NHS
Portsmouth
Clinical Commissioning Group

CCG Headquarters
4th Floor
1 Guildhall Square (Civic Offices)
Portsmouth PO1 2GJ

Primary Care Commissioning Committee

A meeting will be held from 1.00pm – 2.45pm on Wednesday 15 March 2017 in Conference Room A, 2nd Floor, Civic Offices, Portsmouth

AGENDA

	Subject	Lead	Attachment
1.	**Apologies for Absence and Welcome** Apologies received from Dr Jim Hogan, Dr Jonathan Lake and Dr Jason Horsley.	Mr T Morton	Verbal
2.	**Declarations of Interest**	Mr T Morton	Verbal
3.	**Minutes of Previous Meeting** a. To agree the minutes of the Primary Care Commissioning Committee meeting held on Wednesday 18 January 2017. b. Matters Arising	Mr T Morton	White
4.	**GP Locally Commissioned Services**	Ms K Hovenden/ T Russell	Blue
5.	**Multispecialty Community Provider (MCP) Progress Report**	Mr I Richens/ Mrs J Gooch	Cream
6.	**Quality Improvement Framework for Primary Medical Care**	K Hovenden	White
7.	**Primary Care Commissioning for Quality and Innovation (CQUIN) Scheme 2017/18**	K Hovenden/ T Russell	Pink
8.	**Minutes of Other Meetings** • Primary Care Operational Group • Multispecialty Community Provider (MCP) Working Group	Ms K Hovenden Mr I Richens	Green Yellow
9.	**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 17 May 2017 at 1.00pm – 2.45pm in Conference Room A, 2nd Floor, Civic Offices, Portsmouth.		
10.	**Meeting Close**		

Distribution:

Members

Dr Linda Collie	-	Deputy Clinical Leader/Clinical Executive
Dr Julie Cullen	-	Registered Nurse
Dr Jim Hogan	-	Clinical Leader and Chief Clinical Officer
Dr Jason Horsley	-	Director of Public Health, Portsmouth City Council
Ms Katie Hovenden	-	Director of Primary Care
Dr Jonathan Lake	-	Clinical Executive
Mr Tom Morton	-	Lay Member (Chair)
Ms Jackie Powell	-	Lay Member
Mr Innes Richens	-	Chief Operating Officer
Ms Suzannah Rosenberg	-	Director of Quality and Commissioning
Ms Tracy Sanders	-	Chief Strategic Officer
Mr Andy Silvester	-	Lay Member
Mrs Michelle Spandley	-	Chief Finance Officer

In Attendance

Mrs Jayne Collis	-	Business Development Manager
Mr Patrick Fowler	-	Healthwatch Representative

If required

Mr Mark Compton	-	Head of Primary Care Transformation
Mrs Jo Gooch	-	Strategic Projects Director
Mrs Terri Russell	-	Head of Primary Care Engagement

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PRIMARY CARE COMMISSIONING COMMITTEE			
Date of Meeting	15 March 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 Wednesday 18 January 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	Jayne Collis, Business Development Manager		
Sponsoring member	Tom Morton, Lay Member		
Date of Paper	7 March 2017		

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DRAFT

Minutes of the NHS Portsmouth Primary Care Commissioning Committee meeting held on Wednesday 18 January 2017 at 1.00pm – 2.45pm in Conference Room A, 2nd Floor, Civic Offices, Portsmouth

Summary of Actions
Primary Care Commissioning Committee held on Wednesday 18 January 2017

Agenda Item	Action	Who	By
3	**Matters Arising** – Consider an additional demonstration of the iPlato system and include an invitation to Healthwatch.	T Russell	Mar 17

Present:

Dr Linda Collie	- Deputy Clinical Leader/Clinical Executive
Dr Julie Cullen	- Registered Nurse
Dr Jim Hogan	- Clinical Leader and Chief Clinical Officer
Ms Katie Hovenden	- Director of Primary Care
Mr Tom Morton	- Lay Member (Chair)
Ms Jackie Powell	- Lay Member
Mr Innes Richens	- Chief Operating Officer
Ms Tracy Sanders	- Chief Strategic Officer
Mr Andy Silvester	- Lay Member
Mrs Michelle Spandley	- Chief Finance Officer

In Attendance

Mrs Jayne Collis	- Business Development Manager
Mr Patrick Fowler	- Healthwatch Representative
Mrs Terri Russell	- Head of Primary Care Engagement

Apologies

Dr Jason Horsley	- Director of Public Health, Portsmouth City Council
Dr Jonathan Lake	- Clinical Executive
Ms Suzannah Rosenberg	- Director of Quality and Commissioning

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1. Apologies and Welcome

Apologies received from Dr Jason Horsley, Dr Jonathan Lake and Suzannah Rosenberg.

