper	22 August 2018		

NHS
Portsmouth
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE			
Date of Meeting	19 September 2018	**Agenda Item No**	11
Title	**Integrated Care Partnership Consultation**		
Purpose of Paper	The purpose of this paper is to notify the Primary Care Commissioning Committee of the national consultation, launched by NHS England, on the proposed Integrated Care Partnership contract which relates to Portsmouth Clinical Commissioning Group's pursuit of a Multi-Speciality Community Provider model of care.		
Recommendations/ Actions requested	The committee is requested to note the content of this report and consider any specific feedback or points of clarity to be included within a formal response.		
Engagement Activities – Clinical, Stakeholder and Public/Patient	N/A		
Item previously considered at	Primary Care Commissioning Committee		
Potential Conflicts of Interests for Committee Members	N/A		
Author	Mark Compton, Deputy Director of Transformation		
Sponsoring member	Jo York, Director New Models of Care		
Date of Paper	12 September 2018		

Integrated Care Partnership Consultation

1. Introduction

1.1. The purpose of this paper is to notify the Primary Care Commissioning Committee of the national consultation, launched by NHS England, on the proposed Integrated Care Partnership contract which relates to Portsmouth Clinical Commissioning Group's (CCG) pursuit of a Multi-Speciality Community Provider model of care.

2. Background

2.1. In 2016, following the publication of the *Five Year Forward View*, which articulated a number of integrated care models, including a Multi-Speciality Community Provider (MCP) and Primary and Acute Care System (PACS), to help meet the rising needs and challenges facing the NHS, NHS England published an emerging care model and contract framework for the MCP model of care.

2.2. The draft MCP contract framework described a new contract that would provide integrated population health service provision across primary and community care, including 'at scale' general practice (i.e. populations covering circa 30,000-50,000 patients). The MCP model included three contractual options:

- '**Fully Integrated MCP**' – where a single contract replaces all existing primary and community care contracts, including GP practices' GMS / PMS contracts;
- '**Partially Integrated MCP**' – where an MCP contract is let for the majority of services but GP practices retain existing contracts; alignment between practices and the MCP provider is achieved through Integration Agreements;
- '**Virtually Integrated MCP**' – where all providers retain existing contracts but align vision, values, and further integrate service provision through a non-legally binding Partnership Agreement.

2.3. In August 2017 NHS England replaced its MCP contractual framework in favour of a proposed Accountable Care Organisation (ACO) contract, recognising the contractual requirements for both the MCP and PACS models of care could be achieved through a single contractual vehicle.

2.4. Later in 2017 the, then named, *Department of Health* issued a consultation on the draft ACO contract and proposed changes to regulations, including the opportunity for GP practices to 'suspend' their GMS / PMS contracts if pursuing a 'Fully Integrated' model, as opposed to terminating them indefinitely. Portsmouth CCG issued a formal response to this ACO consultation.

2.5. Following the ACO consultation two Judicial Reviews were raised against NHS England questioning the lawfulness of the proposed contract. The High Court ruled in both cases that the proposed contractual approach to developing integrated care was lawful.

3. Integrated Care Partnership Consultation

3.1. In the wake of the two Judicial Reviews, and following concerns raised around the ACO contract being a mechanism to introduce increased privatisation into the NHS, NHS England has now issued a draft contract framework for Integrated Care Partnerships (ICPs). The term ICP is in recognition that, as reported by the House of Commons Health and Social Care Committee, previous use of the term 'accountable care' has generated unwarranted misunderstanding about what is being proposed – which is a move to more integrated care.

3.2. On the 3rd August 2018 NHS England launched a consultation on the proposed ICP contract. The consultation provides more detail about how the contract could underpin integration between services, how it differs from existing NHS contracts, and how ICPs fit into the broader commissioning system.

3.3. Since the previous ACO consultation the following developments have been incorporated into the new ICP contract documents:

- Inclusion of a range of new provisions to ensure financial accountability, transparency and service continuity, including:
  - the requirement of independently audited financial business plans before the start of each contract year;
  - operating within an "open book" accounting environment;
  - submission of annual audited accounts; and
  - transparency around remuneration of senior staff.

- Increased safeguards and commissioner oversight of subcontractors within the ICP, especially in relation to termination, suspension, and recommissioning.

- Additional clauses to enable the commissioning of public health and/or social care services alongside NHS services (following consultation with multiple Local Authorities and the Local Government Association).

- Increased guidance on the use of incentive payments within an ICP and examples of their appropriate use – for example, increasing immunisation and vaccination rates.

- Greater clarity on who can hold an ICP contract, including NHS organisations (both Foundation Trusts and non-Foundation Trusts), and non-NHS organisations.

- Inclusion of safeguards to ensure CCGs cannot delegate their statutory functions.

3.4. In addition to these amendments it is worth noting the suite of documents for consultation do not currently address the following perceived issues:

- Statutory amendments required to enable GP practices to suspend their GMS / PMS contracts – a new Direction is being drafted by the Department of Health and Social Care but will be the subject of a separate consultation later in the year.

- VAT recovery on NHS contracted-out services – potentially increasing the cost of provision within an ICP financial envelope.

- How the ICP can effectively safeguard patient choice.

- How a potential ICP provider can effectively mobilise a legitimate bid for an ICP contract whilst adhering to the Public Contracts Regulations (2015), especially in relation to subcontracts.

4. Formalising a Response

4.1. If Portsmouth CCG would like to issue a formal response to the consultation this would need to be submitted before the closing date on the 26th October 2018.

4.2. Due consideration should be given as to whether the CCG intends to issue a standalone response as a sovereign organisation, or whether a joint response could be issued under the auspices of the Portsmouth MCP partnership, comprising of the CCG, Portsmouth City Council, Solent NHS Trust, and the Portsmouth Primary Care Alliance.

5. Conclusion

5.1. The committee is requested to note the content of this report and consider any specific feedback or points of clarity to be included within a formal response.

5.2. The outcome of the national consultation will help guide the CCG as to what course of action is appropriate to further implement the MCP model of care and Portsmouth Blueprint.

