NHS
Portsmouth
Clinical Commissioning Group

Primary Care Commissioning Committee

A meeting will be held from 1.00pm – 2.45pm on Wednesday 20 September 2017 in Conference Room A, 2nd Floor, Civic Offices, Portsmouth

AGENDA

1.	**Apologies for Absence and Welcome**		Verbal
2.	**Register and Declarations of Interest**		White
3.	**Minutes of Previous Meeting** a) To agree the minutes of the Primary Care Commissioning Committee meeting held on Wednesday 19 July 2017 b) Matters Arising		White
4.	**Portsmouth Acute Visiting Service**	Mr M Compton	Cream
5.	**Developing an MCP Progress Report**	Mr M Compton	Lilac
6.	**Practice merger application – Trafalgar Medical Group Practice and Eastney Practice**	Mrs Terri Russell	Green
7.	**Minutes of Other Meetings** • Primary Care Operational Group • Multispecialty Community Provider (MCP) Working Group	 Mrs Terri Russell Mr I Richens	 Blue Blue
8.	**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 15 November 2017 at 1.00pm – 2.45pm in Conference Room A, 2nd Floor, Civic Offices, Portsmouth.		
9.	**Meeting Close**		

Distribution:

Members

Dr Linda Collie - Clinical Leader and Chief Clinical Officer
Mr Mark Compton - Head of Primary Care Transformation
Dr Julie Cullen - Registered Nurse
Dr Annie Eggins - Clinical Executive
Dr Jason Horsley - Director of Public Health, Portsmouth City Council
Dr Jonathan Lake - Clinical Executive
Ms Jackie Powell - Lay Member
Mr Innes Richens - Chief Operating Officer
Mrs Terri Russell - Deputy Director (Primary Care)
Ms Suzannah Rosenberg - Director of Quality and Commissioning
Ms Tracy Sanders - Managing Director
Mr Andy Silvester - Lay Member
Mrs Michelle Spandley - Chief Finance Officer

Vacant	-	Lay Member

In Attendance

Mrs Lisa Stray	-	Business Assistant
Mr Patrick Fowler	-	Healthwatch Representative
Ms Justina Jeffs	-	Head of Governance

NHS
Portsmouth
Clinical Commissioning Group

Primary Care Commissioning Committee			
Date of Meeting	20 September 2017	**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	Justina Jeffs, Head of Governance		
Sponsoring member	Julie Cullen, Nurse Representative (interim Committee Chair)		
Date of Paper	13 September 2017		

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	Clinic al Executive
Dr Dapo	Alalade	Clinical Executive	Portsmouth Primary Care Alliance Ltd (PPCA)	✓			Direct	Practice is a Member		31/03/2017	Manage in line with SOBC policy	Left 31/3/17					
Jane	Cole	Deputy Chief Finance Officer	Association of Certified Chartered Accountants		✓		Direct	Member		Current	Non required			Attendee		✓	✓
Jane	Cole	Deputy Chief Finance Officer	Healthcare Financial Management Association		✓		Direct	Member		Current	Non required			Attendee		✓	✓
Dr Linda	Collie	Chief Clinical Officer/Clinical Executive/Accountable Officer	East Shore Partnership	✓			Direct	Partner		Current	Manage in line with SOBC 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 SOBC policy	✓			✓	Chair from June 2017	Chair from June 2017
Paul	Cox	Practice Manager Representative on Governing Board	Sunnyside Medical Centre	✓			Direct	Business Manager	Sep-07	Current	Manage in line with SOBC policy	✓					
Paul	Cox	Practice Manager Representative on Governing Board	Portsmouth Primary Care Alliance Ltd (PPCA)	✓			Direct	Practice is a Member		Current	Manage in line with SOBC policy	✓					
Dr Julie	Cullen	Registered Nurse Representative on Governing Board	University of Southampton	✓	✓		Direct	Employee	2011	Current	Manage in line with SOBC policy	✓		✓	✓ Interim Chair		
Carly	Darwin	Practice Manager Representative	Nil													✓	
Michael	Drake	Director of Planning and Performance	Nil													✓	✓
Dr Anne	Eggins	Clinical Commissioning Lead	Eastney Practice	✓	✓		Direct	General Practitioner		Current	Manage in line with SOBC policy	✓			✓		✓
Dr Anne	Eggins	Clinical Commissioning Lead	Portsmouth Primary Care Alliance Ltd (PPCA)	✓			Direct	Practice is a Member		Current	Manage in line with SOBC policy	✓			✓		
Dr Elizabeth	Fellows	Chair/Clinical Executive	East Shore Partnership	✓			Direct	Partner		Current	Manage in line with SOBC policy	Chair	✓			✓	✓
Dr Elizabeth	Fellows	Chair/Clinical Executive	Portsmouth Primary Care Alliance Ltd (PPCA)	✓			Direct	Practice is a Member		Current	Manage in line with SOBC policy	Chair	✓			✓	✓
Dr Elizabeth	Fellows	Chair/Clinical Executive	Circle Health	✓			Direct	Shareholder		Current	Manage in line with SOBC policy	Chair	✓			✓	✓
Patrick	Fowler	Healthwatch Portsmouth Representative on PCCC	Management Consultant	✓			Direct	Working with health, housing and care providers inside and outside of Portsmouth		Current	Declare any interest to Chair of Committee as and when one arises.				✓		
Jo	Gooch	Strategic Projects Director	CIMA		✓		Direct	Member	15/12/2016	Current	None required.						✓
Jo	Gooch	Strategic Projects Director	HFMA		✓		Direct	Member	15/12/2016	Current	None required.						
Jo	Gooch	Strategic Projects Director	NHS England - South (Wessex)			✓	Indirect	Husband is Director of Finance	15/12/2016	Current	Any potential conflict will be declared through normal governance processes.						

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	Clinic al Executive
Dr James	Hogan	Chief Clinical Officer & Clinical Leader	Lake Road Practice - Also the contract provider for John Pounds Medical Centre	✓			Direct	General Practitioner		Current	Manage in line with SOBC policy	✓ Left May 2017	Attendee-Left May 2017	Attendee-Left May 2017	✓ Left May 2017	✓ Left May 2017	✓ Left May 2017
Dr James	Hogan	Chief Clinical Officer & Clinical Leader	Portsmouth Primary Care Alliance Ltd (PPCA)	✓			Direct	Practice is a Member		Current	Manage in line with SOBC policy	✓ Left May 2018	Attendee-Left May 2017	Attendee-Left May 2017	✓ Left May 2018	✓ Left May 2018	✓ Left May 2018
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	Medical Profession			✓	Indirect	Wife works as a doctor in Infectious Diseases and Microbiology	07/01/2017	Current	In decisions related to commissioning of these services I would not be a voting member, but may still act in an advisory capacity.	✓			✓	✓	
Dr Jason	Horsley	Governing Board Member	Genito-urinary Medicine, Portsmouth			✓	Indirect	A close friend works as a consultant locally	07/01/2017	Current	In decisions related to commissioning of these services I would not be a voting member, but may still act in an advisory capacity.	✓			✓	✓	
Katie	Hovenden	Director of Primary Care	Portsmouth Hospitals Trust				Indirect	Sister is Senior Orthopaedic Secretary		Current	Manage in line with SOBC policy				✓ Left June 2017	✓ Left June 2018	✓ Left June 2019
Katie	Hovenden	Director of Primary Care	General Pharmaceutical Council		✓		Direct	Registered		Current	Manage in line with SOBC policy				✓ Left June 2018	✓ Left June 2019	✓ Left June 2020
Justina	Jeffs	Head of Governance	Paid marshall/steward for events - various agencies (secondary employment)	✓						Current	Manage in line with SOBC policy	Attendee	Attendee	Attendee	Attendee	Attendee	Attendee
Dr Jonathan	Lake	Clinical Executive	Sunnyside Medical Centre	✓			Direct	GP Partner		Current	Manage in line with SOBC policy	✓			✓ From June 2017	✓ From June 2017	✓
Dr Jonathan	Lake	Clinical Executive	Portsmouth Primary Care Alliance Ltd (PPCA)	✓			Direct	Practice is a Member		Current	Manage in line with SOBC policy	✓			✓ From June 2017	✓ From June 2017	✓
Dr Nicholas	Moore	Clinical Executive	Craneswater Group Practice	✓			Direct	Partner	Nov-11	Current	Manage in line with SOBC policy	✓		✓		✓	✓
Dr Nicholas	Moore	Clinical Executive	Portsmouth Primary Care Alliance Ltd (PPCA)	✓			Direct	Member	Nov-11	Current	Manage in line with SOBC policy	✓		✓		✓	✓
Thomas	Morton	Lay Member	Working Age Parkinson's Portsmouth Group (WAPP)			✓	Direct	Research Champion		Current	Manage in line with SOBC policy	✓ Left May 2017	✓ Left May 2018	✓ Left May 2019	✓ Left May 2020		
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	✓	✓	✓	✓		

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	Clinic al Executive
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	✓	✓	✓	✓		
Dr Jonathan	Price	Clinical Commissioning Lead	Trafalgar Medical Group	✓			Direct	Partner	1991	Current	Manage in line with SOBC policy					✓	
Dr Jonathan	Price	Clinical Commissioning Lead	Portsmouth Primary Care Alliance Ltd (PPCA)	✓			Direct	Practice is a Member		Current	Manage in line with SOBC policy					✓	
Dr Jonathan	Price	Clinical Commissioning Lead	Healthcare			✓	Direct	Parent of Autistic Adult	1991	Current	Manage in line with SOBC 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	✓	✓	✓
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	Always declare this interest prior to any discussion about this service and not to be involved in any commissioning/funding decisions.				✓	✓	✓
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	Healthcare Financial Management Association		✓		Direct	Member		Current	Unlikely to present a conflict but to remain alert when CCG dealing with the HFMA.		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		
Andrew	Silvester	Lay Member	Portsmouth Civil Service Sports Council			✓	Direct	Chair and some CCG staff are CSSC members	1996	2018	Manage in line with SOBC policy	✓	Chair	Chair	✓	✓	
Andrew	Silvester	Lay Member	Portsmouth Hospitals Trust		✓	✓	Indirect	Spouse is an employee	2016	Current	Manage in line with SOBC 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 SOBC policy	✓	Attendee	Attendee	✓	✓	✓
Michelle	Spandley	Chief Finance Officer	Healthcare Financial Management Association		✓		Direct	Member		Current	Manage in line with SOBC 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	✓	✓	

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	Clinic al Executive
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 SOBC policy	✓	✓			✓	
Tahwinder	Upile	Secondary Care Specialist Doctor on Governing Board	Kent Surry Sussex Deanery	✓	✓		Direct	Physician		Current	Manage in line with SOBC 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 SOBC policy	✓	✓			✓	
Tahwinder	Upile	Secondary Care Specialist Doctor on Governing Board	Harley Street LMA Group	✓	✓		Direct	Consultant	Aug-12	Current	Manage in line with SOBC 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		✓		Direct	Chief Executive	2007	Current	None	✓					
David	Williams	Governing Board Member	Solent NHS Trust		✓		Direct	Appointed Governor	2010	Current	None	✓					
David	Williams	Governing Board Member	Portsmouth UTC		✓		Direct	Director	2014	Current	None	✓					
STAFF LIST																	
Nicola	Burnett	Finance Manager	ACCA			✓	Direct	Member	Jan-12	Current	None required.			Attendee Left June 2017			
Jayne	Collis	Business Development Manager	Portsmouth Hospitals Trust			✓	Indirect	Sister in Law works in Pharmacy Department		Current	None	Minutes					
Linda	Foster	Executive Assistant	Nil													Minutes	
Debbie	O'Connor	PA to Chief Finance Officer	Nil											Minutes			
Victoria	Sexton	Business Development Manager	Nil										Minutes				
Lisa	Stray	Business Assistant	Nil												Minutes		

NHS
Portsmouth
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE			
Date of Meeting	20 September 2017	**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 19 July 2017.		
Recommendations/ Actions requested	Approve		
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	Julie Cullen, Nurse Representative (Interim Committee Chair)		
Date of Paper	13 September 2017		

NHS
Portsmouth
Clinical Commissioning Group

DRAFT

Minutes of the Primary Care Commissioning Committee meeting held on Wednesday 19 July 2017 at 1.00pm – 2.45pm in Conference Room A, 2nd Floor, Civic Offices, Portsmouth

Summary of Actions

Agenda Item	Action	Who	By
4.	**Terms of Reference (TOR)** **Primary Care Commissioning Committee TOR:** • Amend "Local Enhanced Services" to "Local Commissioned Services" on Page 3 and 10. • Amend "Head of Transformation" to "Head of Primary Care Transformation" on Page 4. **Primary Care Operational Group TOR** • Add "Nurse Representative" to the Membership and Attendance list. • Add a new section "Meetings" as duplicated from Section 6, Page 2 of the Multispecialty Community Provider (MCP) Working Group Terms of Reference.	J Jeffs/ I Richens J Jeffs/T Russell	September 2017 September 2017
6.	**MCP Project Report** Innes Richens and Mark Compton will bring a summary reminder of the envisaged service improvements and outcomes to be delivered and/or supported by the MCP to a future meeting.	M Compton/ I Richens	September 2017
7.	**Quality Improvement in General Practice** • Michelle Spandley asked for clarity on the statement under Friends and Family Test results on Page 10. Terri Russell will consult Steve McInnes and provide feedback. • Terri Russell will share an early example of the dashboard to Committee members outside of the meeting for their awareness. • Terri Russell will consider how we can use some of the headlines and data from the dashboard in our patient engagement such as City Wide PPG.	T Russell	September 2017
10.	**Any Other Business** Tracy Sanders will provide Patrick Fowler details of Lay member post.	T Sanders	July 2017

Present:

Dr Linda Collie	- Clinical Leader/Clinical Executive (GP)
Mr Patrick Fowler	- Healthwatch Representative
Dr Jason Horsley	- Director of Public Health, Portsmouth City Council
Dr Jonathan Lake	- Clinical Executive (GP)
Ms Jackie Powell	- Lay Member (Chair)
Mr Innes Richens	- Chief of Health & Care Portsmouth

Ms Suzannah Rosenberg - Director of Quality and Commissioning
Ms Tracy Sanders - Managing Director
Mrs Michelle Spandley - Chief Finance Officer

In Attendance

Mr Mark Compton - Head of Primary Care Transformation
Mrs Jo Gooch - Strategic Projects Director
Mrs Terri Russell - Deputy Director of Primary Care
Mrs Lisa Stray - Business Assistant

Apologies:

Dr Julie Cullen - Registered Nurse
Dr Annie Eggins - Clinical Executive (GP)
Miss Justina Jeffs - Head of Governance
Mr Andy Silvester - Lay Member

---

1. Apologies and Welcome

Apologies were noted.

