

Primary Care Commissioning Committee

A meeting will be held from 9.30am – 10.00am on Thursday 28 May 2020 via MS Teams

AGENDA

1.	Apologies for Absence and Welcome	Ms M Geary	Verbal
2.	Register and Declarations of Interest	Ms M Geary	Paper
3.	Minutes of Previous Meeting a) To agree the minutes of the Primary Care Commissioning Committee meeting held on 26 March 2020 b) Matters Arising	Ms M Geary	Paper
4.	Primary Care Risk Register	Mr S McInnes	Paper
5.	Primary Care Finance Report	Ms R Spandley	Paper
6.	Date and Time of Next Meeting in Public The next Primary Care Commissioning Committee meeting will take place on Thursday 30 July 2020.		
7.	Meeting Close		

Distribution:

Members

Margaret Geary	-	Lay Member (Chair)
Dr Helen Atkinson	-	Interim Director of Public Health, Portsmouth City Council
Jason Eastman	-	Associate Director of IM&T
Mark Compton	-	Deputy Director of Transformation
Simon Cooper	-	Director of Medicines Optimisation
Julia O'Mara	-	CCG Nurse Advisor
Dr Nick Moore	-	Clinical Executive (GP)
Jackie Powell	-	Lay Member
Terri Russell	-	Deputy Director of Primary Care
David Scarborough	-	Practice Manager Representative
Andy Silvester	-	Lay Member
Michelle Spandley	-	Chief Finance Officer
Dr Clare Sieber	-	Medical Director Local Medical Committees Ltd
Jo York	-	Director, New Models of Care

In Attendance

Roger Batterbury	-	Healthwatch Representative
Nikki Burnett	-	Deputy Chief Finance Officer
Sylvia Macey	-	Primary Care Estates Programme Manager

Jo Hanswenzl	-	NHS England
Lisa Harding	-	Director of Primary Care
Christine Horan	-	Primary Care Improvement Manager
Justina Jeffs	-	Head of Governance
Steve McInnes	-	Primary Care Relationship Manager
Dr Nick Moore	-	Clinical Executive
Stephen Orobio	-	Clinical Quality Manager
Rebecca Spandley	-	Assistant Finance Manager
Lisa Stray	-	Business Assistant (Minutes)
Joanne Williams	-	Acting Deputy Director Medicines of Optimisation

DRAFT

PRIMARY CARE COMMISSIONING COMMITTEE

Date of Meeting	28 May 2019	Agenda Item No	2
Title	Register and Declarations of Interest		
Purpose of Paper	<p>In order to meet its statutory duty, the CCG has revised processes for managing conflicts of interests to reflect national guidance published by NHS England throughout 2016/17.</p> <ul style="list-style-type: none"> • The Committee Register of Interest holds information on the Committees, its members and regular attendees. • Members are also required to declare any conflicts of interest against agenda items for each meeting. These conflicts are recorded as per the guidance. 		
Recommendations/ Actions requested	<p>The Committee are requested to:</p> <ul style="list-style-type: none"> • note the Register of Interests and • declare any actual, possible or perceived conflicts against the agenda items of the Committee. 		
Engagement Activities – Clinical, Stakeholder and Public/Patient	Not Applicable		
Item previously considered at	Governing Board, Audit Committee		
Potential Conflicts of Interests for Committee Members	None		
Author	Margaret Geary, Lay Member (Committee Chair)		
Sponsoring member	Margaret Geary, Lay Member (Committee Chair)		
Date of Paper	22 May 2020		

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	Quality and Safeguarding Committee	Primary Care Commissioning Committee	Executive Committee		
Nicola	Andrews	Quality Improvement Manager	Nil																
Karen	Atkinson	Registered Nurse Representative on Governing Board	Southern Health NHS Foundation Trust			✓	Indirect	Niece works at Matron for MH Services		Current	Declare conflict where appropriate in discussions relating to mental health services	✓			✓		✓		
Karen	Atkinson	Registered Nurse Representative on Governing Board	Compass Independent Fostering Agency			✓	Direct	Foster Carer		Current	Declare conflict where appropriate	✓			✓		✓		
Karen	Atkinson	Registered Nurse Representative on Governing Board	Nursing and Midwifery Council		✓		Direct	Registered Nurse		Current	Manage in line with CCG policy	✓			✓		✓		
Karen	Atkinson	Registered Nurse Representative on Governing Board	Surrey and Borders NHS Trust	✓			Direct	Bank Employee		Current	Declare conflict where appropriate. Manage in line with CCG policy	✓			✓		✓		
Roger	Batterbury	Chair, Healthwatch, Portsmouth	Healthwatch Portsmouth			✓	Direct	Chair	2013	Current	Manage in line with CCG policy							Attendee	
Roger	Batterbury	Chair, Healthwatch, Portsmouth	Rebound Carers Group			✓	Direct	Director/Trustee	2014	Current	Would step aside should a grant be discussed.							Attendee	
Roger	Batterbury	Chair, Healthwatch, Portsmouth	Solent NHS Trust	✓			Direct	Bank SIRC Investigator	2016	Current	Should any discussion relate to this role I would declare my role							Attendee	
Roger	Batterbury	Chair, Healthwatch, Portsmouth	East Shore Partnership			✓	Direct	Vice Chair Patient Participation Group	2015	Current	Manage in line with CCG policy.							Attendee	
Roger	Batterbury	Chair, Healthwatch, Portsmouth	Nursing and Midwifery Council		✓		Direct	Member as RMN	1991	Current	Would declare my membership if relevant							Attendee	
Roger	Batterbury	Chair, Healthwatch, Portsmouth	Care UK			✓	Direct	Chair Urgent Treatment Centre Patient Participation Group	2018	Current	Manage in line with CCG policy.							Attendee	
Nicola	Burnett	Deputy Chief Finance Officer	Healthcare Financial Management Association		✓		Direct	Member	2016	Current	Manage in line with CCG policy.			Attendee				Attendee	✓
Nicola	Burnett	Deputy Chief Finance Officer	Association of Certified Chartered Accountants		✓		Direct	Fellow Member	2008	Current	Manage in line with CCG policy.			Attendee				Attendee	✓
Dr Linda	Collie	Chief Clinical Officer/Clinical Leader	East Shore Partnership	✓			Direct	Partner		Current	Manage in line with CCG policy	✓			✓		✓	Chair from June 2017	
Dr Linda	Collie	Chief Clinical Officer/Clinical Leader	Portsmouth Primary Care Alliance Ltd (PPCA)	✓			Direct	Practice is a Member		Current	Manage in line with CCG policy	✓			✓		✓	Chair from June 2017	
Dr Linda	Collie	Chief Clinical Officer/Clinical Leader	Portsmouth Primary Care Alliance Ltd (PPCA)	✓			Direct	Sessional GP Work		Current	Manage in line with CCG policy	✓			✓		✓	Chair from June 2017	
Mark	Compton	Deputy Director of Transformation	Nil															✓	✓
Simon	Cooper	Director Medicines Optimisation	Health Education England			✓	Indirect	Wife works for Health Education England		Current	Manage in line with CCG policy							✓	✓
Simon	Cooper	Director Medicines Optimisation	Specialist Pharmacy Services			✓	Indirect	Wife works for Specialist Pharmacy Services		Current	Manage in line with CCG policy							✓	✓
Simon	Cooper	Director Medicines Optimisation	NHS BSA	✓			Direct	Secondment	01/10/2019	31/03/2020	Review in any cross investment.							✓	✓
Michael	Drake	Director of Planning and Performance	Portsmouth Hospitals Trust			✓	Indirect	Wife works in Human Resources Department	1999	Current	Manage in line with CCG policy								✓
Jason	Eastman	Associate Director of IM&T	Nil																✓
Dr Elizabeth	Fellows	Chair/Clinical Executive	East Shore Partnership	✓			Direct	Partner		Current	Manage in line with CCG policy	Chair	✓						
Dr Elizabeth	Fellows	Chair/Clinical Executive	Portsmouth Primary Care Alliance Ltd (PPCA)	✓			Direct	Practice is a Member		Current	Manage in line with CCG policy	Chair	✓						