NHS
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Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE			
Date of Meeting	19 September 2018	**Agenda Item No**	12
Title	**Minutes of Other Meetings**		
Purpose of Paper	Attached are the minutes of the previous meetings of: • Minutes of the Multispecialty Community Provider Working Group meetings held 9 May 2018 and 29 August 2018 • Minutes of the Primary Care Operational Group meetings held on 23 April 2018, 29 May 2018 and 26 June 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	12 September 2018		

NHS
Portsmouth
Clinical Commissioning Group

MCP Working group
Wednesday 9th May 2018

Present:

Jo York	- Director, New Models of Care (Chair)
Nick Brooks	- Senior Communications and Engagement Manager
Mark Compton	- Deputy Director of Transformation
Michael Drake	- Director of Planning & Performance
Dr Annie Eggins	- GP Executive
Justina Jeffs	- Head of Governance

Apologies:

Jane Cole	- Deputy Chief Finance Officer
David Barker	- Head of Communications & Engagement
Celine Machola	- SoEPS Senior Procurement Manager
Terri Russell	- Deputy Director of Primary Care
Innes Richens	- Chief of Health & Care Portsmouth
Myles Walshe	- CSU Senior Contract Manager

Summary of actions

Item	Action	Who by	When
5	Programme Board work plan and funding paper to be developed for governance discussions	JY/MC	23 May
6	Dates of informal HOSP meetings to be sent to JY	NB	23 May
6	Paper for HOSP re closure of bookable appointments from QA Hospital site	JY/MC	June 2018
8	MC to send members minutes of Programme Board	MC	Immediately (Completed)

1. Apologies for Absence and Welcome
Jo York welcomed everyone to the meeting and apologies were noted.

2. Declarations of Interest
Although no direct conflicts were declared, Dr Annie Eggins noted potential future conflicts with Items 4 and 5 on the agenda.

3. Matters arising from previous meeting:
The notes of the previous meeting were agreed as an accurate record.

Actions:

Item	Action	Progress
5	Review of Palliative Care Service to be undertaken and results reported to CSC	Completed

Jo York recapped previous actions from the meeting of the 14 March 2018, all of which were completed or on the agenda for today's meeting.

4. 2018/19 MCP Programme budget arrangements

Jo York informed members that the budget was linked to the signing of the Solent NHS Trust contract. There was a £400k underspend of the budget allocated for 17/18 and consideration is needed as to how this is being utilised.

At present there is £800k allocated for 18/19 however it is unclear if this includes the 17/18 underspend. Jo York agreed to clarify this with the Jane Cole (Deputy CFO) along with any agreements/assumptions made.

5. MCP Programme partnership agreement and governance arrangements

Jo York informed members of the partnership agreement meeting which took place last week and confirmed that we are not yet in a position to add members to the Partnership Board which currently comprises adult social care, Solent NHS Trust, Portsmouth CCG and the Portsmouth Primary Care Alliance. There remains the aspiration to include Portsmouth Hospitals Trust however work to date has been focused around existing members. PHT have been invited to attend the Board which may improve their inclusion at a later date. Representation from the voluntary sector is in progress; Care UK involvement may well follow on from current work and further discussion is required regarding children's services (local authority).

An MOU is being developed for use with practices as the first step in introducing the national Integration Agreement template, with a particular focus on the long term condition hubs in the first instance.

The Care Home project is being used retrospectively to test risk/gain share arrangements.

Members discussed the need to be clear around governance arrangements of the Programme Board. Justina Jeffs confirmed that the CCG's governance framework enables and allows for some flexibility of working and delegation of decision-making as required.

Members acknowledged that partners of the Programme Board may be conflicted and questioned the types of decision the Programme Board would/could make. Jo York commented that she was unsure if all members were mandated to make decisions or had such arrangements in place.

Mike Drake questioned the MSK work which was approved by the Clinical Strategy Committee (CSC). Jo York confirmed the MCP Programme Board approved in principle subject to further scrutiny and sign off by the CSC.

Mark Compton confirmed that the Programme Board would require a robust work plan and budget envelope to provide assurance to the CCG Governing Board and its Committees.

It was agreed to develop a work programme and funding paper, along with monitoring information for the next MCP Working Group meeting on 23 May 2018.

Action: Jo York/Mark Compton

6. Integrated primary Care Service (IPCS)

Jo York updated members on the IPCS. Due to TUPE discussions, the contract with existing providers has been extended by one month and the enhanced access hours have been increased to minimise clinical risk and indemnity issues. Work is taking place with South of England Procurement Services (SOEPS) to review how this links with future Integrated Urgent Care services.

Risks have been raised in respect of PHL's financial sustainability from 2019 onwards which will impact some of our system partner organisations.

As the QA Hospital site will close on 30 June 2018 to bookable appointments there may also be impact on GP streaming. No public consultation is required on the site closure as services will be provided elsewhere (Cowplain, Gosport War Memorial Hospital and Lake Road Health Centre). Members agreed that the Health Overview and Scrutiny Panel should be informed and agreed to identify the HOSP informal meeting dates in the first instance. **Action: Nick Brooks**

As there is a seemingly greater impact on F&G/South Eastern Hampshire CCG's the Hampshire Health and Adult Social Care Select Committee (HASC) will need to be informed and decide on appropriate engagement or consultation actions.

Members discussed the benefits for Portsmouth patients under these new arrangement and agreed to include in the paper for presenting to HOSP

Action: Jo York/Mark Compton

Mike Drake asked of any likely impact on QA Hospital (with patients attending A&E). It is anticipated that no adverse impact will materialise but monitoring activity at A&E post service go-live will be critical to determining this.

Jo York and Mark Compton stated that although this arrangement would provide more accessible services for central and south Portsmouth patients, the impact on patients in the North of the city are less clear. A trial will be starting in the next few weeks on a Saturday, re-directing patients within A&E, as part of the GP-Streaming model, to Lake Road practice which will help inform patient views on the impact of these changes.

7. Update from National ACO Contract consultation

Jo York confirmed that to date, this has not 'gone live' and will keep members updated.

8. Programme Board Update

The Programme Board met two weeks ago. Mark Compton provided an overview of discussions including:

- IPCS
- Care home team expansion business case back to the Programme Board in May
- MSK – comments from CSC re overhead charges included by Solent NHS Trust (Sarah Austin agreed to review)
- Long-term Condition Hubs and Estates is planned for discussion at the next meeting.
- GDPR requirements and joint posts across organisations. A query was raised regarding voluntary sector GDPR requirements which Mark Compton will pick up with Julie Hawkins.
- Lucy Elliott attended the Programme Board for Communication and Engagement and discussed the need for engagement along with the Health & Care Portsmouth Website.

Mark Compton agreed to send members copies of the Programme Board minutes for information.

9. Any Other Business

None were noted.

10. Date of Next Meeting

23 May 2018, 12-1.30pm

NHS
Portsmouth
Clinical Commissioning Group

MCP Working group

Wednesday 29th August 2018, 12:00 – 13:30

Present:

Mark Compton	- Deputy Director of Transformation (Chair)
Michelle Spandley	- Chief Finance Officer
Dr Annie Eggins	- GP Executive
Michael Drake	- Director of Planning & Performance
Nick Brooks	- Senior Communications and Engagement Manager
Justina Jeffs	- Head of Governance
Janet Barrett	- SoEPS Deputy Head of Procurement
Bradley Flowerday	- Transformation Support Officer (Minutes)

Apologies:

Celine Machola	- SoEPS Senior Procurement Manager
Jo York	- Director, New Models of Care
Suzannah Rosenberg	- Director of Quality & Commissioning
Innes Richens	- Chief of Health & Care Portsmouth
Jane Cole	- Deputy Chief Finance Officer
Terri Russell	- Deputy Director of Primary Care
Neil Carstairs	- CSU Associate Director Provider Management
David Barker	- Head of Communications & Engagement

Summary of actions

Item	Action	Who by	When
5	Write Governance Board paper to justify case for MCP delegated authority	MC / JY	26 September
8	Update distribution list	BF	26 September

1. Apologies for Absence and Welcome

Introduction and apologies were given.