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

The CCG undertakes primary care co-commissioning under delegated powers from NHS England. As a GP membership organisation we are open and transparent in how we handle perceived or potential conflicts of interest in all aspects of our business. In line with our policies the chairing of the Committee is a lay member representative. In addition there is only one voting representative from member practices, the Clinical Executive lead for primary care. All other Clinical Executives and the practice manager representative are in attendance at the committee which means they will normally be able to participate in discussions where there is no perceived conflict of interest but will not participate in decision making. Where members (voting or in attendance) are felt to have a direct potential conflict of interest they will be excluded from our discussions as well as decision making. However in order to retain the voice of local primary care the Clinical Executive lead for primary care, Dr Linda Collie, will be allowed to participate in discussions for such items unless they are directly about their practice.

2. Declarations of Interest

None.

3. Minutes of Previous Meeting

The minutes of the Primary Care Commissioning Committee meeting held on Wednesday 16 November 2016 were approved as an accurate record.

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

Agenda Item	Action	Who	By	Progress
4	Draft Primary Care Action Plan – Include measurements of success into the action plan and agree progress reporting arrangements.	T Russell	Jan 17	Terri Russell reported that the General Practice Forward View is on the agenda which takes on board the comments on measures and is included in the report and the feedback from Committee members has been taken on board. *
4	Draft Primary Care Action Plan – Incorporate feedback from Committee members into the Action Plan.	T Russell	Jan 17	
5	GP Resilience and Transformation Programmes – Discuss further the potential risks and mitigations in respect of an exit strategy following the trial of iPlato.	T Russell/ E Fellows	Jan 17	Terri Russell reported that this was discussed and practices are keen to test the system. There are risks but practices are keen to have iPlato for a year. **
5	GP Resilience and Transformation Programmes – Explore with the communications team the opportunities for a broader marketing campaign for patient online services.	T Russell	Jan 17	Terri Russell explained that this is an ongoing piece of work.

***** Tom Morton asked how the measurements would be assessed/reported. Terri Russell explained there is an overarching framework and the CCG will be benchmarking against this for each project. There is an aspiration of how much will be achieved and we will use the quality improvement framework. Katie Hovenden explained that the team are developing a tool in Covalent and we need to go through the process of deciding what is including and then it can be reported. There are three different sources of information

but in the main it will be Covalent that is used. Once the reports have been presented to the Primary Care Operational Group then they could be shared with the Primary Care Commissioning Committee.

** She added that it is important to embrace the technology which offers a 2-way messaging system. Jackie Powell asked if the data was separate. Terri Russell explained that it should link into System One. She said that it is an app and patients have to register to use it and this is being worked through at the moment. The iPlato system is being presented to the Practice Managers Forum tomorrow. Tom Morton asked if all practices had the system. Terri explained that not all practices have it yet. Patrick Fowler asked if there was any way of getting further information on the system. Katie Hovenden said that it would be useful to arrange a separate demonstration particularly for Healthwatch in order to help get the information out to patients. Terri Russell agreed to arrange an additional demonstration and include an invitation to Healthwatch.

Action: T Russell

Dr Linda Collie commented that the issue was more about patients having to register for two separate systems. Terri Russell explained that the CCG was able to give practices funding in order to get through the registration process.

4. Primary Care Commissioning Committee Terms of Reference

Tom Morton presented the revised Terms of Reference for the Primary Care Commissioning Committee. Tracy Sanders commented that they had been approved at the last Governing Board meeting and were therefore for noting. The Committee was now working under these revised terms of reference including membership.

The Primary Care Commissioning Committee noted the Primary Care Commissioning Committee Terms of Reference.

5. Multispecialty Community Provider (MCP) Working Group Terms of Reference

Innes Richens presented the Terms of Reference for the Multispecialty Community Provider (MCP) Working Group for approval. Jackie Powell commented that the CCG had a new Clinical Commissioning Lead Dr Annie Eggins who was supporting this work. Dr Linda Collie explained that Dr Eggins would also be working for the CCG in relation to workforce development.

The Primary Care Commissioning Committee approved the MCP Working Group Terms of Reference.