Jackie Powell welcomed everyone to the meeting and reminded those present that although the meeting was being held in public it was not a public meeting and therefore no participation from members of the audience would be allowed during the formal business of the Committee.

Jackie Powell reminded members that the CCG undertakes primary care co-commissioning under delegated powers from NHS England. As a GP membership organisation we are open and transparent in how we handle perceived or potential conflicts of interest in all aspects of our business. In line with our policies the chairing of the Committee is a lay member representative.

Where members or attendees are felt to have a direct potential conflict of interest, they will be excluded from our discussions as well as decision making. However, in order to retain the voice of local primary care the Clinical Executive lead for primary care, Dr Linda Collie, will be allowed to participate in discussions for such items unless they are directly about their practice.

2. Declarations of Interest

Dr Linda Collie declared a possible conflict of interest relating to Items 8 on the agenda. It was agreed that Dr Collie could still participate in discussions.

3. Minutes of Previous Meeting

The minutes of the Primary Care Commissioning Committee meeting held on Wednesday 17 March 2017 were approved as an accurate record.

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

Agenda Item	Action	Who	By
4.	**Primary Care Commissioning Committee Work Programme**		

	Further discussions between Chief Finance Officer and Head of Governance to ensure delegated NHS England requirements are met.	M Spandley/ J Jeffs/K Hovenden	Completed
5.	**Delegated Primary Care Commissioning 16/17 Annual Report** • Applications for Minor Premises Improvement Grants. Katie Hovenden agreed to review the cost information and remove any duplication.	K Hovenden	Completed
7.	**Improve Access Initiative Business Case** Discuss any transformation funding opportunities with COMPACT CCGs. Summarise the agreed 'fourth option' procurement approach for clarity purposes before the next meeting.	M Spandley M Compton	Completed Completed

4. Terms of Reference (TOR)

Tracy Sanders reported that following changes to the senior management team within the CCG, the Primary Care Commissioning Committee, Primary Care Operational Group and the Multispeciality Community Provider Working Group TORs have been amended to reflect these changes. Committee members were requested to agree the amended terms of reference for approval by the Governing Board.

Committee members agreed the following changes:

- **Primary Care Commissioning Committee TOR**

  Amend "Local Enhanced Services" to "Local Commissioned Services" on Page 3 and 10.

  Amend "Head of Transformation" to "Head of Primary Care Transformation" on Page 4.

  Action: J Jeffs/I Richens

- **Primary Care Operational Group TOR**

  Add "Nurse Representative" to the Membership and Attendance list.

  Add a new section "Meetings" as duplicated from Section 6, Page 2 of the Multispeciality Community Provider (MCP) Working Group Terms of Reference.

  Action: J Jeffs/T Russell

The Committee approved the Multispecialty Community Provider Working Group TOR without amendments.

The Primary Care Commissioning Committee approved the TORs subject to the above amendments.

5. Chair's action

The Primary Care Commissioning Committee agreed to take further action on Agenda Item 7: Improve Access Initiative Business Case from their meeting on 17 May 2017. This was based on the 'fourth option' presented by Mark Compton in respect of delivering initiative through a deferred phased delivery plan.

Whilst Committee members supported this option, it was agreed that the Chair would conduct a final review and approve this option outside of the Committee meeting. Further details were provided to the Chair who approved the implementation of this option.

The Primary Care Commissioning Committee was requested to note the approval by the Chair.

6. MCP Project Report

Jo Gooch provided Committee members with an update on the progress of the MCP development programme. She highlighted that although there is no direct conflict of interest at this time, there may in the future and could present a potential conflict for all GP members and practice representatives of the Committee, where contractual arrangements and allocation of resources are affected.

The MCP working group continues to meet regularly and key activities have included developing a partnership agreement. A partnership resource statement has been developed, and is regularly reviewed by the MCP Programme Board and a draft stakeholder engagement plan. Other activities include implementing the requirements of the NHS England guidance 'Integrated Support and Assurance Process' for new contracts, and refreshing the 3-6 month proprieties and action plan for the MCP.

The agreement has been developed with PPCA, Solent NHS Trust and is intended to include Portsmouth City Council. This formalises our commitment to working together to integrate primary, community and social care services in Portsmouth and is awaiting signature. The agreement includes developing and implementing an agreed programme of change, in line with the principles of the Portsmouth Blueprint. This will provide suitable resources (financial and workforce) to ensure the agreed the programme can be delivered, and creating strength through partnership to support the out of hospital delivery, for the benefits of patients and public of Portsmouth City.

A communications and engagement plan is under development, which will form part of a wider plan for Health and Care Portsmouth. The CCG wish to work with Healthwatch and other agencies in its engagement activities.

Jo Gooch reported that the CCG is also making links with Fareham and Gosport & South Eastern Hampshire CCGs to discuss our respective plans, inter-dependencies and impact on wider stakeholders.

Planned activities

The CCG working group has reviewed the current work programme and will focus on the following over the next two months:

- Reviewing progress of the change programme;
- Developing the provider market by understanding the organisational development needs of an emerging MCP provider;
- Stakeholder engagement plan to continue to develop the plan; and
- Understand how the changing NHS landscape may affect local plans and explore the potential to align with Fareham and Gosport & South Eastern Hampshire CCG plans;
- Assess how this may impact on the planned scope and phasing of the MCP.

Patrick Fowler reported that he will be arranging another session with the Board in autumn.

Innes Richens thanked Jo Gooch for all her hard work, and confirmed that the programme will now transfer to Jo York and Mark Compton.

Innes Richens and Mark Compton will bring a summary reminder of the envisaged service improvements and outcomes to be delivered and/or supported by the MCP to a future meeting.

ACTION: M Compton/I Richens

The Primary Care Commissioning Committee noted the progress and expressed support of the MCP development programme.

7. Quality Improvement in General Practice

Terri Russell presented a paper to inform Committee members of the work which is currently being undertaken by the CCG and to update on progress specifically relating to the General Practice Quality Dashboard.

Terri Russell highlighted that the content and design of the dashboard was developed and agreed through a steering group and the overarching quality framework was presented at the Primary Care Commissioning Committee in March 2017. The CCG will provide quarterly reports on primary care quality-based information from Dashboard, which will be reported to the CCG's Primary Care Operational Group (PCOG). Data from the Dashboard will be incorporated in the Integrated Performance Report and taken to the Governing Board.

The Dashboard will be demonstrated to Practice Managers at a TARGET session in August/September prior to the launch.

Dr Horsley questioned how a practice would know their position on the Dashboard. Terri Russell confirmed that each practice has a log in, which will enable them to work with other practices to make improvements. She also confirmed that practices will be working to support quality improvement through the Primary Care Commissioning for Quality for Innovation Scheme (CQUIN) which focusses on best practice within GP practices.

Michelle Spandley asked for clarity on the statement under Friends and Family Test results on Page 10. Terri Russell will consult Steve McInnes and provide feedback.

ACTION: T Russell

Tracy Sanders asked for reports to come to Committee for noting. Terri Russell will share an early example of the dashboard to Committee members outside of the meeting for their awareness.

ACTION: T Russell

Patrick Fowler enquired if some of the dashboard information could be shared with members of the public. Terri Russell will consider how we can use some of the headlines and data from the dashboard in our patient engagement such as City Wide PPG.

ACTION: T Russell

Committee members were asked to note the development of the Dashboard on the intended approach in using this as a tool to support quality improvement.

The Primary Care Commissioning Committee noted the progress of the dashboard.

8. Online Consultation discussion paper

Terri Russell presented an update of the current proposals around online consultation and reported that:

- CCGs have been advised that a range of providers will be made available and a formal procurement process must be followed to secure a system.
- The STP approach to commission on behalf of all Hampshire and IOW (HIOW) practices for eConsult is 0.63p head and totals £144K, and this is likely to be significantly cheaper across STP.
- National funding will be available for 3 years for online consultations.
- 1 practice has voted eConsult and another on a different system in the city.

The Committee considered highlighted benefits of online consultations:

<u>Patient Benefits</u>

- 24/7 access to online resources, some of which provide immediate support.
- 78% of patients said it saved them time as they only attend when they need to attend.
- Access and continuity with own GP practice.
- Better health outcomes due to earlier intervention – ability to share sensitive information more readily.

Dr Jonathan Lake emphasised that service requires a greater engagement with patients through advertisement, and reported that although the service has been generally a very positive experience, uptake has been slow however patient satisfaction has been high. He highlighted that any registered patient can use eConsult.

Patrick Fowler raised concerns that not all patients have access to the internet. He asked how the service is regulated like all other GP services or another form of regulation, and whether the service regulated in the same way as face to face appointments with the GP. Terri Russell acknowledged that there have been ongoing issues around governance but confirmed that this has gone through to gain assurance.

Dr Jason Horsley asked what happens if a patient asks a multi-illness question. Dr Lake commented that the system is geared towards a single health question only.

Innes Richens questioned if the money is coming from the STP and whether the CCG is working towards a better deal. Michelle Spandley commented that the options are currently being explored and confirmed that the CCG is working to achieve the best deal. Terri Russell also agreed and commented that there is a project manager in place.
Committee members were asked to make a decision regarding governance, assuming all were in agreement to pursue a system wide procurement for an online consultation system.

The options are to either:

- refer procure decisions e.g. preferred provider and sign off of final specification to the lead CCG (North East Hants and Farnham CCG);
- or, to ask that decisions are directed back to Portsmouth CCG as and when required.

The committee agreed that in line with STP principles the lead commissioner (NE&F CCG) should be able to take decisions regarding the procurement on our behalf.

Clinical Benefits

- The rate of return on eConsult time saved is also increasing monthly as GP confidence grows.
- Empowers patients and enables patient education.
- 18% of those using self-help go on to self-manage, rather than book an appointment they had planned to book with the GP.
- GPs only see the patients they need to see.
- Ability to collect standard QOF data through eConsult and updated health information that may not be collected at routine appointments.
- Productivity gains for the practices.

Commissioner Benefits

- Better health outcomes result from earlier intervention in the natural history of the illness.
- More GP capacity available for complex patients.
- Reducing complications through earlier intervention for minor illnesses.
- Redirection of patients to GP from urgent care settings e.g. 14% of patients reported that they would have attended a Walk-in Centre if this service had not existed.

The Committee members were asked to decide whether to join the STP wide procurement or not; and to agree where decisions should be taken regarding signing off the specification and ratifying a preferred provider.

Tracy Sanders concluded by commenting that by delegating authority to North East Hampshire and Farnham CCG to approve the specification and select the provider, would demonstrate the collaborative working principles we are committed to as being part of the STP.

The Primary Care Commissioning Committee approved the STP wide procurement, and agreed decisions for specification sign-off and preferred provider ratification.

9. Minutes of Other Meetings

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

- Minutes of the Primary Care Operational Group meetings held on 8 May 2017.

- Minutes of the Multispecialty Community Provider (MCP) Working Group meetings held on 26 April 2017, 17 May 2017, 24 May 2017, 31 May 2017 and 7 June 2017.

The Primary Care Commissioning Committee accepted the minutes.

10. Any Other Business

Tracy Sanders reported the Lay member post has been advertised on NHS jobs and will provide Patrick Fowler with the details.