2. Declarations of Interest

No declarations of interest were made.

3. Matters arising from previous meeting:

The notes of the previous meeting were agreed as an accurate record. Previous minutes were from 9th May, due to previous meetings being postponed.

Actions:

Item	Action	Who by	When
5	Programme Board work plan and funding paper to be developed for governance discussions *Paper was presented to Governing Board development session, discussed on agenda.*	JY/MC	23 May

6	Dates of informal HOSP meetings to be sent to JY *Action completed, formal presentation was delivered to HOSP.*	NB	23 May
6	Paper for HOSP re closure of bookable appointments from QA Hospital site *Completed as part of HOSP meeting – no concerns raised.*	JY/MC	June 2018
8	MC to send members minutes of Programme Board	MC	Immediately (Completed)

4. IPC Service Update

Integrated Primary Care (IPC) service contract has been signed and went live 29th June.

Regular meetings have been held with PPCA to monitor and develop the service, progress going well. Initial contract review meeting (CRM) has been held and activity has been as anticipated; approximately 3000 patients have used the service in the first month.

No negative feedback has been received from GP practices or patients about the service. Dr Eggins stated there has been no disruption to service provision from a GP perspective.

MC explained that the AVS (Acute Visiting Service) element is a continuation on the previous service. OOH (Out of Hours) has switched provider from PHL to PPCA with the additional delivery of Enhanced Access (EA) provision; PPCA have sub-contracted the overnight service back to PHL which is working well. EA started as a pilot Saturday mornings but is now running every weekday evening 6:30-10pm, and weekends 8am-10pm for urgent appointment, with routine appointments available until 8pm Monday-Saturday. To access the service patients phone their registered GP practice; if the practice is closed some practice have enabled patients to be warm transferred to the service, whilst others instruct how to contact the service via a local number. Patients can also access the service via 111; information about extended access has also been published on practice websites.

First data return is in progress and this will be supplemented with other system data to see if the service has had any effect on A&E and WIC attendances being reduced as a result. Mike Drake asked to keep planning involved; MC assured conversations with the team were ongoing. Dr Eggins has noticed some patients have been given enhanced routine appointments but did not attend, and asked that DNA activity is closely monitored.

MC discussed the SDIP (Service Development Improvement Plan) with the PPCA and current development priorities. Top priority for the SDIP is delivery of the requirements of Integrated Urgent Care (IUC), and the implementation of a Clinical Assessment Service (CAS) which would see PPCA clinically triage 111 calls with the use of SystmOne notes. ED dispositions will also be transferred to PPCA within the next few weeks. A more challenging element of CAS delivery will be low acuity ambulances (category 3 and cat 4) to undertake clinical triage and hopefully prevent an ambulance dispatch. IT interoperability is being developed to ensure patient safety. The aim is to implement before winter if an IT solution can be sought in time..

Portsmouth CAS will be different to other areas in Hampshire. Other CCGs want to have all providers on the Adastra system; however that model lacks full access to the patient's clinical notes. Portsmouth CAS will have full access to the patient's notes, using GPs to triage and a mix of GPs and nurses to see patients face to face. Both models will be tested and compared as part of the Hampshire Surrey Heath IUC work programme.

Overnight services are being delivered by PHL. Overnight Social Care and Solent Nursing is also available, and there may be opportunity to integrate resources. There is also the possibility of integrating the delivery requirements of the EA and the Urgent Treatment Centre at St Mary's.

5. MCP Partnerships Arrangements

Delegated authority to the MCP Programme Board was discussed at a Governing Board Development session and agreed in principle, with several caveats. Assurance needs to be sought around governance and that the plan aligns with CCG plans and strategic direction. Solent members have already received delegated authority.

In order to progress this work the MCP work programme was presented to CSC last month. CSC agreed that the MCP programme aligns with CCG strategy.

Next step is to present a paper to the September Governing Board meeting. Mike Drake asked that the system impact and timelines are captured for each project and that there is a mechanism for accountability and escalation. Need to identify that somebody is responsible to be a system lead and keep the programme on track. Paper needs to identify processes to identify system outcomes and how progress will be reported. Representation on the MCP Programme Board needs to be considered further. CCG and Solent four year plan needs to be aligned with this work.

Action MC/JY: Write Governance Board paper to justify case for MCP delegated authority.

6. Programme Board Update

Last MCP programme board meeting received updates on projects within the work programme; no escalations are required. No decisions to approve funding were required.

August programme board has been postponed due to annual leave. The next MCP board will be held September 28th.

7. Integrated Care Providers (ICPs) Contract Consultation

An ICP is the new contractual vehicle for establishing new integrated care models as described in the Five Year Forward View (previously referred to as the MCP contract and the ACO contract). released national consultation has been launched on the contract.

Agreed there have been little changes to the contract since previous iterations, but additional guidance has been provided.

Mark Compton noted that in order for GP practices to suspend their GMS/PMS contracts in a fully integrated ICP model it requires changes to legislation. A separate consultation will be held on a new Direction enabling GP practices to suspend their contracts once the ICP consultation has concluded.

Consultation runs until 26th October, a formal response should be considered; Michelle suggested a system-wide response.

8. Any Other Business

Action BF: Update distribution list.

9. Date of Next Meeting

26th September 2018, 12:00 – 13:30

NHS
Portsmouth
Clinical Commissioning Group

Minutes of the Primary Care Operational Group Meeting
Monday 23 April 2018 at 10.30am – 12.30pm
CCG Committee Meeting Room, CCG Headquarters, Civic Offices

Summary of Actions

Agenda Item	Action	Who	By
5.	**Minor Surgery Enhanced services** • Write a paper for the May 2018 Primary Care Operational Group on these matters. • Confirm if the original specification was sent to practices and report back to group at the next meeting.	SMc SMc	May May
6.	**Personal Medical Services (PMS) Contract Variations** Add additional question to the Practice Change form. ***(Post meeting note: VS has amended the Practice Change form)***	VS	May
7.	**Primary Care Projects** Update the group on the following agreed actions: **eConsult** • To include a brief synopsis of each of the column headings on the weekly utilisation report • To confirm how the 'Estimated Appointments Saved' data is calculated? • To include data in relation to alternative systems used • To understand the impact eConsult has on administrative staff **e-Referrals** • To confirm whether any PHT services are not yet on e-RS, and what they are • To confirm there is a business continuity plan/process is in place if the e-RS were to fail, ensure this information is available to all practices	CH	May
8.	**General Practice Forward View Assurance** Will provide feedback at the June meeting regarding workforce fact finding.	JO'M	May
10.	**Risk Register** Amendment to R.Ports.PrC.01 ***Post Meeting Note: LS has amended the Risk Register.***	LS	May
11.	**Any Other Business** Rent Reviews • Liaise with TR regarding CCG follow-up meeting. • Check if the LMC has written to the Department of Health/Jeremy Hunt.	RS ML	May May