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				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To		Governing Board	Remuneration	Audit	Quality and Safeguarding Committee	Primary Care Commissioning Committee	Executive Committee	
Dr Elizabeth	Fellows	Chair of Governing Board/Clinical Executive	Circle Health	✓			Direct	Shareholder		Current	Manage in line with CCG policy	Chair	✓					
Dr Elizabeth	Fellows	Chair of Governing Board/Clinical Executive	NHS Portsmouth Clinical Commissioning Group	✓			Direct	Designated Doctor for Looked After Children	01/07/2019	Current	Manage in line with CCG policy	Chair	✓					
Margaret	Geary	Lay Member	Associate Member of Association of Directors of Adult Social Services		✓		Indirect	Associate Member	Aug-17	Current	Manage in line with CCG policy	✓				Interim Chair	Chair	
Margaret	Geary	Lay Member	Age UK Portsmouth		✓		Indirect	Chair	Apr-15	Current	Manage in line with CCG policy	✓				Interim Chair	Chair	
Margaret	Geary	Lay Member	Roberts Centre Family & Children's		✓		Indirect	Trustee	Sep-13	Current	Manage in line with CCG policy	✓				Interim Chair	Chair	
Margaret	Geary	Lay Member	Action Hampshire		✓		Indirect	Trustee	Oct-13	Current	Manage in line with CCG policy	✓				Interim Chair	Chair	
Meyrick	Grundy	Clinical Quality Manager	Nil													✓		
Jo	Hanswenzl	NHS England - Assistant Contracts Manger (Acting)	Nil															Attendee
Christine	Horan	Primary Care Improvement Manager	Nil															Attendee
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.	Left 22/11/19						
Dr Jason	Horsley	Governing Board Member	Southampton City Clinical Commissioning Group	✓			Direct	Member of Governing Body	07/01/2017	Current	If deemed necessary by the Chair, I will abstain from voting decisions on or taking part in discussions where Southampton CCG may be a beneficiary.	Left 22/11/19						
Dr Jason	Horsley	Governing Board Member	Hampshire Healthcare Foundation Trust			✓	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.	Left 22/11/19						
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.	Left 22/11/19						
Dr Jason	Horsley	Governing Board Member	Faculty of Public Health		✓		Direct	Fellow	07/01/2017	Current	Manage in line with CCG policy	Left 22/11/19						
Katie	Hovenden	Clinical Associate	Portsmouth Hospitals Trust			✓	Indirect	Sister is Senior Orthopaedic Secretary		Current	Manage in line with CCG policy					✓		✓
Katie	Hovenden	Clinical Associate	General Pharmaceutical Council		✓		Direct	Registered		Current	Manage in line with CCG policy					✓		✓
Alison	Jeffery	Governing Board Member	Nil															✓
Justina	Jeffer	Head of Governance	Nil	✓					Aug-17	Current	None required.	Attendee	Attendee	Attendee	Attendee	Attendee	Attendee	✓
Rochelle	Kneller	Assistant Director, HR, Portsmouth City Council	Nil										Attendee					
Dr Carsten	Lesshaft	Clinical Executive	Trafalgar Medical Group	✓			Direct	Salaried GP		Current	Manage in line with CCG policy	✓						

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			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To		Governing Board	Remuneration	Audit	Quality and Safeguarding Committee	Primary Care Commissioning Committee	Executive Committee		
Dr Carsten	Lesshafft	Clinical Executive	NHS Portsmouth Clinical Commissioning Group			✓	Indirect	In a relationship with a Commissioning Manager	03/06/2019	Current	Manage in line with CCG policy	✓						
Dr Carsten	Lesshafft	Clinical Executive	British Medical Association			✓	Direct	Member		Current	Manage in line with CCG policy	✓						
Dr Carsten	Lesshafft	Clinical Executive	Fine-Line Medical Aesthetic Treatments	✓			Direct	Sole Trader		Current	Manage in line with CCG policy	✓						
Dr Carsten	Lesshafft	Clinical Executive	NHS England/Wessex		✓		Direct	Appraiser		Current	Manage in line with CCG policy	✓						
Graham	Love	Lay Member	Western Sussex Hospitals NHS Foundation Trust		✓		Direct	Head of Employee Relations	Dec-17	Present	Manage in line with CCG policy	✓	Chair	✓				
Graham	Love	Lay Member	Chartered Institute of Personnel and Development		✓		Direct	Member	Jun-05	Present	Manage in line with CCG policy	✓	Chair	✓				
Sylvia	Macey	Primary Care Estates Programme Manager	Kings Training Solutions			✓	Indirect	Husband owns Kings Training Solutions which delivers First Aid and Resuscitation Training to GP and Dental Practices in Hampshire	11/09/2019	Current	Manage in line with CCG policy. Exclusion from involvement in related commissioning of decision making.						✓	
Steve	McInnes	Primary Care Relationship Manager	Nil															✓
Dr Nicholas	Moore	Clinical Executive	Derby Road Group Practice	✓			Direct	Salaried GP	Aug-19	Current	Manage in line with CCG policy	✓						
Dr Nicholas	Moore	Clinical Executive	GP Trainer, Health Education England, Wessex		✓		Direct	Delivery of training to GPs	Jan-12	Current	Manage in line with CCG policy	✓						
Dr Nicholas	Moore	Clinical Executive	Portsmouth Primary Care Alliance Ltd (PPCA)	✓			Direct	Shareholder	Nov-11	Current	Manage in line with CCG policy	✓						
Dr Nicholas	Moore	Clinical Executive	Wessex GP Appraisal Service	✓			Direct	Appraiser	Jul-19	Current	Manage in line with CCG policy	✓						
Dr Nicholas	Moore	Clinical Executive	Craneswater Group Practice	✓			Direct	GP Partner	Nov-11	30/06/2019	Manage in line with CCG policy	✓						
Dr Nicholas	Moore	Clinical Executive	Craneswater Group Practice			✓	Indirect	Ex-wife remains a partner	Nov-11	Current	Manage in line with CCG policy	✓						
Dr Nicholas	Moore	Clinical Executive	Craneswater Group Practice	✓			Direct	I remain financially invested in Waverley Road site awaiting buy out.	Nov-11	Current	Manage in line with CCG policy	✓						
Trevor	Nicholas	Senior Finance Manager	Trusted Numbers Ltd, Financial Consultancy Business	✓			Direct	Director of Trusted Numbers Ltd, financial consultancy business previously providing services to health	Dec-15	Current	Business not currently active.	Left 30/10/19						
Trevor	Nicholas	Senior Finance Manager	Aspire Ryde			✓	Direct	Trustee - community based charity	Feb-18	Current	Manage in line with CCG policy.	Left 30/10/19						
Trevor	Nicholas	Senior Finance Manager	ACCA (Association of Chartered Certified Accountants)		✓		Direct	Member	2001	Current	None	Left 30/10/19						
Julia	O'Mara	Practice Nurse Advisor	J2S Limited	✓			Direct	Director in Nurse training company providing training	01/01/2011	Current	Will always declare this interest if involved in discussions regarding the							✓
Stephen	Orobio	Clinical Quality Manager	Nil															Attendee
Anna	Plumbly	Quality Improvement Officer	Nil														✓	