ACTION: T Sanders

11. Date of Next Meeting in Public

The next Primary Care Commissioning Committee meeting to be held in public will take place on 20 September at 1.00pm – 2.45pm in Conference Room A, 2nd Floor, Civic

Offices. Jackie Powell thanked everyone for attending the meeting and reminded members of the public that feedback and comments would be welcomed.

Lisa Stray
26 July 2017

Member Name	Jul 2017	Sept 2017	Nov 2017	Jan 2018	Mar 2018
Dr Linda Collie	✓				
Mark Compton	✓				
Dr Julie Cullen	A				
Dr Annie Eggins	A				
Patrick Fowler	✓				
Jo Gooch	✓				
Dr Jason Horsley	✓				
Justina Jeffs	A				
Dr Jonathan Lake	✓				
Jackie Powell (Chair)	✓				
Innes Richens	✓				
Terri Russell	✓				
Suzannah Rosenberg	✓				
Tracy Sanders	✓				
Andy Silvester	A				
Michelle Spandley	✓				
Lisa Stray	✓				

✓- present
A – apologies

NHS
Portsmouth
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

Date of Meeting	20 September 2017	**Agenda Item No**	4.
Title	**Portsmouth Acute Visiting Service**		
Purpose of Paper	This paper details the review of the Acute Visiting Service (AVS) pilot delivered by the Portsmouth Primary Care Alliance (PPCA) during 2016/17. The purpose of this paper is to present the findings of the AVS review and propose recommendations regarding future commissioning arrangements of the service.		
Recommendations/ Actions requested	The Committee is requested to: 1. Ratify the decision by the Partnership Management Group to allocate additional recurrent spend from the Better Care Fund budget to deliver the enhanced AVS service. 2. Agree to issue a contract extension with the incumbent provider until a new integrated primary care service contract is let in June 2018.		
Potential Conflicts of Interests for Board Members	Potential Conflict of Interests identified for GP members of the Committee.		
Author	Mark Compton, Head of Primary Care Transformation		
Sponsoring member	Jo York, Director (New Models of Care)		
Date of Paper	12 September 2017		

NHS
Portsmouth
Clinical Commissioning Group

Portsmouth Acute Visiting Service: 2016/17 Review

Introduction

This paper details the review of the Acute Visiting Service (AVS) pilot delivered by the Portsmouth Primary Care Alliance (PPCA) during 2016/17.

The purpose of this paper is to present the findings of the AVS review and propose recommendations regarding future commissioning arrangements of the service.

Background

In 2015, following a period of sustained pressure on primary care services and increased demand in non-elective activity at Portsmouth Hospitals Trust (PHT), the CCG, in collaboration with key stakeholders, supported the proposal to pilot an acute visiting service to be delivered by the PPCA.

The AVS scheme provides GP home visits on behalf of practices to registered patients requiring an urgent visit in a patient's own home or nursing / residential home. There were three primary aims of the pilot scheme: increase capacity within general practice; improve system flow through PHT; and reduce the number of patients requiring acute admission to hospital.

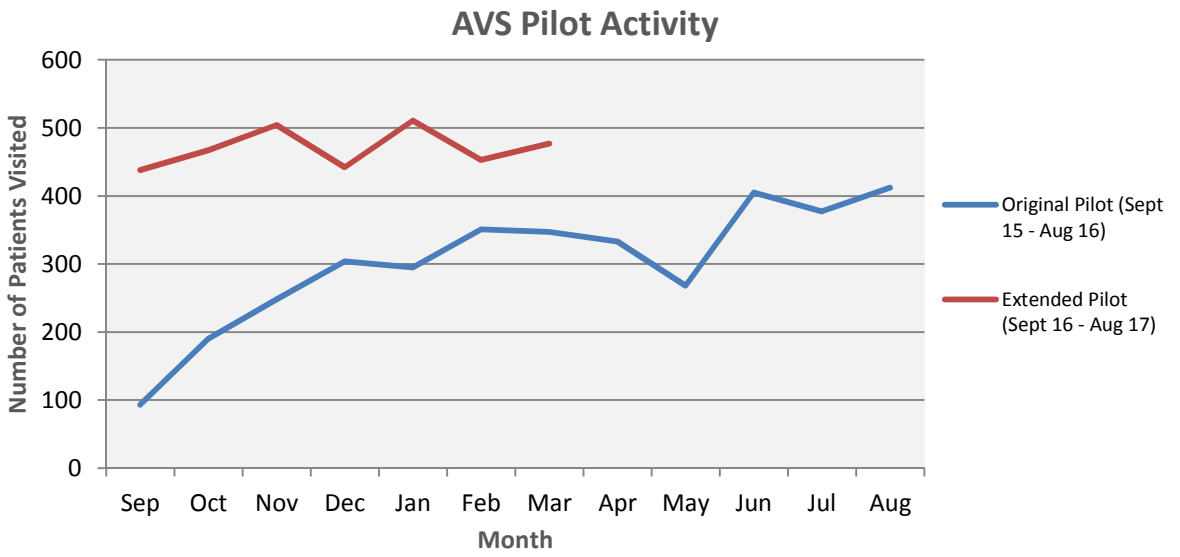
Initially the pilot delivered three dedicated GP sessions (one in each locality – North, Central, and South) operating from Monday-Friday, 09:00-13:00, enabling patients to be seen, and admitted if appropriate, earlier in the day (thereby improving patient flow through PHT), and enabling GPs to continue to work within practice rather than travelling to patients' homes (thereby increasing capacity within general practice).

Following a 12 month pilot, ending in August 2016, funding for the original service was agreed to be provided on a recurrent basis while an enhanced pilot was commissioned from the PPCA on a non-recurrent basis to increase capacity within the original operating hours and to extend provision to include an afternoon visiting service until 17:00 Monday-Friday.

AVS Data Analysis

Service Delivery:

Activity delivered by the AVS has increased following the service expansion post September 2016 and is conducting significantly more patient home visits compared to the original pilot period, as detailed below:



Service activity has fallen slightly short of the forecast activity which can be attributed to two factors. Firstly, the planned secondment arrangements with South Coast Ambulance Service (SCAS), introducing a paramedic practitioner into the AVS, have been unsuccessful due to staffing pressures at SCAS. As a result the PPCA have reallocated the funding earmarked for a paramedic into increasing the number of GP sessions delivered. Due to the cost difference between a paramedic practitioner and a GP, this has resulted in fewer sessions delivered and therefore fewer visits being undertaken than forecast. Secondly, the afternoon visiting service has delivered fewer visits than forecast predominantly due to GPs spending more time than anticipated in afternoon traffic, and due to an initial low number of referrals to the service following mobilisation (however, this has been steadily increasing throughout the duration of the pilot).

The time between a referral to the service and the AVS undertaking a patient visit has improved slightly since the original pilot period with an average interval ranging between 51-70 minutes in any given month (compared to 56-74 minutes in original pilot). The recent adoption of SystmOne within the AVS can now facilitate electronic referrals which will likely reduce the average patient wait time further.

The number of referrals rejected by PPCA due to the service reaching full capacity has not reduced following the expansion of the pilot post September 2016, indicating a sustained high level of demand for the service despite the additional capacity now available.

Urgent Care Demand:
Analysing the total non-elective admissions for patients aged ≥65 compared to the previous year between September 16 – March 17, we can see Portsmouth has witnessed an increase in admissions by 4.4% for this cohort of patients which is broadly in line with neighbouring CCGs. The bulk of the increase in admissions can be seen within the winter pressures period between November 16 – February 17 where there has been considerable strain on other health and care services within the local health system. The number of hospital admissions deemed avoided by AVS GPs working in the service during the pilot extension period was 355.

Obviously there are a large number of variables which could be affecting these figures and without a sound methodology for calculating the predicted increase in demand for this cohort of patients year-on-year it is difficult to determine the impact of the expanded AVS pilot on stemming the growth in demand.

Within the expanded pilot period there were 46 fewer A&E attendances compared to last year for patients aged ≥75 between September 16 – March 17.

Ambulance conveyances have decreased by 12% compared to last year between September 16 – March 17.

Practice Feedback:
A survey monkey was sent to all practices within the city for feedback on the effectiveness of the AVS scheme. A large proportion of the total 35 responses were from GPs (80%), whilst some practice managers and administrative staff also responded (20%). From those who responded 97% were happy with the current morning service offered by the AVS.

Numerous comments were made as to the positive impact this has had on the practice's capacity and the positive outcomes for patients from being seen earlier in the day with 92% stating the service had made a significant difference to their working day (3% of respondents stated they hadn't used the service). One GP respondent stated:

> *"This is a brilliant service and has had an enormous impact on my working day, enabling me to deliver better care for other patients and meaning that my day is more tolerable - thank you."*

In response to the afternoon service offered by the AVS 80% of respondents stated they were happy with the service; 14% had not used the service, with the remaining 6% not happy with the service stating that capacity should be increased.

A number of respondents also commented that the service would be improved if there was additional capacity in both the mornings and afternoons, with several requests for later working into the early evening.

Patient Feedback:
A telephone survey was undertaken with patients who had received care from the AVS for their feedback. Out of 57 respondents 93% rated the service as either 'Excellent' or 'Good' (58% and 35% respectively); 74% of respondents indicated that the AVS was an improvement to the usual arrangements of their own GP visiting later in the day, and 98% said they would be happy to use the service again. 100% of patients felt that the Dr understood their problem with 93% stating they would recommend the service to a friend. Comments from patients largely highlight positives in the swiftness of the visit and the extra time and attention afforded by the GP when visiting.

Finance

Funding for the parameters of the original pilot, costing £362k per annum, has already been agreed as a recurrent resource through the Better Care Fund (BCF). The additional £160k

for the expanded pilot was agreed as a non-recurrent source of funding for the 12 month pilot period.

From September 2017 additional recurrent funds of £160k will need to be approved in order to continue the AVS within its current capacity (totalling a £522k recurrent commitment per annum).

The additional recurrent funding required is being requested from the BCF budget. The Partnership Management Group (PMG) – the group responsible for authorising BCF spend – has agreed to fund the additional £160k from the BCF budget on a recurrent basis on the proviso that the Primary Care Commissioning Committee supports the proposal.

Service Developments

During the course of the pilot the PPCA have successfully implemented a new clinical system, SystmOne, in order to create a more efficient and expedient way to manage patient referrals and to update patient records, creating a safer and more reliable service to practices and patients.

Future Developments:

In time it is envisaged that local providers of primary care will take responsibility for primary care delivery 24 hours a day, 7 seven a week to ensure seamless care delivery for patients and to prevent the existing fragmented responsibility of care. It is anticipated that the provision of a dedicated home visiting service will expand its current operation to align with other commissioning developments, such as the enhanced access initiative and the recommissioning of the Out of Hours (OOHs) service to support 24 hour delivery of patient home visits. A new interim contract for this service will be let from June 2018 which will replace the existing AVS.

Recommendations

Following the review of the service the following recommendations have been developed:

1. **Ratify Additional Recurrent Spend**
   Following analysis of the expanded pilot, and agreement from the PMG to fund the additional £160k spend from the BCF on a recurrent basis, the Committee is recommended to ratify the additional recurrent spend on AVS provision.

2. **Agreement to Issue a Contract Extension**
   In line with commissioning developments for an integrated 24/7 primary care service (to commence from June 2018), it is proposed the CCG issues a contract extension with the incumbent provider, PPCA, until 31 May 2018.

NHS
Portsmouth
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

Date of Meeting	20 September 2017	**Agenda Item No**	5.
Title	**Multispecialty Community Provider (MCP) Progress Report**		
Purpose of Paper	To update the Committee on the progress of developing a local MPC model, supported by suitable contractual arrangements.		
Recommendations/ Actions requested	To note the context of the report.		
Potential Conflicts of Interests for Board Members	No direct conflict of interest at this time, but may in the future present a potential conflict for all GP members and practice representatives of the Committee where contractual arrangements and allocation of resources are affected.		
Author	Mark Compton, Head of Primary Care Transformation		
Sponsoring member	Innes Richens, Chief of Health and Care Portsmouth		
Date of Paper	01 September 2017		

Developing an MCP: Progress Update Report
September 2017

Introduction

This report provides an update to the Committee on the progress of the MCP development programme since the last update (June 2017).

CCG MCP Working Group

The MCP working group continues to meet regularly and recent work and activities include:

- **Finance and Activity Mapping**
  Finance and activity information from existing contracts has been reconfigured and analysed to assist in the process of letting an MCP contract, and to help inform contractual financial planning.

- **MCP Contract Timeline**
  An exercise has been undertaken to determine the timeline required to let an MCP contract, taking into account: the procurement process; the CCG's organisational development requirements; tasks necessary to develop the market; stakeholder communication activities; GP practice engagement; and finance and activity modelling. Leads have been assigned to each area to further refine and develop the proposed actions and timescales.

- **Establishing Support from the National Team**
  Initial conversations with the NHS England national team have been undertaken to determine support that can be provided to the CCG by both the New Care Models Team and the New Business Models Team. A date for a 'Road Mapping' workshop with the teams has been arranged for October.