Present:
Carol Giles, Contracts Manager, NHS England (Wessex) (CG)
Christine Horan, Primary Care Improvement Facilitator (CH)

Dave Scarborough, Practice Manager Representative (DS)
Dr Linda Collie, Clinical Executive GP Lead for Primary Care Co-Commissioning (Dr LC) (GP)
Jackie Powell, Lay Member (JP)
Julia O'Mara, Practice Nurse and Prescriber Nurse (JO'M)
Justina Jeffs, Head of Governance (JJ)
Lisa Stray, Business Assistant (LS)
Mark Compton, Deputy Director of Transformation (MC)
Michelle Lombardi, LMC Representative (ML)
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)
Victoria Smyth, Primary Care Commissioning Officer (VS)

Apologies:
Blanka Wood, Primary Care Project Officer (BW)
Emma Aldred, Primary Care Transformation Manager (EA)
Jason Eastman, IT Programme Manager (JE)
Lisa Hardy, Local Medical Committee Representative (LH)
Melanie Tourres, Finance Manager (MT)
Suzannah Rosenberg, Director of Quality and Commissioning (SR)
Terri Russell, Deputy Director of Primary Care (TR) – Chair

1. Welcome and Apologies

SR welcomed Dave Scarborough, Practice Manager Representative, Justina Jeffs, Head of Governance, and Michelle Lombardi, Local Medical Committee representative to the group. Apologies were noted.

2. Declarations of Interest

Dr LC as a GP working in practices in the city, and DS as practice representative of the group, working in Primary Care declared a direct conflict of interest for Agenda Item: 5 and 8. SR, 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 Operational Group meeting held on the 12 March 2018 were approved as an accurate record subject to the following changes:

Page 1: Delete old logo and replace with new Portsmouth CCG logo.
Page 3: First paragraph should read Julia 'Booth' instead of Julia 'Barton'.

Matters arising 12 February 2018:

3.	**Minutes of Previous Meeting** RS will provide an update on Rent Reviews at the next meeting.	RS	On Agenda
6.	**Portsdown Group Practice – Minor Surgery Budget** SMc will provide a detailed update at the April/May meeting.	SMc	On Agenda
13.	**Personal Medical Services (PMS) Contract Variations** • **Southsea Medical Centre** CG will communicate with Julia Barton regarding eligible support for the practice.	CG	CG will provide an update at the next meeting.

4. Summary of Actions

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

Agenda Item	Action	progress
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.	All ground work has been completed. SMc/VS will liaise with TR regarding rights to view GPQD on Pentana, share summary, and provide a dashboard demonstration at the next meeting.
6.	**Primary Care Projects:** **Portsmouth SystmOne & 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 reported that 1 Practice Nurse and 4 GPs are being incentivised through the 18/19 CQUIN for attending the group. Completed
8.	**Co-Commissioning Log of Decisions** LS will change standing Agenda Item title to Co-Commissioning Log of Recommendations ***Post Meeting Note: Standing Agenda Item title amended***	Completed
Any Other Business	**Special Allocation Scheme (SAS) – appeals process** SMc add an additional box for rationale on Appendix A.	Completed. Appeal upheld.

5. Minor Surgery Enhanced services

Dr LC as a GP working in practices in the city, and DS as practice representative of the group working within Primary Care, declared a direct conflict of interest with information contained within the verbal update. SR, as the Chair, agreed that the conflicted members could participate in the discussion but not in any decision-making.

SMc provided a verbal update on the Minor Surgery audit that was being conducted by Dr LC. SMc advised that the audit looked at the type of procedures performed and the coding behind this; whether claims met the criteria for the Direct Enhanced Service (DES); whether patient consent was gained; and if tissue samples were sent off for Histology. It was reported that two main issues were found from the initial audits – claiming in error for minor surgery done elsewhere; claiming for skin tags which are considered cosmetic and do not qualify under the DES. SMc advised that he had subsequently asked all practices to review their claims for the year and resubmit if any issues found with the data. There were some specific examples of 'over claiming' at some practices and consideration would need to be given to clawback. SMc also recognised there was a gap in service provision, with 2 practices not signed up to the DES and a few other practices only performing some of the procedures associated with the scheme. It was felt that the CCG needed to consider facilitating sub-contracting arrangements

and seeking practice engagement on this, as well looking at whether a separate service needed to be commissioned for skin tags and other minor surgery not covered by the DES.

SMc will write a paper for the May 2018 Primary Care Operational Group on these matters.

Action: SMc

SMc will confirm if the original specification was sent to practices and report back to group at the next meeting.

Action: SMc

6. Personal Medical Services (PMS) Contract Variations

VS presented a summary of recent GP partnership changes for PMS Contract. The group reviewed the following partnership changes:

- **Southsea Medical Centre**
  Dr Bernard Klemenz is due to leave the practice on 30 June 2018. The group agreed the change.

- **Portsdown Group Practice**
  Dr Peter Kipgen is due to change role at the practice from salaried GP to GP partner on 1 April 2018. The group agreed the change.

VS will add the following question to the Practice Change form:

- Number of partners (total number of actual GP partners)

The group requested a change of format for all future PMS contract variations. This will also include the national average of patients to GP ratio.

Action: VS

Post meeting note: VS has amended the Practice Change form.

7. Primary Care Projects

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

Patient Online Utilisation
eConsult – workshop planned for the 27th June 2018, prior to main TARGET event
e-Referrals (ERS)

CH to update the group on the following agreed actions:

<u>eConsult</u>

- To include a brief synopsis of each of the column headings on the weekly utilisation report
- To confirm how the 'Estimated Appointments Saved' data is calculated?
- To include data in relation to alternative systems used
- To understand the impact eConsult has on administrative staff

<u>e-Referrals</u>

CH reported on the increased utilisation of the e-RS and the hard work practices have put in adopting new processes within their practice.

- To confirm whether any PHT services are not yet on e-RS, and what they are
- To confirm there is a business continuity plan/process is in place if the e-RS were to fail, ensure this information is available to all practices

Action: CH

Care UK

CH reported that there is an increase in e-Referrals to Care UK, although there is still work to be done on the promotion of services available at St Mary's.