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Jackie	Powell	Lay Member	Solent NHS Trust	✓			Direct	Associate Hospital Manager	2013	Present	Declare conflict where appropriate in discussions relating to Solent and Mental Health Services	✓	✓	✓		✓	
Jackie	Powell	Lay Member	Southern NHS Foundation Trust	✓			Direct	Mental Health Act Manager	2013	Present	Declare conflict where appropriate in discussions relating to Mental Health Services	✓	✓	✓		✓	
Jackie	Powell	Lay Member	Off The Record - a Young Persons Support and Counselling Service		✓		Direct	Director	2013	Present	Declare conflict where appropriate in discussions regarding mental health and wellbeing of young peoples' services	✓	✓	✓		✓	
Jackie	Powell	Lay Member	Off The Record - a Young Persons Support and Counselling Service		✓		Direct	Counsellor	2013	Present	Declare conflict where appropriate in discussions regarding mental health and wellbeing of young peoples' services	✓	✓	✓		✓	
Jackie	Powell	Lay Member	You Trust		✓		Direct	Counsellor	Jan-18	Present	Declare conflict where appropriate in discussions regarding mental health and wellbeing of young peoples' services	✓	✓	✓		✓	
Jackie	Powell	Lay Member	Relate - Young Persons Counsellor	✓			Direct	Counsellor	Oct-17	Present	Declare conflict where appropriate in discussions regarding mental health and wellbeing of young peoples' services	✓	✓	✓		✓	
Innes	Richens	Chief of Health & Care Portsmouth	Portsmouth City Council		✓		Direct	CCG role is dual role with Portsmouth City Council that includes statutory responsibility for Adult Social Care	Apr-16	Current	CCG/City Council joint risk mitigation agreement is in place for this role	✓	Attendee	Attendee		✓	✓
Innes	Richens	Chief of Health & Care Portsmouth	Portsmouth City Council		✓		Indirect	Father in Law is a service provider within the City Council commissioned Shared Lives scheme	Apr-16	Current	Manage in line with CCG policy	✓	Attendee	Attendee		✓	✓
Innes	Richens	Chief of Health & Care Portsmouth	Portsmouth City Council		✓		Direct	Non-voting member of the Board for The HIVE, a not-for-profit company delivering services in Portsmouth	Sep-19	Current	Manage in line with CCG policy. Where any decisions relating to The HIVE are required, consider exclusion from the discussion and exclude from the decision.	✓	Attendee	Attendee		✓	✓
Innes	Richens	Chief of Health & Care Portsmouth	Portsmouth City Council		✓		Indirect	Partner is a self-employed IT and software developer working across the south coast, including supporting the community and voluntary sector in Portsmouth.	Apr-16	Current	Manage in line with CCG policy	✓	Attendee	Attendee		✓	✓
Suzannah	Rosenberg	Director of Transition	Solent NHS Trust	✓			Direct	Substantively employed by Solent NHS Trust	01.07.19	Current	Declare interest and abstain from commissioning decisions relating to Solent NHS Trust						✓
Suzannah	Rosenberg	Director of Transition	Solent MIND			✓	Indirect	Friends with Director		Current	Declare interest and abstain from any funding decision						✓
Terri	Russell	Deputy Director (Primary Care)	Nil													✓	✓

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Tracy	Sanders	Managing Director	Sandpiper Associates	✓			Direct	Director	14.12.16	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				✓
Tracy	Sanders	Managing Director	University of Portsmouth			✓	Indirect	Husband is Lecturer	14.12.16	Current	Unlikely to present a conflict but to remain alert when CCG dealing with the University.		Attendee	Attendee				✓
Tracy	Sanders	Managing Director	Chartered Institute of Management Accountants and a Chartered Global Management Accountant		✓		Direct	Associate Member	14.12.16	Current	Unlikely to present a conflict but to remain alert should the CCG ever be dealing with the CIMA/CGMA.		Attendee	Attendee				✓
Tracy	Sanders	Managing Director	Sandpiper Associates			✓	Indirect	Husband is a Director of Sandpiper Associates	14.12.16	Current	Any conflicts when identified will be declared in line with CCG policy		Attendee	Attendee				✓
David	Scarborough	Practice Manager Representative on Governing Board	NHS Portsmouth Clinical Commissioning Group			✓	Indirect	Wife is Deputy Director of Quality and Safeguarding		Current	Not in report chain. Manage in line with CCG policy	✓					✓	
David	Scarborough	Practice Manager Representative on Governing Board	Trafalgar Medical Group	✓			Direct	Business Manager		Current	Manage in line with CCG policy	✓					✓	
David	Scarborough	Practice Manager Representative on Governing Board	Portsmouth South Coast Primary Care Network	✓			Direct	Business Lead	Jul-19	Current	Manage in line with CCG policy	✓					✓	
Tina	Scarborough	Deputy Director Quality and Safeguarding	NHS Portsmouth Clinical Commissioning Group			✓	Indirect	Husband is Practice Management Lead		Current	Manage in line with CCG policy.				✓			✓
Tina	Scarborough	Deputy Director Quality and Safeguarding	Trafalgar Medical Group			✓	Indirect	Husband is Business Manager for Trafalgar Group Practice		Current	Manage in line with CCG policy.				✓			✓
Sarah	Shore	Head of Safeguarding	Nil															
Clare	Sieber	Medical Director, Wessex LMC	Wessex Local Medical Committee		✓		Direct	Local representative body for GPs and their practices		Present	Manage in line with CCG policy						✓	
Andrew	Silvester	Lay Member	Portsmouth Civil Service Sports Council			✓	Direct	Chair and some CCG staff are CSSC members	1996	Current	Manage in line with CCG policy	✓	✓	Chair			✓	
Andrew	Silvester	Lay Member	Portsmouth Hospitals Trust		✓	✓	Indirect	Spouse is an employee	2016	Current	Manage in line with CCG policy	✓	✓	Chair			✓	
Andrew	Silvester	Lay Member	Portsmouth City Council		✓		Direct	Chair of Portsmouth Event Safety Advisory Committee	2019	Current	Manage in line with CCG policy	✓	✓	Chair			✓	
Andrew	Silvester	Lay Member	Office of the Police and Crime Commissioner (OPCC)			✓	Direct	Independent Custody Visitor		Current	Manage in line with CCG policy	✓	✓	Chair			✓	
Simon	Simonian	Clinical Executive	Simonian Medical Limited	✓			Direct	Director	2014	Current	Manage in line with CCG policy	✓						
Simon	Simonian	Clinical Executive	Winbell Limited	✓			Direct	Helps father with business		Current	Manage in line with CCG policy	✓						
Simon	Simonian	Clinical Executive	Lola Alvarez Psychotherapist			✓	Indirect	Clinical Trustee		Current	Manage in line with CCG policy	✓						
Simon	Simonian	Clinical Executive	Portsmouth Primary Care Alliance Ltd (PPCA)	✓			Direct	Sessional GP Work		Current	Manage in line with CCG policy	✓						