- **ACO Contractual Guidance**
  The working group have reviewed new national contractual guidance issued for Accountable Care Organisation (ACO) contracts (an MCP contract is a type of an ACO contract).

MCP Partnership

The MCP partnership continues to meet regularly and recent work and activities include:

- **MCP Partnership Alliance Agreement**
  The Portsmouth Primary Care Alliance (PPCA) has received a mandate from their membership to join this agreement; therefore, the Alliance Agreement has now been signed by all parties (Portsmouth CCG, Solent, the PPCA, and Portsmouth City Council).

- **Estates**
  Feasibility studies have been conducted across the city to determine potential opportunities within primary care estate to deliver integrated hub working. A project

group is being established to further define the future clinical model, and to work up business cases for hub developments and potential estate rationalisation across the city.

A stakeholder workshop has been held in the North of Portsmouth to non-financially assess short-listed options for the development of a Hub in Cosham. Financial assessments are now due to take place leading to a preferred option for that locality.

- **Care Homes**
  A business case has been approved to initiate a pilot to improve proactive care within care home settings. Multi-Disciplinary Teams (MDTs) have been established in seven care homes within the city to date. Two of those homes are due to have an established GP-led MDT from October 2017.

- **Physiotherapists in General Practice**
  Following a successful urgent primary care triage pilot with two practices in the city delivered by physiotherapists working in practice, a business case has been approved to roll out the model to the rest of the city. The pilot will expand to other practices from October with an aim to cover over half the population by March 2018.

- **Long Term Condition (LTC) Hubs**
  Work has been undertaken within the Accountable Care System (ACS) to define potential inclusion criteria and pathways for an LTC Hub. Engagement and clinical buy-in has been sought from member GP practices, community teams, and secondary care. A clinical focus group is being established to define a Portsmouth-focussed delivery model.

- **Primary and Community Nursing**
  Workshops have been held with community and practice nurses to identify opportunities for improved joint working. A joint leg ulcer clinic has been indicated as high priority for improved patient outcomes. A working group is being establishing with the aim to establish a joint leg ulcer clinic pilot.

- **Pharmacist Support in Primary Care**
  The PPCA have successfully bid to NHS England's Clinical Pharmacists in General Practice pilot on behalf of five Portsmouth GP practices, enabling pharmacists to treat patients in practice. A case for an additional pharmacist working in care homes has also been approved in principal (linking to the care home MDT project).

In addition to the above mentioned work, additional areas being investigated, which are currently in a development phase, include improvements in: children's and maternity; mental health; extensivist teams; and population analytics.

NHS
Portsmouth
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

Date of Meeting	20 September 2017	**Agenda Item No**	6.
Title	Practice merger application - Trafalgar MGP and The Eastney Practice		
Purpose of Paper	To present to the committee a merger application, which requires a decision on whether the CCG approves the merger.		
Recommendations/ Actions requested	The committee is asked to approve the application which was formally agreed in principle at the September 2017 Primary Care Operational Group.		
Potential Conflicts of Interests for Board Members	No direct conflict of interest for members, however it should be noted that a degree of conflict (due to competition) may exist for those who work at other local practices.		
Author	Steve McInnes		
Sponsoring member	Terri Russell		
Date of Paper	15 September 2017		

NHS
Portsmouth
Clinical Commissioning Group

Application for Consideration of a Contract Merger

Please complete this electronically, ensuring all sections are fully completed, expanding the boxes where necessary. A signed hard copy should then be sent to the CCG.

Section 1

Practice names	J codes	Contract type	Clinical system	Registered population
Trafalgar Medical Group Price	J82028	GMS	SystmOne	17876
The Eastney Practice	J82212	GMS	SystmOne	5280

Which contract and J code do you propose that the newly merged practice will hold?	GMS J82028
What is the proposed name of the Practice?	Trafalgar Medical Group Practice
What is the proposed date of the merger and are there any time pressures associated with this?	01 April 2018
What is the distance between practices?	The Eastney Practice is collocated with TMGP in Eastney Health Centre (EHC). EHC is a branch site of TMGP. The Eastney Practice will become part of and expand that branch site. Osborne Road will remain the main site for TMGP.
Please confirm the proposed merged contractual practice boundaries - include both inner and outer boundaries.	As TMGP already covers the Eastney Practice boundaries. The new Practice boundaries will reflect TMGP's current inner and outer boundaries. Patients from both Practices will be able to access services at both EHC and Osborne Road.

Section 2

Please list names and addresses of all main and branch surgeries included in the proposed merger beginning with the main site.

Service provision	
Practice name(s)	Premises address(es)
Trafalgar Medical Group Practice	25 Osborne Road, Southsea, Hampshire PO5 3ND
	Eastney Health Centre, Highland Road, Southsea PO49HU
The Eastney Practice	Eastney Health Centre, Highland Road, Southsea PO49HU

Are any changes planned to the existing premises set-up? (if so please state) eg. Consolidating urgent appointments, administration functions at one site	Integration of the two practice reception areas, office and clinical areas to maximize efficient use of resources. There will be a small cost from this, but the works required are not expected to be extensive.
Are there any services currently provided by either practice that will not be provided by the merged practice? *If so detail here*	No
Are there any services NOT currently provided by either practice that WILL be provided by the merged practice? *If so detail here*	Yes Minor surgery, IUCD fitting

Section 3

Business case for merger
Key reasons/benefits of the merger • To create a larger practice which is sustainable, and able to survive in the changing NHS environment. • To create a larger practice with critical mass that can attract and retain more and better staff; in particular to attract new GPs and Practice nurses to join us. To make recruitment or retirement of partners/salaried doctors more practical and successful. • To create a more diverse skill set to better serve our patients. This might include employing specialist staff, importing secondary care sessions, hosting Well-Being workers and thus contributing to the creation of a local Multispecialty Community Hub in line with the 5 Year Forward View.

- To be able to improve access (routine Saturday morning opening and working with the PPCA towards 0800 to 2000 opening on weekdays)
- To create economies of scale and increase the financial resilience of the organization.
- To share back office functions.
- Potentially to be able to bid for new contracts more effectively.
- To provide stronger strategic leadership in the enlarged Practice and amongst local Practices.
- Staff will benefit from being a part of a larger and more resilient organisation with better terms of service and more opportunities to train and develop advanced skills.

Advantages for Patients

- Two popular local GP Practices will come together and flourish; despite upcoming retirements and changes to the NHS and the society it serves.
- Longer opening hours including Saturday mornings
- Wider range of services offered long term
- Access to an improved range of healthcare personnel (a medical team of 11 including male and female GPs – and a nursing team of 13) who between them will provide a comprehensive primary care service
- Good primary care service for the next 20 years
- They will be served by the most innovative GP practice in Southsea
- At the last CQC Inspection for the Eastney Practice. The inspection team stated that the 2 Practice reception desks side by side was confusing for patients. The merger will remove that confusion

Advantages to the CCG and Local Health Economy

- One stronger sustainable practice to deal with, rather than two. Easier for the CCG to manage with some cost saving to the Local Health Economy.
- No significant change in premises for the time being. No closures
- A merger will support the strategic development of the Portsmouth Health and Social Care Blueprint and MCP working locally
- Our work as training and research Practices will continue and become stronger. We will be in a better position to train our successor GPs
- General Practice in Southsea will survive – and become stronger and provide better services for patients over the next few years

Indicate any innovative/transformational working that the merger will support

Our existing Practices have a long history of creating or being involved with innovative projects. With the advantages of scale, we will be able to more of this in a more professional way. Though impossible to predict what exactly we may do in future, the merger makes some things much more likely:

- Integration of two neighbouring practices to create a Practice big enough to develop and bid for new work when opportunities arise

- More room for sub-specialisation by Medical and Practice team members leading to better patient services (Minor surgery, Family planning, Drug and Alcohol work amongst others)
- Improved HR processes within the organisation
- More training within the practice for new GPs (with 3 GP trainers) and PNs - effectively growing our successors
- Further development of outreach Practice Nursing to housebound patients
- Involvement with project to improve Care Home patients care, optimising medical care, improved care planning and reduced unnecessary admissions
- We will become the biggest research active practice in the City
- Potential sharing of high skilled staff with other local GP Practices in future
- More use of IT to improve patient services – more sophisticated use of the tools within SystmOne / Ardens improve quality, better IT training for staff, increased use of our website for remote consultations, more EPS activity, more patients accessing their records online, better sharing of medical records with community services.

Section 4

Please summarise the work undertaken and/or planned regarding stakeholder communication. *Please make clear whether completed or planned*
Please find stakeholder engagement plan in Master Document below

Section 5

A

Please provide as much detail as possible as to how the current registered patients from the existing practices will access a single service, including consistent and equitable provision across:

Home visits	Will continue to be offered as before and may also include the use of an Outreach Practice Nurse who proactively visits housebound, care home and other patients who may be at high risk of admission. We will continue to use the AVS for urgent visits that may result in an admission
Booking appointments	Will continue as we do now – in person, by phone or on line – to request an advance booked, urgent on the day, telephone consultation or home visit. The merged Practice will be able to develop a more sophisticated call centre approach to make the booking process easier for patients in the medium term, once the staff have come together.

Additional and Enhanced Services	We will continue all the services we currently provide – that being nearly all the enhanced services available. With a larger and more concentrated clinical team we will be in a good position to continue and expand on this in future. The EP patients will be able to access the Minor Surgery service and TMGP patients the IUCD fitting service. Overall the offering will be greater
Extended Hrs	These will be the same as the two practices currently operate with some rationalisation to maximise accessibility to our patients. The Practice will open between 0800 and 1830 5 days a week and have extended hours to 2000 on at least one weekday. We will continue the Saturday morning surgery from 0800 until 1200. With the concentration of clinicians, it will be possible to be more flexible over surgery times through the working day. We will work with the PPCA to extend access to a GP in collaboration with other Practices
Screening services	We will continue to offer all of these. The Practice expects that with a larger administration team we will be able to tighten up procedures and improve uptake
Single IT and telephony system	**IT**: Both practices are already on TTP SystmOne software, and so integration should be straightforward. Other software may need to be purchased (Lexicom dictation) or updated but no significant problems are anticipated. **Phone system**: the current TMGP system will need to be upgraded and expanded to accommodate the larger patient population. This will be a significant cost but some of this has been anticipated and allowed for in the developments made in 2016 The existing system in EP will be upgraded to a SIP system to reduce costs and also allow connectivity to TMGP
Premises facilities	No Closures necessary. We will aim to integrate operations and room usage in EHC to make the most of the limited space. We are applying for more room space via NHS Property (which is as you know a painfully slow process) Long term we hope to develop a purpose-built surgery in Southsea and move into it closing our Osborne Road Surgery – but this is years away. We have no plans to move out of EHC
Other	

B

Please describe how the practice will ensure that service provision is maintained for patients (and not adversely impacted) by the merger.	Patients will not notice huge changes with the merger. They will access the Practice in similar ways to before (having been informed of the new telephone number and web address). They will be able to continue to see the same clinical staff and receive continuity of care as before. They will be able to access more services in either EHC or Osborne Road surgeries Most of the changes they will experience in the next few years will be due to changes in the wider NHS rather than because of the merger.

Section 6

Risk analysis NB: if the merged practice list is to exceed 30,000 then one of the risks covered below must include mitigation against a large practice failing	
Key Risks associated with the pre-merger phase	**Mitigation**
Insufficient stakeholder engagement	• Discussion of our plan with the CCG and Comms team • Lots of written and online material for stakeholders, staff to use and patients to see
Insufficient planning of finance and IT issues	• Long period of discussion pre-merger • We now share the same trusted professional advisors • Transparency re contracts accounts and legacy issues
Ill-informed staff	• Regular briefings of different staff groups about progress and their input to creation of solutions
Fail to merge within the timeframe set within this document	• Creation of a shared document showing all aspects of stakeholder engagement and work carried out by practices and individuals • Regular merger meetings between key staff involved in process • Open discussions with CCG regarding merger plan
Change in decision to merge from either party prior to merge date	• Open discussions with all parties involved in merger

Key Risks associated with failing to deliver planned improvements following merger	Mitigation
"Us and them "friction	• Lots of staff involvement pre-merger about developing the new working patterns • Team building events • Partners and managers show public commitment to merger • Reinforcement of shared values and adoption of best practice from wherever it has arisen
Perception of unfair work, pay or conditions	• Transparency over financial issues amongst partners and managers • Single systems for all staff from both sides of the merger • Forums for open discussion about concerns • Updated contracts and expert HR advice • TUPE regulations will be adhered to

Section 7

Please provide a map detailing both inner and outer merged boundaries

20180821 - Combined inner and c

Practice to confirm map enclosed with application form ☐

Section 8

Please find attached our local merger plan indicating all of our actions for the merger at practice work, patients, stakeholders and CCG levels. This is clearly an emerging document which changes on a daily basis. Please note, this also contains embedded documents within it.