8. General Practice Forward View Assurance

Dr LC as a GP working in practices in the city, and DS as practice representative of the group working within Primary Care, declared a direct conflict of interest with information contained within the verbal update. SR, as the Chair, agreed that the conflicted members could participate in the discussion but not in any decision-making.

SMc confirmed that the CCG is considered fully assured for all areas other than Sustainability and Resilience (as budget sits with NHS England) and Workforce (which is partly assured). The CCG is working with Dr Sally Ross on reviewing and developing plans for the local clinical workforce.

JO'M will provide feedback at the June meeting regarding workforce fact finding.

Action: JO'M

9. Co-Commissioning Log of Recommendations

SMc confirmed there were no formal commissioning decisions to report.

10. Risk Register

The group agreed that R.Ports.PrC.01, Page 3 should read '*CCG has established Health and Care Executive to oversee Blue print implementation'.*

Action: LS

Post Meeting Note: LS has amended the Risk Register.

11. Any Other Business

Rent Reviews

RS confirmed that with regards to rent reviews, there is no current update around their progress, and there has been no update from the NHS England Central Team, who is administering the rent review process for NHS Property Services (NHSPS) properties. CG also confirmed that NHS England Wessex Local Area Team had not received any updates.

An NHS Property Services 'drop in' meeting was facilitated by the CCG on 13 March 2018, where representatives from Practices, NHSPS and the CCG attended to discuss current and on-going issues regarding rental charges and rent reviews, Service and FM charges, and the quality of services provided by NHSPS. DS also attended this session and advised there has not been a follow-up session with NHSPS since the 'drop in' meeting. RS advised that a CCG follow-up meeting will be required with TR; and also suggested it may be useful for the CCG to help facilitate meetings between Practices/NHSPS on an individual Practice basis, to help move specific queries towards resolution. RS will liaise with TR.

Action: RS

DS also commented that the 'drop in' meeting was helpful in that Practices were able to meet with the NHSPS contacts they had been liaising with via email and telephone. There is still progress to be made as some queries are still not resolved, and Practices have to accrue large sums whilst disputes around current billing are on-going. RS confirmed that whilst disputes are

on-going, the CCG's advice is that Practices should be paying to NHSPS the amount they are currently reimbursed by the CCG.

ML agreed to check if the LMC has written to the Department of Health/Jeremy Hunt about the current issues surrounding NHS Property Services.

Action: ML

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

Tuesday 29 May 2018 at 10.30am, Committee Meeting Room, CCG HQ

NHS
Portsmouth
Clinical Commissioning Group

Approved Minutes of the Primary Care Operational Group Meeting
Tuesday 26 June 2018 at 10.30am – 12.30pm
CCG Committee Meeting Room, CCG Headquarters, Civic Offices

Summary of Actions

Agenda Item	Action	Who	By
5.	**Special Allocation Scheme (SAS)** • incorporate amendments to the SAS specification; • ask what training has been completed by GPs involved and provide an update; • provide the group with more detailed background work around costings; • investigate training opportunities for staff and provide an update. Will take paper to Primary Care Commissioning Committee for ratification.	**SMc** **TR**	**July** **September**
8.	**Workforce update** Will provide an update on Leg Ulcer Hub steering Group at the next meeting.	**JO'M**	**July**
12.	**Risk Register** Increase current risk score for R.Ports.PrC.09 Transition of PCSE services risk.	**TR**	**July**

Present:
Bradley Flowerday, Transformation Support Officer – New Models of Care (BF)
Christine Horan, Primary Care Improvement Facilitator (CH)
Dave Scarborough, Practice Manager Representative (DS)
Dr Nigel Watson, Chief Executive, Wessex Local Medical Committee (Dr NW) (GP)
Emma Aldred, Primary Care Transformation Manager (EA)
Jackie Powell, Lay Member (JP)
Jason Eastman, Associate Director of IM&T (JE)
Jennie Wyatt, NHS England Local Area Team (JW)
Julia O'Mara, Practice Nurse and Prescriber Nurse (JO'M)
Leigh Spurling, Acting Primary Care Commissioning Officer (LSp)
Lisa Stray, Business Assistant (LS)
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)
Suzannah Rosenberg, Director of Quality and Commissioning (SR) – Chair
Terri Russell, Deputy Director of Primary Care (TR)
Victoria Smyth, Primary Care Commissioning Officer (VS)

Apologies:
Carol Giles, Contracts Manager, NHS England (Wessex) (CG)
Justina Jeffs, Head of Governance (JJ)
Mark Compton, Deputy Director of Transformation (MC)
Melanie Tourres, Finance Manager (MT)
Dr Elizabeth Fellows, Chair and Clinical Executive (Dr EF) (GP)

1. Welcome and Apologies

SR welcomed group members and apologies were noted.

2. Declarations of Interest

DS declared a potential conflict of interest for Agenda Item: 5 Special Allocation Scheme (SAS). SR, 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 Operational Group meeting held on the 29 May 2018 were approved as an accurate record subject to the following changes:

Page 2: Delete duplicate Lisa Hardy, Local Medical Committee Representative (LH), and Jackie Powell, Lay Member (JP)

Matters arising:

12 February 2018:

13.	**Personal Medical Services (PMS) Contract Variations** • **Southsea Medical Centre** CG will communicate with Julia Barton regarding eligible support for the practice.	Completed

23 April 2018:

8.	**General Practice Forward View Assurance** Will provide feedback at the June meeting regarding workforce fact finding.	Completed
11.	**Any Other Business** Check if the LMC has written to the Department of Health/Jeremy Hunt.	Completed. National awareness has been raised.

4. Summary of Actions

The summary of actions from the Primary Care Operational Group meeting held on the 29 May 2018 were discussed and reviewed as follows:

Agenda Item	Action	Progress
5.	**Primary Care Dashboard Developments** SMc to put together working group to reflect on the measures currently included as part of the dashboard and to identify key areas.	Completed. Working group taking place on 25 July.
7.	**Workforce Development Scheme (Personal Medical Services Reinvestment)** It was agreed a working group is required in order to develop and take this scheme forward.	Completed. Practice Manager Advisory Group taking place on 10 July.
11.	**Minor Surgery Enhanced Service** The group agreed a detailed audit was required by the	Deep dive audit

	specific practice who has requested the increase and a review around practice engagement and patient access needs to be carried out.	scheduled for the 18 July.
12.	**Co-Commissioning Log of Recommendations** The group were informed that a review will be carried out shortly of the practice merger and closure processes, gaining feedback from both practices and patients. Healthwatch Portsmouth will be involved with and supporting this review. Once completed, outcomes will be shared with the group.	TR will take to Primary Care Commissioning meeting in September 2018.
13.	**Risk Register** Feedback required from practices on whether improvements have been made to PCSE services, which needs to be reflected as part of the risk register score.	LMC will seek additional assurance. SMc will remind practices to report any cash flow issues; and continue to meet with local representatives from Primary Care Services England.