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Michelle	Spandley	Chief Finance Officer	Chartered Institute of Management Accountants (CIMA) and Chartered Global Management Accountants (CGMA) designation.		✓		Direct	Member		Current	Manage in line with CCG policy	✓	Attendee	Attendee		✓	✓
Michelle	Spandley	Chief Finance Officer	Healthcare Financial Management Association		✓		Direct	Member		Current	Manage in line with CCG policy	✓	Attendee	Attendee		✓	✓
Michelle	Spandley	Chief Finance Officer	NHS Portsmouth Clinical Commissioning Group			✓	Indirect	Daughter is employed in the Finance Department		Current	Daughter does not report directly to Michelle. There are systems in place to ensure that segregation of duties is addressed.	✓	Attendee	Attendee		✓	✓
Rebecca	Spandley	Finance Manager	NHS Portsmouth Clinical Commissioning Group			✓	Indirect	Mother is Chief Finance Officer for the CCG		Current	Rebecca and Michelle do not discuss CCG business outside of the workplace. Not involved in the same approval processes/approval hierarchy.					✓	
Rebecca	Spandley	Finance Manager	Chartered Institute of Management Accountants		✓		Direct	Member		Current	Manage in line with CCG policy					✓	
Tahwinder	Upile	Secondary Care Specialist Doctor on Governing Board	University Hospitals Southampton NHS Foundation Trust & Hampshire Hospitals NHS Foundation Trust	✓	✓		Direct	Secondary and Primary Care Physician		Current	Manage in line with CCG policy	✓	✓				
Tahwinder	Upile	Secondary Care Specialist Doctor on Governing Board	Concordia Healthcare	✓	✓		Direct	Secondary and Primary Care Physician	Jan-17	Current	Manage in line with CCG policy	✓	✓				
Tahwinder	Upile	Secondary Care Specialist Doctor on Governing Board	Harley Street LMA Group	✓	✓		Direct	Consultant	Aug-12	Current	Manage in line with CCG policy	✓	✓				
Tahwinder	Upile	Secondary Care Specialist Doctor on Governing Board	Kent Surrey Sussex Deanery	✓	✓		Direct	Secondary and Primary Care Physician		Current	Manage in line with CCG policy	✓	✓				
Nigel	Watson	Chair of Local Medical Committee	NHS England		✓		Direct	Worked for DHSC Partnership Review reporting to Secretary of State and CEO of NHSE	Jun-18	31/01/2019	Manage in line with CCG policy	Left Oct 19					
David	Williams	Governing Board Member	Portsmouth City Council		✓		Direct	Chief Executive	2007	Current	None	✓					
David	Williams	Governing Board Member	Gosport Borough Council		✓		Direct	Chief Executive	2006	Current	None	✓					
David	Williams	Governing Board Member	Solent NHS Trust		✓		Direct	Appointed Governor	2010	Current	None	✓					
David	Williams	Governing Board Member	Portsmouth University Technical College (UTC)		✓		Direct	Member	2014	Current	None	✓					
David	Williams	Governing Board Member	Victory Energy Services Limited		✓		Direct	Director	2019	Feb-20	None	✓					
David	Williams	Governing Board Member	Portsmouth Harbour Marine CIC		✓		Direct	Director	2020	Current	None	✓					
Jo	York	Director (New Models of Care)	Nil													✓	✓
STAFF LIST																	
Marcel	Britton	Executive Assistant	Nil														Minutes

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				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To		Governing Board	Remuneration	Audit	Quality and Safeguarding Committee	Primary Care Commissioning Committee	Executive Committee
Jayne	Collis	Business Development Manager	Portsmouth Hospitals Trust			✓	Indirect	Sister in Law works at PHT		Current	Manage in line with CCG policy	Minutes					
Victoria	Sexton	Business Development Manager	Nil									Minutes					Minutes
Lisa	Stray	Business Assistant	Nil														Minutes

PRIMARY CARE COMMISSIONING COMMITTEE			
Date of Meeting	28 May 2020	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 26 March 2020.		
Recommendations/ Actions requested	Committee members are requested to Approve the minutes of the previous meeting.		
Engagement Activities – Clinical, Stakeholder and Public/Patient	N/A		
Item previously considered at	N/A		
Potential Conflicts of Interests for Committee Members	N/A		
Author	Lisa Stray, Business Assistant		
Sponsoring member	Margaret Geary – Lay Member (Committee Chair)		
Date of Paper	22 May 2020		

DRAFT

**Minutes of the Primary Care Commissioning Committee meeting held on
Tuesday 26 March 2020 at 9.30am – 11.30am via teleconference**

Summary of Actions

Agenda Item	Action	Who	By
4.	Primary Care Risk Register		
	Add Coronavirus COVID19 to the Risk Register.	T Russell	Next Meeting

Present:

Margaret Geary	- Lay Member (Chair)
Mark Compton	- Deputy Director of Transformation
Jason Eastman	- Associate Director of IM&T
Dr Nick Moore	- Clinical Executive (GP)
Julia O'Mara	- CCG Nurse Advisor
Jackie Powell	- Lay Member
Terri Russell	- Deputy Director (Primary Care)
David Scarborough	- Practice Manager Representative
Dr Clare Sieber	- Local Medical Committees Medical Director (GP)
Michelle Spandley	- Chief Finance Officer
Jo York	- Director (New Models of Care)

Apologies:

Dr Helen Atkinson	- Interim Director of Public Health, Portsmouth City Council
Simon Cooper	- Director of Medicines Optimisation
Lisa Harding	- Local Medical Committee Representative
Christine Horan	- Primary Care Improvement Manager
Andy Silvester	- Lay Member
Rebecca Spandley	- Assistant Finance Manager
Jo Williams	- Acting Director of Medicines Optimisation

In Attendance:

Roger Batterbury	- Healthwatch Representative
Justina Jeffs	- Head of Governance
Jo Hanswenzl	- NHS England
Sylvia Macey	- Primary Care Estates Manager
Steve McInnes	- Primary Care Relationship Manager
Stephen Orobio	- Clinical Quality Manager
Lisa Stray	- Business Assistant (Minutes)

1. Apologies and Welcome

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

- In following the Government's guidance on COVID-19, this meeting was held in private, with the agreement that the papers for the meeting and the decision regarding the application of merger and premises closure by Hanway Road Practice, would be made publically available at the earliest opportunity.
- The CCG undertakes Primary Care Co-commissioning under delegated powers from NHS England
- In order to support the management of any conflicts of interests, the Chair is a lay member of the CCG.
- The Chair will determine action to be taken where members declare a conflict in line with the CCG's policies.

2. Declarations/Conflicts of Interest

Members working in General Practice declared an indirect conflict of interest with Agenda Item 8, 9 and 10. Margaret Geary, as the Chair, agreed that they could participate in the discussion but not in any decision-making.