Merger TMGP & EHC Impl Plan.xlsx

☐

Practice to confirm enclosed with application form

To be signed by all parties to both contracts being proposed for merger

However, one e-signature from each party is sufficient for the initial application to be made

Signed: ……*Signed on original*……

Print: …Dr Jonathan Price……

Date: ..……

Signed: ……

Print: …….Dr Shruti Singh……

Date: ..……

Signed: *…….Signed on original*……

Print: ……Dr Howard Smith……

Date: ..……

Signed: ……*On Sabbatical (1 Jul 17 – 30 Jun 18)……..……*

Print: ……Dr Srjn Macanovic……

Date: ……

Signed: ……

Print: ……Dr Michael Caiger (retires 31 Mar 18)……

Date: ……

Signed: ……

Print: ……Dr Vivienne Randall……

Date: ……

Signed: ……

Signed: ……*Signed on original*……

Date: ……

Signed: ……

Signed: ……*Signed on original*……

Date: ……

Please continue on a separate sheet if necessary

Note: this application does not impose any obligation on NHS Portsmouth CCG to agree a variation to any existing primary medical services contract or agreement

Submit application to: Steve.mcinnes@nhs.net

Supplementary guidance on how to complete application form

Section 1

- Registered population should state your raw list size as at the 1st day of the current quarter
- Boundary changes are generally not agreed as a result of a merger. If there are any proposed changes this would need to be discussed at the earliest opportunity as in-depth consultation would be required which may delay the merger application.

Section 3

- Include benefits for patients, the practices, and others (such as commissioning organisations)
- Consider whether any of the following could be included:
    - Increased/improved sites for delivery of services
    - New services for some patients
    - Increased choice of female GP
    - Longer opening hours, incl ext hrs
    - CCG etc has fewer practices to manage
    - Fits with CCG Blueprint
    - Presents opportunities for staff
    - Supports resilience (and vulnerable practices)
    - Improved access to local (in-house?) pharmacy
    - Savings / Release of monies

Section 4

- Ensure you have followed the guidance at App 2 and that you have captured the key points from this
- Where responses have been received from patients include in your application a summary of the results and where possible the practice's planned mitigating actions against any perceived negative impact
- Your application must include the methods used to communicate with patients and information around the number of patients that have responded

Section 7

- This should reflect both inner and outer boundaries on a defined map of the local area.

Last Updated	05-Sep-17			Spring		Summer			Autumn			Winter			Spring 18			Summer			Autumn			Winter		
				Qtr 1			Qtr 2			Qtr 3			Qtr 4			Qtr 1			Qtr 2			Qtr 3			Qtr 4	
Lead	Team	Action	Completion Status Date	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-18	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
CCG / NHS Elements																										
JP / DS	Practice	Discussions and Comms	Completed																							
JP / DS	Practice	Application to CCG	Completed					31st																		
CCG / DS	CCG	CCG Review at PC Operational Group																								
CCG / DS	CCG	CCG Approval																								
CCG / DS	PCSE	Database and OE merger booked																								
JP/ DS/ SM/ AS	Practice	All stakeholders informed																								
JP/ DS/ SM/ AS	Practice / CCG	Meeting to confirm next steps of merger																								
CCG / DS	CCG	Draft financial schedule shared with practices																								
TMGP / EP	TMGP / EP	Merger Meeting				21st	26th	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc											
CCG / DS	PCSE	Database and OE merge														01st										
Stakeholder Events																										
JP/ DS/ SM/ AS	Practice	Practice Meetings																								
Partners	Practice	Individual Meetings and discussions	Completed		23-May-17		26th																			
Clinicians	Practice	Practice Meetings	Ongoing		23-May-17		26th																			
Clinicians	Practice	Merger Meetings	Ongoing	26th		21st	26th		4th																	
Clinicians	Practice	Individual Meetings and discussions																								
Team Leaders	Practice	Team Meetings - How is it all going to work									04-Nov															
Patients	PPG Meeting	TMGP Patients	Completed			01-Jun-17				19-Oct																
Patients	PPG Meeting	EP Patients	Completed			Jun-17																				
Patients	PPG Meeting	All Patients																								
Patients	Flu Clinic	Patient																								
Patients	Housebound	Information regarding future merger																								
Patients	Care Homes	Information regarding future merger	Completed			27 June 2017																				
Patients	Noticeboards	Information regarding future merger	Completed			01-Jun-17																				
Patients	Website	Information regarding future merger	Completed			01-Jun-17																				
Patients	FAQ Leaflet	Information regarding future merger	Completed			01-Jun-17																				
Healthwatch	Letter	Information regarding future merger	Completed					31-Aug-17																		
Public Health	Letter	Information regarding future merger																								
Public Health	Meeting	Information regarding future merger																								
HWWB	Letter	Information regarding future merger																								
Local Councillors	Letter	Information regarding future merger	Completed					31-Aug-17																		
Local MPs	Letter	Information regarding future merger	Completed			03-Jul-17		31-Aug-17																		
Local Press	Letter / Interview	Information regarding future merger																								
Local Pharmacies	Letter	Information regarding future merger	Completed			27-Jun-17																				
PHT	Letter	Information regarding future merger																								
St Mary's / Care UK	Letter	Information regarding future merger	Completed					31-Aug-17																		
Solent Health	Letter	Information regarding future merger	Completed				05-Jul-17																			
Local Practice Actions																										
AS	Merger	Make over arching merger document	Completed		10-May-17																					
AS / DS / SM	Telephones	Lousicom	Completed			19-Jun-17																				
AS / SA / SM	Reception	Redesign of front desk - staff engagement. One unified area.																								
SS / Sm / DS	Practice / CSU	IT merger plan												Plan			Execute									
AS / DS	Practice	Lexacom														01-Apr										
SS / SA / SM	Practice	Integration of EHC Reception																								
Nurses / SM / AS	Practice	Optimisation of Nursing Cadre																								
SM / AS / SA	Practice	Room Utilisation									04-Nov															
Partners / Management	Practice	Staff Culture Monitoring																								
Partners / DS	Practice	Parnership Agreement																								
Partners / Management	Practice	Working together (Rotas / work / on call)									04-Nov															
AS / SA / SM	Practice	New Rota System									04-Nov															
DS / SM	Practice	Payroll and Pensions																								
SS / SM / AE	Practice	Legals																								
As / CM	Practice	Silicon Practice												Inform	19-Mar											
DS / SM / YW	Practice	HR																								
DS / SM / YW	Practice	TUPE																								
Managers	Practice	Uniform							Opinion		Decision				Implement											
Managers	Practice	Management Roles																Mgt RV								
AS / SM	Practice	Reception recruitment																								
Managers	Practice	Revisit working teams - Admin / Prescribing / Nursing / Online Team									04-Nov															

Not complete
Partially complete
Complete

NHS
Portsmouth
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE			
Date of Meeting	20 September 2017	**Agenda Item No**	7.
Title	**Minutes of Other Meetings**		
Purpose of Paper	To accept the following: • Minutes of the Primary Care Operational Group meetings held on 5 June 2017, 10 July 2017 14 August 2017. • Minutes of the Multispecialty Community Provider (MCP) Working Group meetings held on 9 August 2017		
Recommendations/ Actions requested	Accept		
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	Justina Jeffs, Head of Governance/Innes Richens, Chief Operation Officer		
Date of Paper	7 September 2017		

NHS
Portsmouth
Clinical Commissioning Group

Approved **Minutes of the Primary Care Operational Group Meeting**
Monday 5th June 2017 at 10.30am – 12.30pm
CCG Committee Room, CCG Headquarters, Civic Offices

Summary of Actions

Agenda Item	Action	Who	By
5.	**Queens Road Update** TR to provide update on practice closure and outcome following discussions with PCSE regarding correspondence.	TR	July
7.	**General Practice Forward View** To be included as a regular agenda item.	TR	July
8.	**Primary Care Projects** To be included as a regular agenda item. To include Portsmouth Care Home update. Summary of Ardens Clinical Decision Support System. IT updates to take place every 3 months.	TR EA CH JE	July July July August
11.	**Any Other Business** Good practice/policy document to be developed to identify patients with a non-UK issued EHIC or S1 form.	VS & SMc	July

Present:
Carly Darwin, Practice Manager Representative (CD)
Carol Giles, Contracts Manager, NHS England (Wessex) (CG)
Christine Horan, Primary Care Improvement Facilitator (CH)
Dr Linda Collie, Clinical Executive GP Lead for Primary Care Co-Commissioning (GP) (LC)
Dr Sally Ross, LMC Medical Director (SR)
Emma Aldred, Primary Care Transformation Manager (EA)
Julia O'Mara, Practice Nurse and Prescriber Nurse (JO'M)
Katie Hovenden, Director of Primary Care (Chair) (KH)
Nicola Burnett, Finance Manager (NB)
Stephen Corrigan, Clinical Quality Manager (SC)
Terri Russell, Head of Primary Care Engagement (TR)
Victoria Smyth, Primary Care Commissioning Officer (VS)
Blanka Wood, Primary Care Project Officer (BW)

Apologies:
Mark Compton, Head of Primary Care Transformation (MC)
Steve McInnes, Primary Care Relationship Manager (SMc)

Melanie Tourres, Finance Manager (MT)
Lisa Stray, Business Assistant (LS)
Karen Stacey, Interim Primary Care Accountant (KS)
Kerry Woodward, Practice Nurse (KW)

1. Welcome and Apologies

KH welcomed the group and apologies were noted.

KH reported this was her last meeting before retiring at the end of the month. From July Susannah Rosenberg (SR), Director of Quality and Commissioning will be the new Chair. The Primary Care and Medicines Management teams will form part of the Quality and Commissioning team from July, SR is team Director, TR's role will be overall operational lead.

KH reported that interviews for a new lay member will be taking place in due course.

2. Declarations of Interest

There were no declarations of interest declared as part of the meeting.

3. Minutes of Previous Meeting

The minutes of the Primary Care Operational Group meeting held on the 8th May 2017 were approved as an accurate record.

4. Summary of Actions

The summary of actions from the Primary Care Operational Group meeting held on the 8th May 2017 were discussed and reviewed as follows:

Agenda Item	Action	Who	By
6.	**Primary Care Transformation Funding** MC will share the document and then provide an update at the next meeting. ***Post meeting note: MC circulated the document on the 10th July 2017.***	MC	MC to circulate summary paper outlining transformation funding.
7.	**Primary Care IT Update** JE will share the presentation slides with the team. JE to check whether patients will need to be individually giving their permission for sharing their Patient Identifiable Data records, and will provide an update at the next meeting.	JE JE	CH to get update from JE
8.	**Portsmouth Care Home Team** LS will add an update on Portsmouth Care Homes as a standing agenda item for future meetings.	LS	To be included as part of Primary Care Projects update at monthly meetings.
11.	**AOB** SMc to provide a summary of outcomes of 16/17 commissioned services. SMc to provide list of practices signed-up to 17/18	SMc SMc	SMc to share paper/updates with group, outside of

	commissioned services. CH/TR will bring a paper summary of the outcomes for 2016/17 CQUIN to the next group meeting for discussion.	 CH/TR	meeting. Completed

5. Queens Road update

TR updated the group on the closure of the Queens Road Practice which is due to take place at the end of June and has been working closely with the practice, PCSE, NHS E and neighbouring practices.

As of 29th May 2017, 2500 patients had re-registered with alternative practices; this number is more likely closer to 3500 due to 1000 patient registrations yet to be input onto the clinical system of their newly registered practice. Practices will be given a deadline of the end of June to fully process all new registrations in order to give a true picture of remaining patients.

To encourage remaining patients to register with a practice of their choice further communication is planned using the MJog two way text messaging and voicemail system. Any remaining patients will be transferred by the CCG, using a fair and simple process.

The majority of vulnerable patients registered at Queens Road have not yet moved as they were keen to continue their care with their GP for as long as possible. The Practice Manager is currently working with those patients to ensure the register at an alternative suitable practice.

One neighbouring practice has requested to close their registered list of patients. As part of this process and contract requirements this information has been shared with neighbouring practices in order to investigate any alternative options.

Clarification is required regarding correspondence and what happens once the Queens Road practice has closed. According to the NHSE central team there is an addition to the PCSE contract with responsibility to process clinical correspondence for four weeks following closure.

TR to provide update on practice closure and outcome following discussions with PCSE regarding correspondence at next meeting.

ACTION: TR

6. Primary Care CQUIN year-end report

CH provided a summary paper of the outcomes of the 16/17 CQUIN.

CG requested further information regarding findings from access audit, TR explained the data wasn't consistent due to the different systems and processes practices have in place when recording this information. Practices are required to carry out an Avoidable Appointments audit as part of their 17/18 CQUIN which will look specifically at the opportunities around diversifying workforce and signposting patients.

Access for patients with Long Term Conditions – practices will be required to carry out a peer review of their patients with Long Term Conditions as part of their 17/18 CQUIN. Practices may be asked to audit in the future following development of the new hub models for LTCs.