5. Special Allocation Scheme (SAS)

DS declared a potential conflict of interest for this item. The Chair, agreed that the conflicted member could participate in the discussion but not in any decision-making.

SMc provided a draft service specification, that allows patients to receive general medical services having being de-registered by their previous practice for violent or threatening behaviour. Group members were asked to review the specification and provide feedback, allowing the CCG to finalise and sign-up.

Key points:

- **New specification** - that has been provided to local CCGs.
- **Tariffs** - including a comparison table against other Wessex CCGs.

SMc reported that concerns have been raised, despite uplifting tariffs 2 years ago, the current provider cannot sustainably provide the service based on existing rates. Some initial discussions have been held with Dorset, Fareham & Gosport and South Eastern CCGs regarding the potential for collaborating on the SAS, and commissioning across a wider geographical area. SMc reported that this was due to the fact there was similar concerns from these CCGs regarding securing provision longer term.

The group agreed in principle, subject to the following actions.

SMc will:

- incorporate amendments to the SAS specification;
- ask what training has been completed by GPs involved and provide an update;
- provide the group with more detailed background work around costings;
- investigate training opportunities for staff and provide an update.

Action: SMc

TR will take paper to Primary Care Commissioning Committee for ratification.

Action: TR

6. GP Quality Dashboard update

There may be a perceived, potential or actual conflict of interest for any member employed in General Practice. The Chair, agreed that the conflicted members could participate in the discussion but not in any decision-making.

SMc reported that the Primary Care Team have developed the dashboard which has been relaunched through a Quality Improvement Steering Group that discussed both the on-going development and summary reports at various Primary Care Operational Group meetings. A small working group has been set-up to discuss the continued development of this dashboard.

7. Primary Care Projects

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

- **Patient Online**
  - Utilisation is at 20% for April.
  - Practices are continuing to promote the services.
  - Self-care campaign week is planned for November, with Patient Online being a key focus.

- **eConsult**
  - 7 practices are live; 3 implementation phase; and 6 practices have not yet committed.
  - A workshop for practices to share experiences takes place on 27 June 2018 at TARGET. Jennie Dock, Practice Manager from the Hedge End Practice where eConsult has been fully implemented will be facilitating this workshop.

- **e-Referrals**
  - PHT at 80%, PHT 2WW at 90% and Care UK currently at 88%.
  - Steering Group currently working with Local Medical Council (LMC) in preparation for paper switch off, where there has been discussion a soft switch off to help support practices for the 1 October. Unfortunately, this has not been agreed by the LMC due to not being in line with the GP contract, so therefore cannot be enforced. PHT also confirmed that would not have the resources to support this.
  - Primary Care Team continues to work with practices to understand instances, where referrals are still being processed via paper. This feedback and evidence is being collated and will be feed back to the steering group.
  - The business continuity plan is also in the process of being finalised.

- **MJog**
  - Continuing in practices.
  - Communications plan and best practice guidance has been developed in line with MJog.

- **Enhanced Services**
  - The Portsmouth Integrated Primary Care Service commissioned via Portsmouth Primary Care Alliance, will start at 6.30pm on Friday 29 June 2018. This service will incorporate the current Acute Visiting Service, Enhanced Access Service and the Out of Hours Service. Dr NW requested that all of the positive work happening within Portsmouth be described in a paper, so that others can learn from the good work and also lessons learned during development and implementation.

8. Workforce update

JO'M reported that recruiting and retaining GPs, Practice Nurses, Health Care Assistants and Non-clinical staff in Primary Care is more of a challenge than ever before, especially as the workforce reaches a crisis with accelerating retirement figures and workload pressure.

Key updates

Survey
A recent workforce analysis survey from General Practice Nurses (GPN) Advisor demonstrated that there are:

62 General Practice Nurses
30 Advanced Nurse Practitioners
38 Health Care Assistants
And 4 others – 3 Phlebotomists and 1 Paramedic

Student Nurse Placements in General Practice
Currently 10 student nurses are in placements within practices from their University course.

GP practices hosting the student nurses were:

- Sunnyside Medical Centre
- Portsdown Practices
- Hanway Road Surgery
- Trafalgar Medical Group Practice

JO'M reported that GPNs have the opportunity to have their mentorship "reactivated" on a training course or to undertake the mentorship qualification with not cost, provided that the University receives funding by Health Education England (HEE) to support the process.

Continued Development into Primary Care Workforce
Following qualification as a registered nurse, HEE in collaboration with Bournemouth University have developed a Practice Nurse Foundation Programme (9-month academic programme at degree or masters level) and this is fully funded.

Sunnyside Medical Centre, East Shore Partnership, Portsdown Group practices and Lake Road Health Centre have all recruited nurses on the basis that they can enrol them on the Practice Nurse Foundation Programme that provides all the skills from baby immunisations/cytology/wound care/diabetes and safeguarding. Six nurses have successfully gone through this programme from Portsmouth City and exited with degree/MSc qualification in Primary Care.

Supporting Continued Professional Development and Revalidation
JO'M shared the following statement with the group *'Portsmouth CCG believe that supporting the workforce to remain "fit for practice" and skilled will acknowledge and value the contribution the workforce provides in providing excellent quality care'.*

Working with Community Education Provider Network, HEE and CCG to support educational opportunities
Portsmouth CCG runs TARGET sessions that meet the Professional development needs of the advanced practitioners/General Practice Nurses assessment for Long Term Conditions and treatment room procedures.

Non-medical Prescriber Forums for Advanced Practitioners
Two monthly Non-Medical Prescriber Forums are organised and chaired by the General Practice Nurse Advisor and supported by the CCG Pharmacy team.

Ionising Radiation (Medical Exposure) Regulations (IRMER) referrer
9 Advanced practitioners have been supported to attend their IRMER training.

Development of the Health Care Assistant (HCA) Forum
The HCA forum was launched on 2 April and was a huge success with a massive attendance of HCAs from across the city, and the next forum is planned for September and further event in December.

Leg Ulcer Hub steering group
A small working party has formed and is led by a Transformation Officer at Solent NHS, working together with the CCG Primary Care to improve the delivery and access to Complex Leg Ulcer Management and Care in Portsmouth City. JO'M will provide an update at next meeting.

Action: JO'M

9. Personal Medical Services Practice (PMS) Changes

VS confirmed there were no new PMS changes to report.

10. General Practice Forward View (GPFV) Assurance

There may be a perceived, potential or actual conflict of interest for any member employed in General Practice. The Chair, agreed that the conflicted members could participate in the discussion but not in any decision-making.

TR reported that positive discussions have taken place with NHS England colleagues around the GP approved access assurance. TR will continue to promote and share good news stories that outline what the positive outcome of GPFV has done for Portsmouth, which can be then incorporated in the September visits with practices.

11. Co-Commissioning Log of Recommendations

SMc confirmed there were no formal commissioning decisions to report.