3. Minutes of Previous Meeting

The minutes of the Primary Care Commissioning Committee meeting held on Tuesday 30 January 2020 were approved as an accurate record subject to the following change:

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

Agenda Item	Action	Progress
2.	Declarations/Conflicts of Interest Update the Register of Interest accordingly.	Completed
4.	Primary Care Risk Register Update the Risk Register accordingly.	Next meeting
5.	Section 96 Funding Policy – draft Make agreed amendments accordingly. Bring back a revised report to the next meeting.	Confidential Primary Care Commissioning Part II Agenda
6.	Portsmouth Practice List Sizes Provide a quarterly updates at the May meeting.	Next meeting
8.	Primary Care Finance M06 2019/20 Circulate an updated version of the Primary Care Budget 2019/2020 to members.	Next meeting
9.	Axe the Fax Campaign Ensure nhs.net addresses are provided for referrals on SystemOne for Acute specialities.	Completed
10.	Additional General Medical Services (GMS) Space Application for Trafalgar Medical Group	

	<p>Liaise with NHS Properties and confirm if they will be providing funding to convert the rooms for additional GMS space.</p> <p>Clarify details for Future Space Utilisation on pages 7 to 8 of the report for Rooms: 41, 43, 47, 53 and 57, and provide an update at the next meeting.</p>	<p>On-going. S Macey will provide an update at the meeting.</p>
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4. **Primary Care Risk Register**

Committee members were asked to receive the paper and provide recommendations as appropriate.

The following Actions were agreed:

- Add Coronavirus COVID-9 to the Risk Register.

Action: T Russell

The Primary Care Commissioning Committee received the paper.

5. **Primary Care Finance update**

Julia O'Mara, CCG Nurse Advisor, and David Scarborough, Practice Manager Representative, working in Primary Care and Dr Nick Moore, Clinical Executive and local GP working at the Derby Road Practice, may have a perceived, potential or actual conflict with the information contained within this paper. Margaret Geary, as the Chair, agreed that they could participate in the discussion but not in any decision-making.

The Primary Care Commissioning Committee deferred the Primary Care Finance update to the next meeting.

6. **Boundary Change applications - Derby Road Group Practice**

Representatives working in Primary Care may have a perceived, potential or actual conflict with the information contained within this paper. Margaret Geary, as the Chair, agreed that they could participate in the discussion but not in any decision-making.

Dr Nick Moore, Clinical Executive and local GP working at the Derby Road Practice had a direct conflict with this item and was therefore unable to participate in the discussion or decision-making.

As per the CCG Scheme of Delegation, a boundary change application for Derby Road Group Practice was reviewed at a CCG Contract Review Group meeting. The application was agreed, and subsequently signed off by the Deputy Director of Primary Care.

Committee members were asked to approve the boundary change.

The Primary Care Commissioning Committee approved the boundary change for Derby Road Group Practice.

7. **Update on key outcomes for Contract/Quality visits**

The Primary Care Commissioning Committee agreed to defer the Update on key outcomes for Contract/Quality visits to the next meeting.

8. **Deprivation/inequalities Scheme**

Julia O'Mara, CCG Nurse Advisor, and David Scarborough, Practice Manager Representative, working in Primary Care and neighbouring practices, and Dr Nick Moore, Clinical Executive and local GP working at the Derby Road Practice, may have a perceived, potential or actual conflict with the information contained within this paper. Margaret Geary, as the Chair, agreed that they could participate in the discussion but not in any decision-making.

Committee members work through the DRAFT Deprivation/Inequalities scheme report. Steve McInnes explained that in recognition of the increased workload placed on practices in deprived areas due to the burden of biology, psychology, and socio-environmental factors in deprived populations, this locally commissioned service is intended to fund some aspects of the additional work and resource required to deliver good quality access, and care to these deprived populations and help address health inequalities which are linked to deprivation.

Committee members raised the following:

- Following on from a question from Dr Nick Moore, Terri Russell explained that the scheme initially covers the 2 practices with the most deprived population, but that we would look to widen it to other practices, given the significant levels of deprivations across the city, once the effectiveness of the scheme has been reviewed.
- Mark Compton agreed to the scheme in principle, but raised a question if Southsea Medical Centre and Lake Road have been considered that the Lighthouse Group Practice might have affected their score due to some of the outcome measures that have been implemented. Steve McInnes responded to this stating that the merger that led to the emergence of the Lighthouse group had been considered when the 2 practices in the areas of highest deprivation had been identified. The merged practice is still in the top two with the highest deprivation.
- Michelle Spandley questioned whether Personal Medical Services Re-Investment funds should be used to remunerate practices to undertake a significant amount of safeguarding work across the city (which has previously been discussed at PCCC). T Russell/S McInnes to consider the safeguarding scheme and requirements alongside the deprivation scheme.
- There was concern raised that access to this funding is not being applied fairly across the city. This issue has previously been discussed at PCCC, with representatives from Public Health suggesting when looking at improving health inequalities we may need to take a targeted approach with a fewer number of practices; however, as above we know there is a significant level of deprivation across the city. The Committee agreed that that the 2 practices in the areas with highest deprivation scores should be viewed as pilots and at the end of the pilot period any lessons learned that could be applied elsewhere could be rolled out. Further work will be required to understand where health inequalities may be masked because of the size of practices, e.g. Portsdown; and therefore may need to consider an approach based on wards/LSOAs to target interventions.
- Dr Claire Seiber and Michelle Spandley congratulated the Primary Care team for bringing this proposal forward.

Committee members were asked to provide constructive feedback for the DRAFT scheme.

The Primary Care Commissioning Committee agreed that this proposal should be supported, and that the two practices selected on the evidence of deprivation levels, should be pilots for this work.

9. Personal Medical Services (PMS) contract variations

Julia O'Mara, CCG Nurse Advisor, and David Scarborough, Practice Manager Representative, working in Primary Care and neighbouring practices, and Dr Nick Moore, Clinical Executive and local GP working at the Derby Road Practice, may have a perceived, potential or actual conflict with the information contained within this paper. Margaret Geary, as the Chair, agreed that they could participate in the discussion but not in any decision-making.

Committee members noted a Chair's Action for a GP partnership change, following an application of GP retirement (Dr Gayle Catterall) on 31/03/2020 for Lighthouse Group Practice (PMS Contract).

Committee members were asked to receive and note the approved Chair's Action.

The Primary Care Commissioning Committee Voting members and Attendees approved the Chair's Action, and will be presented at the next meeting for noting.

10. Merger and site closure applications

Julia O'Mara, CCG Nurse Advisor, and David Scarborough, Practice Manager Representative, working in Primary Care and neighbouring practices, and Dr Nick Moore, Clinical Executive and local GP working at the Derby Road Practice, may have a perceived, potential or actual conflict with the information contained within this paper. Margaret Geary, as the Chair, agreed that they could participate in the discussion but not in any decision-making.

Terri Russell explained to the members that originally it was intended to hold the meeting in public. Therefore, arrangements were made to move to a more accessible venue to allow those who wished to attend to do so; however, given the need to keep people safe and the Government instructions to limit the spread of the Coronavirus, this simply proved impossible.