JO'M requested the MDT to be reviewed and whether there would be an opportunity for Practice Nurses to get involved. TR explained the current model is driven by a GP and Solent leading on the meetings, hopefully there will be opportunities in the future for the MDT model to evolve.

KH requested an update regarding the NHS Digital Apps Library, which is now available via the NHS E website. TR commented there were very few apps developed in year.

KH commented on utilisation of the Patient Online and e-Referral systems, where progress is slowly increasing comparing favourably to our neighbouring CCGs.

KH encouraged primary care colleagues to continue using the QUASAR system to record any feedback in relation to NHS and non-NHS services commissioned by the CCG. SC reported an increase in utilisation, even since no longer incentivising this piece of work.

7. General Practice Forward View

TR proposed to include a standing agenda item for the General Practice Forward View, giving visibility of the work carried out by the CCG in relation to the GP forward view plan.

The seven elements that NHSE are focussing on for assurance purposes are: Improved Access, Transformation, Care Redesign and Development (which includes receptionist and clerical training and online consultation systems), Investment in Primary Care, Transformation Fund, Workforce and Practice IT/Infrastructure.

Four practices have undertaken the Workflow Redirection training which features as part of the Care Redesign and Development work. Practices are currently carrying out a full evaluation with a further 8 practices scheduled to go through the training later this year. There is the possibility of looking at workflow as part of a hub model for the future. Ardens provides Workflow Redirection templates for practices.

The Workforce element focuses on succession planning with an aim of predicting numbers of GPs and Nurses required within each CCG area by 2020. It is difficult to articulate but the CCG could look to estimate additional Practice Nurses by reviewing numbers going through training.

An improving access plan has been developed and signed off by PCCC outlining the commitments and delivery of the proposed plan. Due to funding restrictions and no additional funding available the current finances are being re-modelled and reviewed to ensure the correct levels are in line with delivery.

ACTION: TR

8. Primary Care Projects

It was proposed Primary Care Projects becomes a regular item on the agenda, which would also include an IT update every 3 months.

ACTION: TR/JE

KH requested an update on recent and future developments on the Ardens system, how widely the system is used and feedback from practices. A review is due to take place in September, CH to put together summary paper for future PCOG meeting.

ACTION: CH

9. Co-Commissioning Log of Decisions

TR confirmed there had been no further updates.

10. Risk Register

The group reviewed the Primary Care Team (collated) Risk Register report and it was highlighted that:

Guildhall Walk Healthcare Centre Procurement
PRC.P.04a Interim Contract Signature – still awaiting signature
PRC.P.04e Interim Contract Quality – NB reported quarterly reports now received and performing at an expected level. Keep at risk score 8 but improved dialogue and moving in right

direction with regards to sustainability of services.

Primary Care Co-Commissioning
PRC.P.05g Practice Viability – Derby Road and Portsdown Merger – to either be closed or query taken off of report.

Primary Care Team Risk Register
R.Ports.PrC.01 New Models of Care – EA to update
R.Ports.PrC.04 Conflicts of Interest – EA to update
R.Ports.PrC.06 Urgent Care – EA to update

R.Ports.PrC.09 Transition of PCSE Services – NB reported improvement in responsiveness from PCSE – KH or TR to update to reflect this.

11. Any Other Business

- BW informed the group of Solent NHS Trust presenting at the next e-Referral User Group being held in in July updating practices on the services they offer via the NHS e-Referral System.

- VS provided an update regarding access to healthcare for overseas patients, as noted on Summary of Actions from meeting dated 10th April 2017.

  Practices were asked:

  1. *If they currently identify patients with a non-UK issued EHIC or S1 form?*

  2. *If they have a policy which could be shared around identifying patients with a non- UK issued EHIC or S1 form?*

  Responses included they don't currently identify non-UK issued EHIC or S1 patients but would be interested to see a policy. They do record nationality, place of birth etc. when patients register but have never asked about EHIC. Also S1 does not appear to automatically code if the patient is an overseas visitor as part of the registration process.

A development request has been submitted to the clinical system provider to put an automated process in place to support the collection of GP appointment data for these patients.

A policy/good practice document is required and to be shared with practices. VS and SMC to work with SR on the development of this document.

ACTION: VS and SMC

NB reported the above also falls in line with the NHS E income recovery work as part of their assurance processes which the CCG are required to report on, demonstrating activity practices are doing in this area.

SR requested the point of contact from the CCG in relation to the Prevent Strategy – CH to provide SR with contact details.

SR expressed her personal appreciation and recognition of Katie Hovenden's hard work and dedication, in particular her involvement with the LMC and as Chair of the Primary Care Operational Group. It was also recognised the excellent relationships Katie has built up with practices over the years.

KH extended her thanks to Nicola Burnett for all of her hard work and congratulated her in her new role with NHS England.

Approved Minutes of the Primary Care Operational Group Meeting
Monday 10th July 2017 at 10.30am – 12.30pm
CCG Committee Room, CCG Headquarters, Civic Offices

Summary of Actions

Agenda Item	Action	Who	By
5.	**Primary Care Operational Terms of Reference (TOR)** Financial Management will be added as a standing agenda item.	LS	August
6.	**General Practice Forward View (GPFV) Assurance** Provide an update on MSK and care homes at the next meeting,	EA	August
8.	**Enhanced Services** • *Leg ulcers* - produce a more formal robust review of leg ulcer outcomes. • *Sign-up coverage for all 2017-18 Services* – to provide an update on patients for Level 1 Diabetes Local Commissioned Services. • *Minor Surgery* - provide an update at the next meeting. • *Out of Area Registration* – provide an update at the next meeting. • *Plans for monitoring LCS 2017/18 outcomes* – to provide a year-end report.	SMc	March 2018 August August August April 2018
9.	**Queens Road Close Down** Provide a 'lessons learned' paper to share with the Local Medical Council and take to Primary Care Commissioning Committee.	TR	September
12.	**Risk Register** • Liaise with Simon Cooper, Deputy Director Medicines Optimisation for risk MM.p.a on whether to separate Prescribing Budget risks from the primary care risk register • MC to detail relevant risks regarding primary care estates • Liaise with Ben Gallagher to agree Risk Register Report layout ***Post Meeting Note: Meeting arranged for 10th August 2017 with Debbie Bishop.***	MC/TR MC LS	August August August
13.	**Any Other Business** • Provide an update on the process for a variation to contract. • Provide an update on e-Referrals • Advise NHSE to issue a contract variation • Share the Elective Care High Impact Interventions: Clinical Peer Review May 2017	LH CH VS TR	August August August August

Present:
Carly Darwin, Practice Manager Representative (CD)
Christine Horan, Primary Care Improvement Facilitator (CH)

Dr Linda Collie, Clinical Executive GP Lead for Primary Care Co-Commissioning (GP) (LC)
Emma Aldred, Primary Care Transformation Manager (EA)
Julia O'Mara, Practice Nurse and Prescriber Nurse (JO'M)
Lisa Hardy, LMC Representative (LH)
Lisa Stray, Business Assistant (LS)
Mark Compton, Head of Primary Care Transformation (MC)
Rebecca Spandley Assistant Finance Manager (RS)
Stephen Corrigan, Clinical Quality Manager (SC)
Steve McInnes, Primary Care Relationship Manager (SMc)
Terri Russell, Head of Primary Care Engagement (Chair) (TR)
Victoria Smyth, Primary Care Commissioning Officer (VS)

Apologies:
Blanka Wood, Primary Care Project Officer (BW)
Carol Giles, Contracts Manager, NHS England (Wessex) (CG)
Lucy Mitchell, Planning Manager (LM)
Melanie Tourres, Finance Manager (MT)
Suzannah Rosenberg, Director of Quality and Commissioning (SR)

1. Welcome and Apologies

TR welcomed the group and introduced Rebecca Spandley, Assistant Finance Manager, who will be attending future meetings. Apologies were noted.

2. Declarations of Interest

There were no declarations of interest declared as part of the meeting.

3. Minutes of Previous Meeting

The minutes of the Primary Care Operational Group meeting held on the 5th June 2017 were approved as an accurate record subject to the following change:

Page 4, Agenda Item 7:

- first sentence, first paragraph, delete "TR proposed the include a standing agenda item" and replace with "TR proposed to include a standing agenda item".
- third sentence, third paragraph, delete "a further 8 practices are scheduled" and replace with "a further 8 practices scheduled".
- first sentence, fifth paragraph, delete "PCC outlining" and replace with "PCCC outlining".

Page 5, Agenda Item 5:

- second sentence, third paragraph, delete "comms" and replace with "communication".

An update on actions from the previous meeting held on the 8th May 2017 was provided as follows:

Agenda Item	Action	Who	By
6.	**Primary Care Transformation Funding** MC will share the document and then provide an update at the next meeting. ***Post meeting note: MC circulated the document on the 10th July 2017.***	MC	Mar 17

4. Summary of Actions

The summary of actions from the Primary Care Operational Group meeting held on the 5th June 2017 were discussed and reviewed as follows:

Agenda Item	Action	Who	By
5.	**Queens Road Update** TR to provide update on practice closure and outcome following discussions with PCSE regarding correspondence.	TR	See Agenda Item 9.
7.	**General Practice Forward View** To be included as a regular agenda item.	TR	See Agenda Item 10.
8.	**Primary Care Projects** To be included as a regular agenda item. To include Portsmouth Care Home update. Summary of Ardens Clinical Decision Support System. IT updates to take place every 3 months.	TR EA CH JE	See Agenda Item 7. See Agenda Item 7. See Agenda Item 7. To provide an update when required.
11.	**Any Other Business** Good practice/policy document to be developed to identify patients with a non-UK issued EHIC or S1 form.	VS & SMc	LH to provide VS local guidance when national guidance has been produced. VS to report back to the group when completed.

5. Primary Care Operational Terms of Reference (TOR)

TR reported that due to a change of membership, the Primary Care Operational TOR have been updated and will be taken to the Primary Care Commissioning Committee meeting for approval. It was highlighted that in order to fulfil its purpose, the group will review the primary care quality dashboard regularly, starting in September 2017.

Financial Management will be added as a standing agenda item, as Primary Care finance will be reported at PCOG meetings. JO'M proposed that a Practice Nurse or Primary Care Nurse will be added to the Primary Care Operational Group attendee list.

ACTION: LS

Justina Jeffs, Head of Governance, confirmed that the vacant Lay member position has now been advertised.

6. General Practice Forward View (GPFV) Assurance

TR reported that a paper regarding online consultations will be taken to the Primary Care Commissioning Committee for approval, which highlights the benefits of engaging in a joined up procurement exercise across the Sustainability Transformation Program (STP) area.

The GPFV assurance template has been updated to reflect progress around receptionist training. The following areas are therefore green: Investment, Transformation fund, Improved Access, Receptionist training. Other areas remain amber until further information is made available (Workforce, Estates and Digital and Online Consultations).

7. Primary Care projects

EA will provide an update on MSK and care homes at the next meeting.

ACTION: EA

Ardens

CH provided a summary paper that gave an overview of Ardens, a Clinical Decision Support System that provides GP practices with SystmOne TPP templates which:

- helps to improve workflow processes
- supports GPs/Nurses with decision-making
- provides practices with an easy to use tool

It was highlighted that fourteen of our seventeen practices have had access to Ardens since March 2016.

All practices have received practice based training which has also been delivered at TARGET events and TPP User Group meetings. Further TARGET training is scheduled for September and separate sessions are being delivered for administrative staff, Nurses and GPs.

CH reported that challenges around practice engagement and education have been experienced due to the expanse of information available on Ardens; however, training has been put in place to address this issue.

Currently Ardens does not facilitate reporting functionality to allow system utilisation to be measured and monitored; however, this may be a future development of Ardens plans.

CH highlighted the next steps to support the ongoing developments of the Ardens system:

- Workflow Redirection templates, providing a process for recording documentation in and out of the practice as part of the Workflow Optimisation programme.
- Long Term Conditions suite of templates supporting a streamlined approach when managing these patients.
- Review of referral templates/processes, signposting to treatments and diagnostics offered at St Marys.
- Develop links between Ardens and e-Referrals making the use of e-Referrals easier for practices.
- The day to day management of the Ardens system.
- To continue to provide practices with training as and when required.
- Keep practices up to date with the latest developments.
- To continue to develop a close working relationship between Ardens and the CCG.

CH reported that during September 2017, the CCG will be carrying out a detailed review of Ardens which will look at overall utilisation, high/low utilisation areas, how the system is used/accessed and the management processes and feedback from all users.

8. Enhanced Services

SMc provided a summary paper highlighting the local and national services commissioned from GP practices. NHS Portsmouth CCG commissions those services in the form of Locally Commissioned Services (LCS) and Directed Enhanced Services (DES). The paper gave an overview of outcomes from the 2016-17 Leg Ulcer LCS, sign-up coverage for all 2017-18

services, and plans for monitoring 2017-18 outcomes.

Leg ulcers

SMc will produce a more formal robust review of leg ulcer outcomes at the end of the year and make a case for continued funding. This will include an analysis of prescribing data and secondary care activity, such as referral rates.