12. Risk Register

The group agreed the following change:

Increase current risk score for R.Ports.PrC.09 Transition of PCSE services risk.

Action: TR

13. Any Other Business

No further business to report.

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

Tuesday 31 July 2018 at 10.30am, Committee Meeting Room, CCG HQ

NHS
Portsmouth
Clinical Commissioning Group

Approved Minutes of the Primary Care Operational Group Meeting
Tuesday 29 May 2018 at 10.30am – 12.30pm
CCG Committee Meeting Room, CCG Headquarters, Civic Offices

Summary of Actions

Agenda Item	Action	Who	By
5.	**Primary Care Dashboard Developments** SMc to put together working group to reflect on the measures currently included as part of the dashboard and to identify key areas.	SMc	June
7.	**Workforce Development Scheme (Personal Medical Services Reinvestment)** It was agreed a working group is required in order to develop and take this scheme forward.	SMc	June
11.	**Minor Surgery Enhanced Service** The group agreed a detailed audit was required by the specific practice who has requested the increase and a review around practice engagement and patient access needs to be carried out.	SMc	June
12.	**Co-Commissioning Log of Recommendations** The group were informed that a review will be carried out shortly of the practice merger and closure processes, gaining feedback from both practices and patients. Healthwatch Portsmouth will be involved with and supporting this review. Once completed, outcomes will be shared with the group.	SMc	June
13.	**Risk Register** Feedback required from practices on whether improvements have been made to PCSE services, which needs to be reflected as part of the risk register score.	SMC	June

Present:

Blanka Wood, Primary Care Project Officer (BW)
Christine Horan, Primary Care Improvement Facilitator (CH)
Dave Scarborough, Practice Manager Representative (DS)
Emma Aldred, Primary Care Transformation Manager (EA)
Jason Eastman, IT Programme Manager (JE)
Julia O'Mara, Practice Nurse and Prescriber Nurse (JO'M)
Justina Jeffs, Head of Governance (JJ)
Dr Nigel Watson, Chief Executive, Wessex Local Medical Committee (Dr NW) (GP)
Rebecca Spandley Assistant Finance Manager (RS)
Simon Cooper, Deputy Director of Medicines Optimisation (SCr)
Steve McInnes, Primary Care Relationship Manager (SMc)
Suzannah Rosenberg, Director of Quality and Commissioning (SR)
Victoria Smyth, Primary Care Commissioning Officer (VS)
Bradley Flowerday, Transformation Support Officer – New Models of Care (BF)

Apologies:
Lisa Stray, Business Assistant (LS)
Melanie Tourres, Finance Manager (MT)
Terri Russell, Deputy Director of Primary Care (TR) – Chair
Mark Compton, Deputy Director of Transformation (MC)
Dr Elizabeth Fellows, Chair and Clinical Executive (Dr EF) (GP)
Stephen Corrigan, Clinical Quality Manager (SC)
Carol Giles, Contracts Manager, NHS England (Wessex) (CG)
Dr Linda Collie, Clinical Executive GP Lead for Primary Care Co-Commissioning (Dr LC) (GP)
Lisa Hardy, Local Medical Committee Representative (LH)
Jackie Powell, Lay Member (JP)
Lisa Hardy, Local Medical Committee Representative (LH)
Jackie Powell, Lay Member (JP)
Michelle Lombardi, LMC Representative (ML)

1. Welcome and Apologies

SR welcomed Dr Nigel Watson (Dr NW), Chief Executive, Wessex Local Medical Committee to the group.

Apologies were noted.

2. Declarations of Interest

DS as a practice representative of the group, working in Primary Care declared a direct conflict of interest for Agenda Item 11. SR, 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 Operational Group meeting held on the 23 April 2018 were approved as an accurate record.

Matters arising 12 February 2018:

13.	**Personal Medical Services (PMS) Contract Variations** • **Southsea Medical Centre** CG will communicate with Julia Barton regarding eligible support for the practice.	CG	Carried Forward to June

4. Summary of Actions

The summary of actions from the Primary Care Operational Group meeting held on the 23 April 2018 were discussed and reviewed as follows:

Agenda Item	Action	Progress
5.	**Minor Surgery Enhanced services** • Write a paper for the May 2018 Primary Care Operational Group on these matters. • Confirm if the original specification was sent to practices and report back to group at the next meeting.	Completed - SMc provided a verbal update as part of Agenda Item 11
6.	**Personal Medical Services (PMS) Contract Variations** Add additional question to the Practice Change form. ***(Post meeting note: VS has amended the Practice Change form)***	Completed

7.	**Primary Care Projects** Update the group on the following agreed actions: **eConsult** • To include a brief synopsis of each of the column headings on the weekly utilisation report • To confirm how the 'Estimated Appointments Saved' data is calculated? • To include data in relation to alternative systems used • To understand the impact eConsult has on administrative staff **e-Referrals** • To confirm whether any PHT services are not yet on e-RS, and what they are • To confirm there is a business continuity plan/process is in place if the e-RS were to fail, ensure this information is available to all practices	Completed - CH provided a verbal updated as part of Agenda Item 6
8.	**General Practice Forward View Assurance** Will provide feedback at the June meeting regarding workforce fact finding.	Carried forward to June
10.	**Risk Register** Amendment to R.Ports.PrC.01	Completed - LS Updated
11.	**Any Other Business** Rent Reviews • Liaise with TR regarding CCG follow-up meeting. • Check if the LMC has written to the Department of Health/Jeremy Hunt.	Completed - RS, TR and SMc met to discuss next steps, meetings now being arranged between practices, CCG representatives and NHS Property Services in order to be dealt with on an individual basis Dr NW will report back at the June meeting

5. Primary Care Dashboard Developments

SMc and VS provided the group with an update and demonstration of the General Practice Quality Dashboard which included recent development requests made by the group, including flu data, patient survey results, CQUIN and e-RS utilisation. The additional data will be available to practices shortly.

Dr NW commented how the dashboard looked to be a good supportive tool for practices to use, the only concern would be around adding too much information to the dashboard, could a summary be included featuring the more pertinent information to support a more focused approach when identifying priorities.
Also, is the dashboard something which could be included as part of the STP agenda, giving evidence of the pressures within Primary Care, for example, appointments booked, appointments attended, clinic types and workforce etc.

SR advised data from the Integrated Primary Care Service could be added, which includes Out of Hours and Enhanced Service activity data.

SMc to put together working group to reflect on the measures currently included as part of the dashboard and to identify key areas.

ACTION: SMc

6. Primary Care Projects

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

- **Patient Online**
  - The following practices received the incentive payment of 10p per head of population as part of the 17/18 CQUIN for achieving 20% utilisation. They were: Kirklands Surgery, Sunnyside Medical Centre, The Drayton Surgery, Portsdown Group Practice, The Devonshire Practice, East Shore Partnership, University Surgery and The Eastney Practice.