Terri Russell provided an introduction to this agenda item as follows:

The committee has received a number of merger applications in the last few years but this one is particularly significant for a number of reasons.

Firstly, we have not been asked to consider a merger at the same time as two sites closures (albeit with differing timescales). In addition, we have not previously experienced this level of interest in a merger or site closure and there are likely to be a number of reasons behind that, including, political, financial, emotional and altruistic motivations.

As a Committee, we have to make a decision on the applications we have received with consideration for the implications of both approving and refusing the plans. The Committee is reminded that the Policy and Guidance Book instructs us to carry out our delegated functions and in this scenario the overarching issues to consider are benefits to patients and financial implications.

The CCG has a duty to secure Primary Medical Care services for the Portsmouth population and to ensure that practices have engaged their registered patients in any proposed changes.

Merger decisions are not taken lightly, and we know that Hanway Group Practice had explored a number of options prior to submitting the proposals for us to review today. Merging practices is an often difficult and lengthy process and they do not always go through with practices backing out of proposals along the way sometimes because of a lack of alignment in culture or ethos, or because the numbers don't add up. In this instance, the partners at Hanway Group Practice agreed that Portsdown offered the safest landing place for their staff and patients, and they have informed us that they if the plans do not proceed they will almost certainly have to hand back their contract.

Just as merger decisions are not easy to make, practices are even more reluctant to close sites it is often perceived to be the 'taking away' of a service. However, GP partners up and down the country are facing 'last man standing' issues, as clearly identified in Dr Nigel Watsons' Partnership review, which have yet to be addressed nationally. Additionally, we have a number of buildings in the city that were never designed to be healthcare facilities for the future, and we know that practices are increasingly able to provide services remotely or in the community and by a greater range of healthcare professionals. There are risks in having the primary care workforce spread over multiple sites and so whilst it may feel counterintuitive a reduction in estate may actually result in a safer and increased level of service, with better access for patients.

General Practices resilience concerns have been shared with HOSP and other stakeholders, and we will clearly need to work together to focus on achieving the best outcomes for the Portsmouth population whilst safeguarding our Primary Medical Care Service within the city.

Steve McInnes shared the details of the proposals with committee members (included in the report), and the following points were raised:

- The Healthwatch representative at the meeting raised concerns about 2 or 3 local politicians, who are patients of Portsdown Group Practice, having not been informed of the proposal, the Health Overview and Scrutiny Committee having not had a full (in public) discussion of the proposed closures and merger, and the fact that there had been a petition from the public protesting against the closure of the Hanway practice.
- HOSP raised the issue of a petition against this closure and merger; however, it was acknowledged that the petition was addressed to partners of Hanway Road Practice and sent to the Council to enable the opportunity for debate and discussion at a full council meeting. The CCG also acknowledged the petition. Justina Jeffs confirmed that the petition alone does not impact on the decision-making role of the CCG.
- Given the current COVID-19 Pandemic, are there any proposed timeline changes? At this time, it may be considered that risk to the implementation plan is higher. How is this being mitigated?
- Again, because of COVID-19 do both practices consider that the closure timeframes for both Stubbington Avenue and Hanway Road to be practical and achievable?
- How robust was the communication process? Are we assured that best endeavours were made to ensure all patients have been updated and had the opportunity to provide feedback?
- What does Primary Care Commissioning Committee (PCCC) think about the petition, do we know how many people signed it and will PCCC take note of this in its decision making process?
- Some patients at Hanway Road have already been through a closure as patients were moved to the surgery from Queens Road and their feelings must be taken into account.

- Mark Compton raised a concern regarding the capacity of Kingston Crescent, and how realistic is the reconfiguration of rooms to account for of the additional 14,000 patients.

At the meeting, it was pointed out that there had been some discussion with the Council and with members of the Health Overview and Scrutiny Panel, but GMS/PMS decisions regarding contract mergers are business decisions made by the contract holders. They need to demonstrate how those decisions are being made in the best interests of their patients, and to ensure every effort was made to engage with registered patients and to try to mitigate against any concerns or issues raised. The focus is on patient and not public involvement.

Terri Russell further explained that the role of the Portsmouth CCG Primary Care Commissioning Committee is to assure itself that the right process has been undertaken and that the proposal serves patients' interests before ratifying the practices' decision. In this case, there was evidence that as much had been done to engage patients as could have been expected.

Terri Russell reported that the impact of not supporting this proposal at this time would be that the practice including both the sites at Stubbington Avenue and Hanway Road would be unsustainable due to the departure of existing GP partners. Efforts have been made to recruit additional GP Partners to the practice but without success. If the entire current Hanway practice list had to be dispersed to other practices in the city, it would threaten the sustainability of those other practices.

After much consideration, the partners at Hanway decided that the only viable way forward was by merging with the Portsdown Group Practice. Portsdown Group Practice is a large Primary Care group of six sites. One site is in the same local area, which is equidistant between the two Hanway sites, at Stubbington Avenue and Hanway Road. This site, Kingsway Crescent, is adding extra capacity and planning to work differently over 3 sessions a day so that it will be able to offer a wide range of Primary Care to the merged list of patients.

Portsdown have proven to be financially stable, and in a much better position with regards to future sustainability. It is therefore more attractive to GPs and has less difficulty with recruitment. It was central concerns for the existing practice that when patients have to move they should be able to join a practice that is resilient.

The practices put forward a range of benefits for the merged list, including , a significantly improved range of Primary Care services offered through the Portsdown Group Practice e.g. Leg Ulcer; Ring Pessary, and Diabetes.

The Portsmouth Clinical Commissioning Committee recognises that mergers and closures may reduce the number of Primary Care sites in the city, and discussions have started with Portsmouth City Council about how some sites or alternative locations might be used to promote wellbeing and deliver health and care differently to local populations, not necessarily at traditional GP Practice sites.

After a full and in depth discussion during the teleconference, taking into account all of the benefits, risks and opportunities, there was unanimous support from Primary Care Committee members for the proposed closures and merger on the basis that all the evidence pointed to this proposal best serving the interests of existing patients.

The Primary Care Commissioning Committee voting members agreed the proposed merger and two site closures, and were supported by the attendees of the Committee.

11. **Any Other Business**

No further business to discuss.

12. **Date of Next Meeting**

The next Primary Care Commissioning Committee meeting to be held in public subject to Government COVID-19 guidelines will take place on 28 May 2020 at 9.30am.