6. General Practice Forward View (GPFV) Plan

Katie Hovenden presented a paper which had been prepared by Terri Russell and Mark Compton in response to the national GPFV national planning guidance. It outlines the key pieces of work being undertaken in Portsmouth and details how they relate to the STP and wider initiatives. She explained that the Primary Care team have taken on board the comments and challenges made by members when the Action Plan was presented at a previous meeting and have attempted to articulate challenging objectives with tangible outcomes.

Terri Russell explained that all CCGs were required to have a GPFV Plan and as a minimum were required to demonstrate how we would:

- Improve access to primary care
- Progress primary care transformation

- Deploy ring-fenced funding streams

Terri Russell highlighted the main areas of the plan as follows explaining that all of the chapter headings are taken from the GPFV guidance and the sections have been linked to the relevant STP programmes.

Transformation Support - The CCG will make available £3 per head of population (split over 2 years) to support development of initiatives. Michelle Spandley highlighted that this is non-recurring money and just to support the transformation.

Online Consultation - Current systems will be evaluated and a joint procurement strategy will be developed in order to benefit from economies of scale. Katie Hovenden commented that there is explicit mention of a particular system that some of the Vanguard sites have gone ahead and implemented. A practice did a trial and it is about using the system correctly and getting users to use online resources.

Core Allocation Growth - The growth allocations are detailed in the investment table. Dr Jim Hogan asked of the PMS reinvestment features in this or if it is separate. Terri Russell explained that it is separate. The PMS investment was a 5 year programme and the CCG has to decide what it is going to do as it is a separate pot of money and we need to firm up plans for years 3, 4 and 5.

Jackie Powell asked about the implementation of a clinical hub to support NHS 111, 999 and out of hours calls. Dr Jim Hogan explained that the process has started and a tender document has been produced.

Terri Russell said that part of the paper is about extending access to primary care and will include NHS 111 etc. Dr Jim Hogan commented that this links to the 7 day service and what the plans are for that. The out of hours period may shrink considerably.

Recruitment and Retention – A number of initiatives are underway to attract a new clinical workforce into the city and we will link in with Wessex. Tracy Sanders said that this was a really important area as workforce is one of the constraints in the NHS that we are all aware of and is vital to the success of any plan. Dr Linda Collie commented that MCP is an opportunity to work across services. Dr Jim Hogan commented there is the potential for apprenticeships etc. Katie Hovenden said that Julia O'Mara is working with practices to get student nurses into practices. Dr Jim Hogan said that the University has offered free mentorship to help get the placements into practices. Katie Hovenden said that practices are keen to participate and Dr Julie Cullen commented that there is a statutory requirement that they have a qualified mentor if they take on a student nurse, however this may change in the future.

Dr Linda Collie commented on how we can get the message out to patients on who they need to see. Katie Hovenden said that it is about how patients see General Practice and work is needed to explain that the system is changing.

Time to Care Programme - Dr Linda Collie is submitting an early expression of interest as Clinical Lead in order to secure support. It is an important piece of work which is scheduled over the next couple of years. Jackie Powell asked about social prescribing and if the take up had been good. Terri Russell explained that she did not think the referral rate was very high however Julie Hawkins is attending a community event shortly and once we have the information it can be shared. Feedback was that they did not understand what was on offer and we need to work out what is useful. GPs need to be assured it is working and making a difference.

Practice Infrastructure – Terri Russell explained that it is about how we ensure we have the estate to support new models of care. Dr Jim Hogan commented that one of the issues is

around primary care estate going forward and unlocking that would help ensure state of the art practices.

EPaCCS (Electronic Palliative Care Co-ordination System) - Jackie Powell asked about EPaCCS. Terri Russell explained that it was the new palliative care register. Jackie Powell asked about how it fitted in with other systems and registers. Terri Russell explained that it is a stand-alone system and can be accessed by OOH, the ambulance service and secondary care. It holds key facts on care plans and patients wishes and Dr Jon Price is leading on this for Portsmouth.

MCP Development – Patrick Fowler commented that the MCP talks about community care and primary care and asked if there was a link around integrating health and social care in it. Terri Russell said that there was.

Innes Richens commented that he was pleased to see that Mental Health Integration was included in the plan and he had recently had conversation on how we can integrate more.

Tom Morton commented that it was good to see the "How will we know we have succeeded?" section on each page and said that he would like to formally thank Terri Russell and the team for putting the plan together.