- **eConsult**
  - An overview of eConsult reporting and guidance was shared with the group.
  - Data in relation to an alternative system, the Silicon Practice – Digital Health Solutions used by the Trafalgar Group and Lake Road/John Pounds practices were shared with the group and discussed.
  - A review of eConsult will take place later in the year where the benefits, drawbacks and impact of the system it has on practices will be carried out.

- **e-Referrals**
  - Utilisation data was shared with the group.
  - All practices received the incentive payment of 10p per head of population as part of the 17/18 CQUIN for achieving 80% utilisation.
  - The e-RS Steering Group are currently in discussions with the LMC in preparation for paper switch-off; ensuring a robust process is in place regarding business continuity, in particular, if the system were to be off line is there a robust process in place to continue to process referrals.
  - The below services **are not currently on e-RS**. These services are not consultant led first OPA; referral method remains as it is.
    - **Rapid Access Heart Failure (nurse led)** – PHT will be working on it soon but not on e-RS yet.
    - **Pleural Urgent Referrals** – PHT have a service for Routine patients on e-Referral but Urgent referrals are dealt with differently and need to be emailed.
    - **TIA** – not consultant led first OPA, would need to use the pathway currently in place.
    - **Rapid Assessment Elderly Health Referral Form** - not consultant led first OPA, would need to use the pathway currently in place.
    - **Neurophysiology Referral Form 2018** - not consultant led first OPA, would need to use the pathway currently in place
    - **Tongue Ties Assessment and Referral Form** - not consultant led first OPA, would need to use the pathway currently in place.

7. Workforce Development Scheme (Personal Medical Services reinvestment)

SMc provided the group with an update of the scheme and reported how there are still a number of areas to be discussed. For example, does the scheme require splitting between training and staff pay, should it be led by practices, should the funding be based on a per head basis or per bid, should locums and temporary staff be exempt, also what level of evidence is required by practices.

DS commented how it is encouraging that funding is being used to support the non-clinical workforce. Although it is disappointing how Agenda for Change is not recognised within General Practice putting practices in a much less attractive position in comparison to other healthcare organisations when it comes to recruitment.
Workflow Redirection has had a very positive impact on a number of practices, helping to streamline processes and giving practices an opportunity to review workforce requirements and further opportunities for non-clinical staff within General Practice.
There needs to be clarification with regards to the funding and whether this will be recurring due to the impact this could have on practices.

Dr NW reported Agenda for Change had been addressed as part of the DDRB (Review Body on Doctors' and Dentists' Remuneration) and discussions were still ongoing.
When developing the scheme practices should be given a 'menu' of options to choose from, ensuring they are in line with local priorities. One of those areas could include the opportunity to support and help develop training practices across the city.

It was agreed a working group is required in order to develop and take this scheme forward.

ACTION: SMc

8. Personal Medical Services Practice Changes

VS presented a summary of recent GP partnership changes for the PMS Contract. The group reviewed the following partnership change:

- **Portsdown Group Practice**
  Dr KaWai Mo retired as a GP partner at the practice as of 01/04/2018. The group agreed the change.

9. General Practice Forward View Assurance

SMc updated the group on the work currently taking place around Workforce Development which DS, JO'M and Dr Sally Ross are leading on, looking at practice profiles and staff mix, also linking in with other CCGs using the available data tools.

With regard to workload and the 10 High Impact Actions there is an evaluation of the Workflow Redirection training taking place, there is also a follow-up event of the Time for Care Programme which is being held on the 13th June. Dr NW commented practices should really benefit from this workshop, although it is important this work is taken forward and implemented following these events.
Self-care features as an element of the 18/19 CQUIN scheme featuring referral to social prescribing, support for practices during self-care campaign week in November, there will also be 2 city wide events held during the year promoting self-care to patients, specific topics are yet to be confirmed. The Quality Improvement Framework and General Practice Quality Dashboard also features as part of this year's CQUIN.

10. Integrated Primary Care Services

EA provided an update of the Integrated Primary Care Service which will comprise of the Acute Visiting Service (AVS), Enhanced Access and Out of Hours Services (OOH). The service has recently gone through a robust Due Diligence process and the contract was directly awarded to the Portsmouth Primary Care Alliance (PPCA). The go live date is currently scheduled for the 1st July 2018 with the Enhanced Access and OOH will be based at the Lake Road Practice.

The PPCA currently provides the AVS and Enhanced Access services; the Out of Hours service is currently provided by PHL where this contract will cease as at the end of June 2018. The PPCA are working closely with PHL in preparation for the service change and plan on

increasing utilisation of these services as of the 1st June 2018 in preparation for the July roll out. There will be a range of communications going out to both patients and practices shortly.

There was discussion around how these services are measured and ensuring the KPI's are meaningful, EA and SMc to review the General Practice Quality Dashboard to review current and potential data collections against the current and future national service KPI's.

Dr NW asked where the Out of Hours contract will sit in relation to the national requirements, how does this all fit together; EA explained that the Integrated Primary Care Service was being developed in advance of the national requirements being finalised, the plan for the future is for commissioners and PPCA to work with other providers across the system to ensure that future service changes are delivered in collaboration.

11. Minor Surgery Enhanced Service

SMc updated the group on a recent review carried out by himself and Dr LC around minor surgery. It was identified a review was required due to a practice requesting an increase in their budget as they were claiming for skin tags which are not part of this scheme. It was also identified the practice were working from an out of area service specification and not the local version which was shared with all practices signed up to the scheme.

Following this, a number of reviews were carried out across practices, it was identified this was not such an issue for other practices.

The group were asked to consider whether this specific practice needs to carry out a detailed audit into their activity. Also, practices not signed up to the scheme or where activity is limited, what happens to these patients, how do they access this service?
The group agreed a detailed audit was required by the specific practice who has requested the increase and a review around practice engagement and patient access needs to be carried out.

ACTION: SMc

12. Co-Commissioning Log of Recommendations

SMc confirmed there were no formal commissioning decisions to report.

The group were informed that a review will be carried out shortly of the practice merger and closure processes, gaining feedback from both practices and patients. Healthwatch Portsmouth will be involved with and supporting this review.
Once completed, outcomes will be shared with the group.

ACTION: SMc

13. Risk Register

EA reported no updates following previous meeting.

DS enquired why R.Ports.PrC.09 Transition of PCSE services has been reduced from the risk score of 16 to 6? This improvement is not reflected as part of the recent National Audit Office Report and it is felt that this would not be reflected locally.

EA/MC to gain feedback from practices on whether improvements have been made to PCSE services, which needs to be, reflected as part of the risk register score.

ACTION: SMC

14. Any Other Business

No further business to report.

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

Tuesday 26 June 2018 at 10.30am, Committee Meeting Room, CCG HQ