ACTION: SMc

SMc reported that knowledge and skills have increased in the workforce and they are more able to recognise ulceration and the risk of ulceration, ensuring ulcers do not become long in duration and/or recur.

All practices that are signed up to the Leg Ulcer LCS have at least one nurse trained with the required level of competency (as assessed by the Nurse Specialist) and overall more than 130 nurses and Health Care Assistants (HCAs) have been trained in the city.

There have been a number of challenges, in particular: timely responses to referrals have been difficult for the nurse specialist only being available one day per week; engaging the RN's to complete the Leg Ulcer competencies for their junior staff; improving the quality of the Vascular Leg Ulcer returns from nurses; and the length of time to secure a patient assessment visit due to nurse's part-time hours, along with appointment pressure due to availability and patient preference.

SMc further explained that the planned activities for 2017 included:

- Tailor-made support sessions with individual surgeries that require caseload or nurse support.
- Managing referrals and nurse enquires.
- Training sessions.
- Support group meeting in May 2018.
- Completing outstanding nurse competencies.
- Training with the Doppler device, enabling toe pressures and wave forms to be ascertained in the surgery for complex patients with lymphoedema/diabetes, therefore reducing the need to have arterial scanning at QAH.

The Leg Ulcer report highlights that by providing an expert nurse to increase competency and upskill primary care, we have empowered nurses and HCAs with the skills to identify deterioration within Leg Ulcer management; therefore, there has been an increase in the number of reported complex clinical cases in primary care related to Leg Ulcer management.

SMc reported that we are currently meeting the need through increased training (six update sessions a year), and in addition, there is a two day HCA bespoke course, to fill the gap of three General Practice Nurses in the city who have left employment. The Doppler DMX was ordered by the CCG, which is a specialist piece of equipment designed to prevent patients needing to attend a vascular unit for complex Doppler assessments.

SMc highlighted that there has been some discussion with community nurse colleagues/Tissue viability at Solent and other services around the future of leg ulcer care and how this could be managed more centrally. Pressures in workforce recruitment and retention, coupled with increasing demand on community nurse colleagues means that potentially Leg Ulcer care could become compromised in the future if alternative ways of providing the service are not developed.

Within the MCP model, we have an opportunity to plan a Leg Ulcer hub for the city. A One-Stop Clinic could provide an holistic multi-disciplinary approach to assessment and set clear care plans.

Next steps

A proposal will be taken to the MCP meeting for discussion. The CCG will continue to support and upskill HCAs in Leg Ulcer management and to work collaboratively with community colleagues.

Sign-up coverage for all 2017-18 Services

SMc provided an update on the following services:

- **Phlebotomy Local Commissioned Service**
  All practices are signed up to deliver this service. The group were asked to note that PHT were carrying out a review of the service that they provide and this could have an impact on the Phlebotomy LCS.

- **Diabetes Local Commissioned Service**
  All practices are signed up to deliver all three levels of the diabetes service, with the exception of The Devonshire Practice which is signed up to Level 1 only. SMc to explore what is happening to patients for Level 1 and provide an update at the next meeting.
  ACTION: SMc

- **Respiratory Local Commissioned Service**
  All practices are signed up to deliver this service with the exception of The Devonshire Practice.
- **Leg Ulcer Local Commissioned Service**
  All practices are signed up to deliver this service with the exception of The Devonshire Practice, North Harbour Medical Group and The University Surgery. SMc reported that The Devonshire Practice patients are covered by The East Shore Partnership in 2017/18 and North Harbour patients are covered by Portsdown Group Practice, whilst the University practice does not have a caseload currently.

- **Basket of Services Local Commissioned Service**
  All practices are signed up to deliver this service.

- **Extended Hours Directed Enhanced Service**
  All practices are signed up to deliver extended hours under the Directed Enhanced Service, with the exception of Guildhall Walk Practice, who operate on an APMS contract which has longer standard opening hours.

- **Minor Surgery**
  All practices are signed up with the exception of The Eastney Practice, Southsea Medical and The University Surgery. SMc will revisit this and provide an update at the next meeting regarding access to minor surgery services for these patients.
  ACTION: SMc

- **Learning Disability Health Check**
  All practices are signed up to deliver this service for 2017/18, with four practices coming on board for the first time this year. TR congratulated SMc on his efforts and hard work for sign up for this service.

- **Out of Area Registration**
  Nine practices are signed up. SMc will investigate whether the whole Portsmouth geography is covered by these nine practices and will provide an update at the next meeting.
  ACTION: SMc

Plans for monitoring 2017/18 outcomes which include:

- Leg ulcer
- Phlebotomy
- Diabetes
- Respiratory
- Basket scheme

SMc will provide a year-end report in April 2018.

ACTION: SMc

9. Queens Road Close Down

TR provided a verbal update on the Queens Road practice closure which occurred on the 30th June 2017. It was agreed that Hanway Group Practice would take on the remaining 1,500 who had chosen not to re-register themselves as they have sufficient capacity and two of the Queens Road doctors have joined the practice, offering some continuity of care for patients. Patients that live outside of Portsmouth city will need to register with a practice nearer to their home and Hanway Group practice is writing to anyone who lives outside the area.

TR will provide a 'lessons learned' paper to share with NHSE and the Local Medical Council and will take to the Primary Care Commissioning Committee.

ACTION: TR

10. General Practice Resilience Programme Scheme (GPRP)

TR summarised the scheme that was introduced by NHS England in 2016/17 and gave an update on the practices who have already received support through the scheme.

TR also reported that CCGs have been asked to consider which practices should be put forward in the 2017/18 financial year. A number of Portsmouth practices were identified as possibly benefiting from the programme and were subject to a Wessex-wide review and selection process, with local intelligence provided by the CCG primary care team. Four practices have been put forward (two category 1 and two at category 2) from Portsmouth.

11. Co-Commissioning Log of Decisions

SMc confirmed there had been no further updates.

12. Risk Register

The group reviewed the Primary Care Team (collated) Risk Register report and it was agreed to:

- Remove PRC.P.04a.
- Remove all risks for Queens Road Surgery.
- Liaise with Simon Cooper, Deputy Director Medicines Optimisation for risk MM.p.a on whether to separate Prescribing Budget risks from the primary care risk register. **ACTION: MC/TR**
- MC to detail relevant risks regarding primary care estates. **ACTION: MC**
- TR, LS to meet with Ben Gallagher to agree Register Report layout. **ACTION: LS**

13. Any Other Business

SMc wished to seek clarity on the contract variation process when a partner suddenly leaves the practice and is unable to sign a contract variation. Technically all partners should sign the contract variation document for it to be processed by the CCG. LH agreed to seek guidance from colleagues and provide an update at the next meeting.

ACTION: LH

TR reported that there has been an issue with local e-Referrals plans regarding the switch off of paper referrals. This is being addressed by senior leaders across the local health economy and the LMC so that we can continue to make progress with this national initiative. CH will provide an update at the next meeting.

ACTION: CH

SMc reported one GP change for a PMS practice and highlighted that Dr Penny Wilson will be leaving Portsdown Group Practice. This was formally agreed by the Group and VS will now advise NHSE to issue a contract variation.

ACTION: VS

TR informed the group that there has been a communication from NHSE regarding the need to implement weekly prospective peer review in GP practices from September as part of a RightCare initiative. There are currently no plans to implement this in Portsmouth and information has been shared with the LMC and Primary Care Team at NHSE for their views. TR will share the paper.

ACTION: TR

NHS
Portsmouth
Clinical Commissioning Group

MCP Working group
Wednesday 9 August 2017

Present:

Jo York	- Director (New Models of Care) - Chair
David Barker	- Head of Communications and Engagement
Jane Cole	- Deputy Chief Finance Officer
Mark Compton	- Head of Primary Care Transformation
Jo Gooch	- Strategic Projects Director
Justina Jeffs	- Head of Governance
Myles Walshe	- CSU Senior Contract Manager

Apologies:

Nick Brooks	- Senior Communications and Engagement Manager
Michael Drake	- Director of Planning & Performance
Dr Annie Eggins	- GP Executive
Innes Richens	- Chief of Health & Care Portsmouth (Chair)
Suzannah Rosenberg	- Director of Quality & Commissioning

---

1. Apologies for Absence and Welcome

Apologies were noted as above. Jo York assumed the Chair.

2. Declarations of Interest

No declarations or conflicts were made.

3. Minutes and matters arising from previous meeting:

The minutes of the previous meeting were agreed as an accurate record.

Matters arising:

The completed actions were noted and following updates, the following actions were approved for removal:

Completed – noted

24/5/17 9i	Procurement paper to be prepared for July PCCC	Jo York	Complete
31/5/17 4	Request further visibility at MCP Programme Board on the progress of the enabling programmes	Jo Gooch	Complete
21/6/17 4	Finalising the revised partnership agreement.	Jo Gooch	Complete
6	Comments on draft Comms and Engagement paper to be sent to David Barker.	ALL	Complete
9	Invite NHS England to next meeting	Jo Gooch	Dates provided to NHSE

In progress – agreed for removal following update discussion

24/5/17 4	NHS England to enquire if there are any central development support resources that Primary Care can access	Jo Gooch	Further discussion with NHSE regarding possible resources. Date set for telephone call
24/5/17 7	Engagement planner to be updated and brought to future meeting	David Barker	On agenda for this meeting

In progress to remain on the action tracker

5	Develop MCP development risk assessment and mitigation plan	Jo Gooch	In progress, first version produced following discussions at last meeting
7	MCP action plan: each lead name to update plan	ALL	Mark Compton undertaking time line which will assist in decision-making points for the action plan

4. Reflection on DAC Beachcroft Session and Next Steps

Members discussed the session with DAC Beachcrofts and felt it had been really useful. It was noted that the models discussed were all different and that members felt that the work we as a CCG were doing was in keeping with other areas across the country.

In order to manage potential conflict of interests, consideration needs to be given to how new models of care development are managed in relation to the procurement phases of an MCP. During the session Innes Richens had raised the need for further discussion about the local authority role and possible use of existing forums. Jo York agreed to discuss this further with Innes. **Action: Jo York/Innes Richens**

Jane Cole reiterated the need to ensure that all potential providers should be included in our plans for engagement. Mark Compton also expressed the need to engage with all interested parties and stakeholders at the beginning of the process in order to determine expressions of interests and that in order to award and implement services by 2020, the engagement work would need to begin within the next few months due to the procurement timeframe.

Mark Compton identified the need to consider strategic commissioning and transformation change projects as separate and therefore should not have an adverse impact on each other. Although a full procurement process is required for the awarding of a full MCP contract, a virtual MCP will be different.

Members discussed the issuing of the Prior Intention Notice (PIN) and whether this was sufficiently flexible to meet the development needs. Mark Compton confirmed that the use of a 'continuous' PIN would enable a greater degree of flexibility in the long term.

Members discussed the need to secure appropriate legal support to supplement the procurement advice currently commissioned from South of England Procurement Services. Providers are expected to secure their own legal services for assurance and legal oversight of the procurement process.

5. Solent Finance/Activity Mapping

Myles Walshe tabled a paper entitled: Solent NHS Contract – Finance and Activity project and how it will support the MCP rollout.

A rebasing exercise was undertaken with Solent NHS Trust in order to reduce/compress lines within the activity report which were not mapped to any financial and activity information.

This reconciliation work has been undertaken over the past 9 months against all lines within the Solent NHS Trust contract which has resulted in detailed information available which maps service information, with detailed activity descriptors, against activity and finance.

It is envisaged that this information should support the identification of efficiencies within services to re-invest. Myles also provided a note of caution, in that a greater understanding of independencies was required.

A number of next steps have been identified including the need to understand any gap between income and direct costs. Jane Cole informed members that any transition costs would still need to be met. Further work is required to understand overhead costs and how these are formulated.

Members also acknowledged that any new organisation, which is formed from an existing organisation will have a number of risks that spread across both organisations and there is a risk of viability of 'remaining' services or service providers. Conversations around viability have already started with Southampton CCG.

Actions agreed: - Myles Walshe

- Update the financial information for the 2017/18 financial year
- Check updated information against CCG ledger
- Review tiers against original assumptions
- Meet with Solent to discuss tiers to understand 'linked' interdependencies service costs.
- Bring update to September meeting

Jo Gooch confirmed that a discussion had taken place at the Programme Board meeting regarding the re-investment of savings. It was noted that with the system is in financial deficit, therefore re-investment monies could not be identified until the deficit was addressed. However £500k recurrent programme funding was being made available.

6. Update on GP OOHs

Jo York provided an update on the GP Out of Hours contract and plans formulated to secure provision of services post contract expiry date (31st May 2018).

7. Communications and Engagement Plan

David Barker presented the latest iteration of the Communications and Engagement Plan which details activity planned up to the end of the 2017/18 financial year. The plan was shared with the MCP Programme Board at their recent meeting.