Member Name	Apr 2019	Jun 2019	Aug 2019	Oct 2019	Dec 2019	Jan 2020	Mar 2020
Margaret Geary	✓	✓	✓	✓		✓	✓
Dr Helen Atkinson						A	A
Mark Compton	A	✓	✓	A		✓	✓
Simon Cooper	✓	A	✓	A		A	A
Jason Eastman	A	✓	✓	A		✓	✓
Dr Jason Horsley	A	A	A	A			
Dr Nick Moore						✓	✓
Julia O'Mara						✓	✓
Jackie Powell	✓	✓	✓	✓		✓	✓
Suzannah Rosenberg	✓	✓					
Terri Russell	✓	✓	✓	✓		✓	✓
David Scarborough	✓	✓	A	✓		A	✓
Dr Clare Sieber				✓		✓	✓
Andy Silvester	✓	✓	A	A		A	A
Michelle Spandley	A	A	A	A		A	✓
Dr Nigel Watson	✓	A	A				
Jo York	✓	✓	A	✓		✓	✓

✓ - Present
A – Apologies

PRIMARY CARE COMMISSIONING COMMITTEE			
Date of Meeting	28 May 2020	Agenda Item No	4
Title	Risk Register		
Purpose of Paper	To share information regarding high level risks from the Primary Care Risk Register.		
Recommendations/ Actions requested	To receive the paper		
Engagement Activities – Clinical, Stakeholder and Public/Patient	N/A		
Item previously considered at	Primary Care Commissioning Committee		
Potential Conflicts of Interests for Committee Members	N/A		
Author	Terri Russell, Deputy Director of Primary Care		
Sponsoring member	Jo York, Director (New Models of Care)		
Date of Paper	22 May 2020		

Primary Care Team (collated) Risk Register Report - Portsmouth CCG



Portsmouth
Clinical Commissioning Group

Primary Care Programme (Portsmouth Clinical Commissioning Group) Risk Register

Risk Ref	Risk Title	Description	I	L	Original Risk Score	Key Controls	Assurance	Actions	I	L	Current Risk Score	Latest Note
PRC.P.0 5e	Practice Viability	If current primary care pressures cause practices to become unviable or unsustainable then practice could give notice on their contract potentially impacting on patient care and destabilising other practices	4	4	16	Primary Care Team actively engaging with practices to understand risk and to put in place mitigating actions to support practices GP practices merging and changing how services are delivered to become more resilient and sustainable	Monitoring of quality of primary care delivery, engagement of practices and CQC inspections Minimal escalated SITREPs	Potential Utilisation for the short term Primary Care medical services framework to quickly secure and alternative provider if required Encouraging all practices to move to SystmOne Accessing resilience programme Develop suite of responses to escalated SITREPs	4	3	12	
PRC.P.0 5h	Practice Closures	If there is inadequate engagement around any proposed practice closures there may be a risk to patient safety, adverse publicity and a decrease in patient satisfaction	3	4	12	Applications for practice or branch closure to be considered by PCCC	Patient satisfaction surveys and practice performance in terms of access Proactive engagement with the public regarding the future options for general practice	Robust process for managing requests for practice or branch closures including patient and stakeholder engagement.	3	3	9	
PRC.P.0 5i	PMS Contract Variations	If the CCG is unaware of or practices do not sign and return PMS contract variations (where they is joint and several responsibility) there is a significant risk to individuals, should anything go wrong	4	3	12	Process of updating all PMS contracts completed and regular communication from the Primary Care Team	Authorisation of PMS contract changes at PCCC	Escalation process in place where practices are not returning signed contract variations	4	2	8	
PRC.P.0 5k	Primary Care transformation	If relevant stakeholders and the public are not engaged in the changes that are and have to take place in General Practice there is a risk that	4	4	16	Clearly articulated and understood strategy owned by local partners Monitoring resilience and	Monitoring delivery of the Primary Care Strategy and the associated estates strategy Development of metrics to collect and understand patient	Early engagement with HOSP Healthwatch and the CCG communication team and plan appropriate engagement activities and to ensure	4	3	12	

Risk Ref	Risk Title	Description	I	L	Original Risk Score	Key Controls	Assurance	Actions	I	L	Current Risk Score	Latest Note
		transformation will be opposed and patient satisfaction may decline				planned changes within Primary Care across the city (including workforce, estates and performances)	experience and utilise evidence to influence decision making	relevant stakeholders understand the direction of travel				
PRC.P05 j	PMS practices	If the PMS premium reinvestment work, carried out over five years start to have a significant financial impact on practices in the remaining 3 years they may become unviable	4	3	12	Clear principles agreed for reinvestment back into General Practice and additional support available through the resilience programme	Investment plans developed and shared at PCCC	Section 96 flexibilities available if necessary	4	2	8	
PRC.P.L SP	Loss of Suitable Premises	If primary care leased premises come to the end of their term, or partners who own freehold premises wish to exit the partnership and sell their premise, then practices may lose access to suitable premises to deliver services which may compromise patient care	4	2	8	Contractual stipulations ensure that GP practices are responsible for delivering services within suitable premises. Local Estates Forum established which can monitor and manage primary care premises risk	CCG has strong ties to NHS Property Services who hold the majority of head leases for leased properties within the city Changes to partnerships are required to be notified to the CCG – practices would need to identify the risk of premise loss at this stage	CCG to support practices at risk of premise loss to devise a plan to mitigate the risk or to obtain alternative premise arrangements Links to the wider estates strategy	4	2	8	
R.Ports.P rC.18	Premises Flexibility	If primary care estate in the city is not flexible and able to adapt to accommodate evolving models of care delivery then improvements in patient care may be inhibited and national and local strategic ambitions may not be realised	4	4	16	Annual Premise Improvement Grant monies identified to develop primary care estate Local Estates Strategy developed to provide strategic direction for primary care estate	Local Estate Forum established to oversee potential estate development Feasibility studies commissioned across Portsmouth identifying opportunities for virtual and physical hub development to support new models of care	Formalise processes to routinely review existing primary care estate and its ability to accommodate new delivery models Identify potential capital investment and develop robust business cases to invest in refurbishing / extended existing primary care estate to accommodate new models of care	3	3	9	

Risk Ref	Risk Title	Description	I	L	Original Risk Score	Key Controls	Assurance	Actions	I	L	Current Risk Score	Latest Note
R.Ports.P rC.01	New models of care	If member practices do not engage in collaborative working with other providers then this will impact on the development of an MCP, the Portsmouth Blueprint, and potentially primary care sustainability	4	3	12	CCG fund an MOU with the Portsmouth Primary Care Alliance to progress integration and collaborative working CCG has established Health and Care Executive to oversee Blueprint implementation	MCP Partnership Agreement signed between the CCG, PPCA, Solent, and the Local Authority MCP partners are holding weekly MCP meetings to facilitate the delivery of new models of care	CCG and PPCA to continue engaging with member practices on the MCP transformation work programme	3	3	9	Consideration being given to making resources available via primary care CQUIN to support MCP engagement
R.Ports.P rC.06	Access to Urgent Care	If demand for primary care services during the winter or bank holiday periods cannot be met, then there may be an adverse effect on ED and flow through the hospital	4	4	16	Acute Visiting Service in place to relieve pressures on demand GP Enhanced Access service in place to relieve pressures on demand	A&E performance and feedback via A&E Delivery Board Primary care SITREPS	Expansion of GP Enhanced Access service, including movement towards 24/7 primary care model Commission additional AVS and GP Enhanced Access provision during winter and Easter periods Practices requested to 'move' extended access DES sessions either side of bank holidays where possible	3	3	9	
R.Ports.P rC.09	Transition of PCSE services	If delivery of PCSE services by Capita does not improve then practices may experience significant financial, workload and operational issues and patient services may be at risk	4	4	16	Contract managed by NHSE. LMC have been collating practice issues and meeting regularly with PCSE colleagues	Reduction of complaints and issues reported by practices PCSE colleagues to regularly attend Wessex Primary Care Network meetings.	Finance have emergency file that will act as proxy to enable payments to be made Transformation programme now being implemented for PCSE systems and processes PCSE have appointed Debbie Rowe to support practices locally and issues should be escalated accordingly	3	4	12	Informal feedback from practices is that service is slowly improving and finance have much better engagement with PCSE regarding payment issues
R.Ports.P rC.08	COVID-19	If delivery of services are not adjusted adequately, patients may be put at additional risk of contracting COVID-19	4	3	12	National and local guidance produced.	Monitored through SITREPs	Practices have adapted significantly in a very timely manner. Triage systems implemented. Extensive use of remote consultations. Hot and cold sites set up. Regular on-going engagement with	4	3	12	

								practices and PCNs.				
R.Ports.P rC.08.1	COVID-19	If pressures due to COVID-19 adversely affect practices' ability to deliver services this will impact on patient care.	4	3	12	Funding levels protected for QOF/LCS etc. enabling practices to redeploy resources to manage COVID and urgent care, in addition to other activities such as vaccinations.	Via SITREPs	PCNs arranging mutual aid around PPE and discussing staffing arrangements. Regular calls in place at a PCN level, across the city and at and ICP level. Site consolidation arrangements in place where appropriate. Cross-provider working arrangements secured for bank holiday cover as required. All practices have enacted their local business continuity protocols and have adapted their model of care. All practices operate on S1 and already have the ability to share information, access clinical notes and book into clinics in other sites which will support easier scalability. Close working arrangements agreed with Solent for patients at home.				

PRIMARY CARE COMMISSIONING COMMITTEE			
Date of Meeting	28 May 2020	Agenda Item No	5
Title	Draft Primary Care Finance Summary 2019/20		
Purpose of Paper	<p>To inform the committee of the draft final primary care financial position for 2019/20, pending final audit sign-off.</p> <p>Included on the report is a separate summary of costs relating to COVID-19. This expenditure has been funded in full by an additional allocation received from NHS England.</p>		
Recommendations/ Actions requested	The Committee is asked to note the draft position.		
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	Rebecca Spandley, Finance Manager		
Sponsoring member	Michelle Spandley, Chief Finance Officer		
Date of Paper	14 TH May 2020		

PRIMARY CARE BUDGET 2019/2020

Portsmouth CCG

Reporting Period **12**

Budget Holder - Terri Russell

		Annual Budget	YTD Budget	YTD Actual	YTD Variance	Forecast Outturn	Forecast outturn variance			Annual Budget	YTD Budget	YTD Actual	YTD Variance	Forecast Outturn	Forecast outturn variance
		£000	£000	£000	£000	£000	£000			£000	£000	£000	£000	£000	£000
Commissioning Schemes								Delegated Commissioning							
Basket Scheme	T Russell	530	530	520	(10)	520	(10)	GMS - Main General Practice Contract/OOH	T Russell	8,387	8,387	8,382	(4)	8,382	(4)
Phlebotomy	T Russell	195	195	196	0	196	0	MPIG	T Russell	71	71	71	0	71	0
Diabetes	T Russell	144	144	143	(1)	143	(1)	PMS - Main General Practice Contract/OOH	T Russell	9,517	9,517	9,452	(65)	9,452	(65)
Respiratory	T Russell	222	222	220	(1)	220	(1)	PMS Premium	T Russell	366	366	366	0	366	0
Leg Ulcers	T Russell	189	189	206	17	206	17	APMS - Main General Practice Contract/OOH	T Russell	1,369	1,369	1,355	(14)	1,355	(14)
LARC (Non Contraceptive use)	T Russell	40	40	40	0	40	0	QOF Aspiration/Achievement	T Russell	2,775	2,775	2,775	0	2,775	0
Leg Group LCS	T Russell	25	25	18	(7)	18	(7)	DES - Minor Surgery, Learning Disabilities	T Russell	344	344	344	(0)	344	(0)
Ring Pessary	T Russell	15	15	12	(3)	12	(3)	DES - Primary Care Networks	T Russell	1,032	1,032	1,032	(0)	1,032	(0)
Ear Irrigation	T Russell	40	40	39	(1)	39	(1)	Seniority	T Russell	114	114	111	(3)	111	(3)
Glaucoma	T Russell	9	9	10	1	10	1	Retainers	T Russell	85	85	87	2	87	2
Low Vision	T Russell	19	19	21	2	21	2	Maternity / Paternity / Adoptive / Sickness	T Russell	327	327	357	30	357	30
CQUIN	T Russell	462	462	281	(181)	281	(181)	Needles & Syringes	T Russell	12	12	11	(0)	11	(0)
Worforce Development	T Russell	395	395	395	(0)	395	(0)	Collaborative Fees	T Russell	151	151	158	7	158	7
Pharmacy	T Russell	164	164	143	(21)	143	(21)	Professional Fees - Prescribing	T Russell	190	190	181	(9)	181	(9)
Flu Incentive Scheme	T Russell	20	20	20	0	20	0	Premises - Rent	T Russell	2,088	2,088	2,096	8	2,096	8
Special Allocation Scheme (SAS)	T Russell	13	13	13	(1)	13	(1)	Premises - Business Rates	T Russell	547	547	543	(4)	543	(4)
Other	T Russell	4	4	(2)	(6)	(2)	(6)	Premises - Water/Sewerage/Clinical Waste	T Russell	80	80	83	3	83	3
Total Commissioning Schemes		2,487	2,487	2,275	(212)	2,275	(212)	Minor Improvement Grants	T Russell	93	93	110	17	110	17
Primary Care Network Support								CQC Fees	T Russell	143	143	141	(2)	141	(2)
Network payment (£1.50 Per Head)	T Russell	347	347	349	2	349	2	Section 96	T Russell	0	0	0	0	0	0
Total Primary Care Network Support		347	347	349	2	349	2	Target	T Russell	84	84	61	(23)	61	(23)
Integrated Primary Care Service								MJog	T Russell	12	12	12	(0)	12	(0)
Integrated Primary Care Service	T Russell	1,482	1,482	1,479	(3)	1,479	(3)	Pathology Consumables	T Russell	10	10	7	(3)	7	(3)
Total Integrated Primary Care Service		1,482	1,482	1,479	(3)	1,479	(3)	PMS Premium to be reinvested	T Russell	90	90	0	(90)	0	(90)
GP Forward View								Other/Contingency funds	T Russell	224	224	69	(156)	69	(156)
Integrated Primary Care Service	T Russell	1,390	1,390	1,390	(0)	1,390	(0)	Total Delegated commissioning 2019/2020		28,109	28,109	27,803	(306)	27,803	(306)
STP - Training and Clerical	T Russell	27	27	4	(23)	4	(23)	Summary of costs relating to COVID-19							
STP - Resilience scheme	T Russell	48	48	48	0	48	0	Staff Costs	£000	21					
STP - PCN Development	T Russell	168	168	168	(0)	168	(0)	Deep Cleaning	11						
STP - Fellowship Core	T Russell	33	33	33	0	33	0	PPE	24						
STP - Fellowship Aspiring leaders	T Russell	42	42	42	0	42	0	Licenses - Away from my desk	10						
STP - Training hubs	T Russell	37	37	37	0	37	0	IT Hardware	4						
STP - GP Retention	T Russell	54	54	0	(54)	0	(54)	Total	70						
Total GP Forward View		1,799	1,799	1,722	(77)	1,722	(77)								
Total Primary Care Budget		34,225	34,225	33,628	(597)	33,628	(597)								