The CCG presented the Communications and Engagement Plan to the HealthWatch Board and are keen to ensure Healthwatch engagement and participation in the development of the MCP Workstreams. The CCG also has a duty to engage with its member practices and will work with the Portsmouth Primary Care Alliance as a representative organisation of the Portsmouth GP practices in order to meet this duty.

The next steps identified the need to broaden the plan from a CCG plan to that of a CCG, Partnership and Stakeholder plan and to begin to develop and agree the processes to ensure delivery.

8. Any Other Business

Accountable Care Organisation Contract

Jo Gooch informed members that the ACO contract is now available online at the following link:

https://www.england.nhs.uk/new-business-models/publications/

The suite of documents has been updated and will be added as an agenda item at the next meeting.

Action: Justina Jeffs

Key messages include: this is work in progress and the contract cannot be let, as it currently appears.
The VAT questions raised have not been resolved and will therefore need consideration dependent on organisational forms.

MCP Board meeting Decisions

The CCG approved a proposal from the MSK triage service to pilot physiotherapists working in practices across Portsmouth; however, required further clarity on how circa £10k from the financial breakdown would be spent.

National Funding will be made available for Care Home Pharmacists. The Board did not wish to wait for the funding and discussed starting the project prior to funding – it was noted that this might prevent the CCG from applying for the funding if the service was already up and running. It was agreed that this would be a pilot and therefore would not affect any funding applications.

A proposal was made for £10k to develop a mental health and wellbeing App. The Programme Board agreed there was a need to understand how it fits in the digital programme before agreeing to the investment.

9. Date of next meeting

The next meeting will be held on Wednesday 23 August 2017 at 12-1pm in the CCG Meeting Room, Civic Offices

NHS
Portsmouth
Clinical Commissioning Group

Approved Minutes of the Primary Care Operational Group Meeting
Monday 14th August 2017 at 10.30am – 12.30pm
CCG Committee Room, CCG Headquarters, Civic Offices

Summary of Actions

Agenda Item	Action	Who	By
6.	**Enhanced Care Home Service Update** MC / EA will provide an update on a regular basis, along with requests for guidance on the evaluation findings and the future delivery.	MC/EA	September
9.	**Primary Care Quality Dashboard** SMC will investigate if 'YouTube' is a possibility for training purposes and provide an update at the next meeting.	SMc	September
10.	**Queens Road Closure Update** TR will provide an update and a 'lessons learned' paper at the next meeting.	TR	September
12.	**Risk Register** • MC will update 'Premises flexibility' for October. • MC will add new risks for leased practices or premises that are owned by GPs nearing retirement, and potentially wishing to sell.	MC	September
13.	**Any Other Business** • LS will invite Simon Cooper to future PCOG meetings. • LH will discuss LMC cover with TR, as Nigel Watson is unable to attend Monday meetings. • SMc will provide 10 High Impact Actions Workshop – showcase event dates. • Sourcing medical assistance training for practices - CG will provide an update at the next meeting.	LS LH SMc CG	September

Present:

Carly Darwin, Practice Manager Representative (CD)
Carol Giles, Contracts Manager, NHS England (Wessex) (CG)
Christine Horan, Primary Care Improvement Facilitator (CH)
Dr Linda Collie, Clinical Executive GP Lead for Primary Care Co-Commissioning (GP) (LC)
Lisa Hardy, LMC Representative (LH)
Lisa Stray, Business Assistant (LS)
Mark Compton, Head of Primary Care Transformation (MC)
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)

Julia O'Mara, Practice Nurse and Prescriber Nurse (JO'M)
Melanie Tourres, Finance Manager (MT)
Rebecca Spandley Assistant Finance Manager (RS)
Suzannah Rosenberg, Director of Quality and Commissioning(Chair) (SR)
Terri Russell, Deputy Director of Primary Care (TR)

1. Welcome and Apologies

SMc welcomed the group and apologies were noted.

2. Declarations of Interest

There were no declarations of interest declared as part of the meeting.

3. Minutes of Previous Meeting

The minutes of the Primary Care Operational Group meeting held on the 10th July 2017 were approved as an accurate record.

4. Summary of Actions

The summary of actions from the Primary Care Operational Group meeting held on the 10th July 2017 were discussed and reviewed as follows:

Agenda Item	Action	Who	By
5.	**Primary Care Operational Terms of Reference (TOR)** Financial Management will be added as a standing agenda item.	LS	Completed
6.	**General Practice Forward View (GPFV) Assurance** Provide an update on MSK and care homes at the next meeting,	EA	See Agenda Item 7.
8.	**Enhanced Services** • *Leg ulcers* - produce a more formal robust review of leg ulcer outcomes. • *Sign-up coverage for all 2017-18 Services* – to provide an update on patients for Level 1 Diabetes Local Commissioned Services. • *Minor Surgery* - provide an update at the next meeting. • *Out of Area Registration* – provide an update at the next meeting. • *Plans for monitoring LCS 2017/18 outcomes* – to provide a year-end report.	SMc	March 2018 Carried Forward Carried Forward Carried Forward April 2018
9.	**Queens Road Close Down** Provide a 'lessons learned' paper to share with the Local Medical Council and take to Primary Care Commissioning Committee.	TR	TR will provide an update at the next meeting
12.	**Risk Register** • Liaise with Simon Cooper, Deputy Director Medicines Optimisation for risk MM.p.a on whether to separate Prescribing Budget risks from the primary care risk register • MC to detail relevant risks regarding primary	MC/TR MC	See Agenda Item 13. Completed

	care estates • Liaise with Ben Gallagher to agree Risk Register Report layout ***Post Meeting Note: Training dates have been arranged for LS/TR with Debbie Bishop.***	LS	
13.	**Any Other Business** • Provide an update on the process for a variation to contract. • Provide an update on e-Referrals • Advise NHSE to issue a contract variation • Share the Elective Care High Impact Interventions: Clinical Peer Review May 2017 ***Post Meeting Note: Document has been circulated.***	LH CH VS TR	Completed See Agenda Item 8. Completed Completed

5. MSK Update

MC reported that a business care has been developed under the auspices of the virtual Multi-speciality Community Provider (MCP) programme work in collaboration between the CCG, Portsmouth Primary Care Alliance (PPCA), and Solent NHS Trust. MC highlighted that Physiotherapy in general practice was previously piloted within Portsdown Group Practice and Lake Road Practice with encouraging results having been reported in: diverting appropriate workload from GPs to physiotherapists; providing a more efficient pathway for patients presenting with urgent musculoskeletal needs; and improved patient experience.

The proposal within the business case detailed additional funding to rollout this service to additional practices within the city from October onwards. The business case was presented to, and approved by, the MCP Programme Board. The funding is intended to provide additional physiotherapy time of 1.3 WTE, plus project support functions. Funding has been derived from the MCP transformation funding (a recurrent funding source within the Solent contract to progress MCP transformational work).

The first phase of mobilisation will include continued provision for Portsdown Group Practice and Lake Road Practice, and include the rollout to East Shore Partnership, Kirklands Practice, and Drayton Surgery, before another rollout phase to the remaining practices in the city. MC explained that practices would benefit from an initial 6 week period of co-location of physiotherapists within the practice to build relationships and embed new processes; however, the delivery model relies on the physiotherapists delivering the service from a central location, at St Marys Health Campus, to enable sufficient economies of scale.

MC will provide a further update at the November meeting post service go-live.

6. Enhanced Care Home Service Update

MC presented a paper which highlighted the collaborative work the CCG has been undertaking with partners via the MCP programme. A new model of care for care home residents has been established and is currently being tested across the city. MC explained there are two models of care being tested to enhance the proactive management of these patients: one focusses on the establishment of a clinical Multi-Disciplinary Team (MDT) which includes a matron, nurses, physiotherapists, occupational therapists, pharmacists, mental health nurses, and speech and language therapists; the second approach the establishment of a medical MDT, which is similar to the clinical model with the additional of being a GP-led team.

The new models of care will include:

Weekly Ward Rounds
Working with Solent nurses and the Care Home to provide a planned and preventative model of care.

Training and Support
The MDT to identify training needs within each care home and support staff to be more empowered in the care they provide to residents.

Medication Reviews
Pharmacy Team carrying out regular reviews and respond to medication review request identified by GP.

CQC Inspections
Working with Care Homes to improve the quality of care, prepare for CQC inspections, and assist with action plans.

Five care homes have already begun to receive an enhanced service from the clinical MDT, whilst a further two care homes have been identified for piloting of the medical MDT (due to begin in September / October time).

Next Steps
MC reported that to continue to keep on track with the pilot implementation, monitoring and evaluation the following key steps are required:

- Finalise the service specification and contractual mechanisms for GP enhanced services
- Work with Portsmouth Primary Care Alliance (PPCA) to establish lead GPs to implement the medical model within the care homes receiving the full enhanced service
- Continue work with SCAS to monitor data for 999 calls from care homes, those that resulted in a conveyance and admission to hospital
- Work with adult social care to align services where appropriate
- Monitoring of progress and evaluation of pilot to be completed by March 2018

MC / EA will provide an update on a regular basis, along with requests for guidance on the evaluation findings and the future delivery.

ACTION: MC / EA

7. General Practice Forward View (GPFV) Assurance

MC provided an update on the 5 domains of the GPFV assurance process, which include: Improving Access; Care Redesign and Development; Investment in Primary Care; Workforce; and Practice Infrastructure. Portsmouth are currently rated green in three areas, while Workforce and Care Redesign and Development are rated amber.

MC explained that all CCGs within Wessex have not yet gained a green rating in those domains as further work across Wessex needs to be undertaken with regards to a robust workforce strategy, and the cross-CCG procurement of an online consultation tool is still in progress (impacting the Care Redesign and Development rating).

In relation to Improving Access, MC highlighted that verbal confirmation has been received by NHS England regarding additional funds to accelerate the rollout of the GP enhanced access service. The PPCA are currently rolling out the requirements of the GP enhanced access service to test and pilot new delivery models. In relation to testing a direct access model to the service, the PPCA have been experiencing technical issues with the phone company; however, these issues appear to be resolved and the provider has indicated they should be able to go-live with a solution very shortly.

8. Primary Care Projects

NHS e-Referrals Service:
CH provided an update following concerns expressed by the LMC around switching off paper referrals for PHT specialities as part of the PHT e-Referral roll-out plan. Members of the e-Referrals Steering Group agreed paper referrals could not be switched off although practices are encouraged to use e-RS only when referring into these specialities. There is also a process in place for contacting practices who do not use the e-RS in these instances.

Although nearly all PHT specialities are available on e-Referrals, PHT are developing a roll-out plan, these are specialities focused on ensuring issues around capacity have been addressed. Once the roll-out plan is available, this will be published on a monthly basis as new specialities are released.

Latest figures (June 17) show an increase in e-Referral utilisation for Portsmouth practices at 24.65% of first consultant outpatients appointments booked via e-RS.

Solent Services and Ardens:
The Primary Care Team are currently working with Solent following a number of their services being added as direct referrals to SystmOne. This process has highlighted discrepancies of information and the CCG are currently working with colleagues from Solent to ensure all information is fully up to date. Once this work has been completed it will be made available on Ardens and PIP.

Ardens templates are in the process of being re-designed, the work taking place with Solent will unfortunately delay this development by a couple of months.

Patient Online:
Portsmouth practices are to achieve 20% of their population enabled to use online services by the end of March 2018. Portsmouth June figures are currently at 14.1%.

MJog:
CH reported that the MJog two-way text messaging service has now been installed in all Portsmouth practices, feedback received so far has been very positive.

A review of MJog will take place during 2018.

9. Primary Care Quality Dashboard

SMc reported the 'Primary Care Quality Dashboard' has been renamed to 'General Practice Quality Dashboard' (GPQD), and highlighted the improved layout will be more 'user friendly' for practices. Log-ins will be provided to practices and a demonstration will take place in September.

SMC will investigate if 'YouTube' is a possibility for training purposes and provide an update at the next meeting.

ACTION: SMc

10. Queens Road Closure Update

SMc reported that following the practice closure which occurred on the 30th June 2017, one patient still needs to be re-registered.

TR will provide an update and a 'lessons learned' paper at the next meeting.

ACTION: TR

11. Co-Commissioning Log of Decisions

SMc confirmed there had been no further updates.

12. Risk Register

The group reviewed the Primary Care Team (collated) Risk Register.

MC reported that three new risks for Estates have been added to the risk register. MC will update 'Premises flexibility' for October.

ACTION: MC

MC will add new risks for leased practices or premises that are owned by GPs nearing retirement, and potentially wishing to sell.

ACTION: MC

13. Any Other Business

The group agreed that Simon Cooper, Deputy Director Medicines Optimisation, will attend all future PCOG meetings. LS will invite Simon Cooper.

ACTION: LS

LH will discuss LMC cover with TR, as Nigel Watson is unable to attend Monday meetings.

ACTION: LH/TR

SMc will provide 10 High Impact Actions Workshop – showcase event dates.

ACTION: SMc

CG reported that Sue Clake, South Eastern Hampshire CCG, is sourcing medical assistants training for practices, and will provide an update at the next meeting.

ACTION: CG