The Primary Care Commissioning Committee noted the plan.

7. Minutes of Other Meetings

- Primary Care Operational Group

  The minutes of the Primary Care Operational Group meeting held on 12 December 2016 were presented for acceptance. Katie Hovenden explained that this was the first time the minutes had been presented to the Primary Care Commissioning Committee as they had previously been presented to the Clinical Executive Committee. In future the minutes of the Multispecialty Community Provider (MCP) would also be presented to the Committee for noting.

  The Primary Care Commissioning Committee accepted the minutes.

8. Date of Next Meeting in Public

The next Primary Care Commissioning Committee meeting to be held in public will take place on Wednesday 15 March 2017 at 1.00pm – 2.45pm in Conference Room A, 2nd Floor, Civic Offices. Tom Morton thanked everyone for attending the meeting and reminded members of the public that feedback and comments would be welcomed.

Jayne Collis
3 February 2017

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PRIMARY CARE COMMISSIONING COMMITTEE			
Date of Meeting	15 March 2017	**Agenda Item No**	4
Title	**GP Locally Commissioned Services**		
Purpose of Paper	To highlight some of the key outcomes from 2016-17 and summarise the proposed changes and budgetary requirements for 2017-18.		
Recommendations/ Actions requested	The committee is asked to note the outcomes from 2016-17 services, review the proposed changes and agree in principle to the CCG commissioning these services for 2017-18.		
Engagement Activities – Clinical, Stakeholder and Public/Patient	The services are designed with input from clinical leads at the CCG and feedback from GP practices.		
Item previously considered at	Not applicable.		
Potential Conflicts of Interests for Committee Members	There are potential conflicts of interest for all Clinical Executives and the Practice Manager Representative due to these services being commissioned from member practices.		
Author	Steve McInnes, Primary Care Relationship Manager		
Sponsoring member	Katie Hovenden, Director of Primary Care		
Date of Paper	3 March 2017		

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GP Locally Commissioned Services 2017-18

Introduction

NHS Portsmouth CCG has commissioned Locally Commissioned Services (LCS) under delegated responsibilities since April 2013. Some of these services were previously commissioned by NHS England, and prior to that by Portsmouth Primary Care Trust, and which were formerly known as Local Enhanced Services (LES).

The following LCS were commissioned from GP practices in 2016-17:

- Phlebotomy
- Leg ulcers
- Diabetes
- Respiratory
- Basket of services

A Leg ulcer training and support role was also commissioned from a local nurse specialist to support practices in optimising care and healing outcomes for patients.

Key outcomes

A full review of the 2016-17 LCS will be undertaken in April 2017 once relevant information is available, and the key outcomes will be reported from this. An interim review has highlighted the following:

Leg ulcers

For venous leg ulcers categorised as 'simple', the CCG set an ambitious target of 70% healed within 12 weeks. The most recent data for Qtr 2 of 16-17 reflects a 60% healing rate within the standard and whilst this falls a little short of the target it compares favourably with the 50% healing rate at the same point in 2014-15 when the support service was in its infancy. It is also significant that no patients had had an active leg ulcer for more than 12 months in Qtr 2 16-17, whereas this figure was 11% in 14-15.

For 'complex' venous leg ulcer the target was 50% healed within 18 weeks. This was surpassed in Qtr 2 16-17 with a 79% success rate, versus 42% in 14-15.

All participating practices have put their nurses and HCAs through the formal training and competency framework run by the nurse specialist, resulting in the workforce being upskilled.

Where practices did not sign up to deliver the service the CCG was able to arrange for another local practice to deliver this on their behalf, ensuring there was an equitable service across the city.

Diabetes

All practices in the city submitted data for the National Diabetes Audit compared to only 6 practices in the previous year. The CCG will be reviewing key diabetes care processes and outcomes from this audit shortly.

Basket of Services

All practices made follow-up contact with patients as directed by the Breast Screening Team based at QA Hospital. This was for patients that did not take up, or did not attend, a breast screening appointment. A review is underway to ascertain how successful this exercise was in terms of increasing uptake of screening.

Proposed changes for 2017-18

The following changes are proposed to service specifications:

- Phlebotomy
  - no change.

- Leg ulcers
  - no change.

- Diabetes
  - inclusion of an aim to achieve NICE treatment targets outlined below:
    - Blood glucose level management: HbA1c 53 – Target HbA1c reduces the risk of all diabetic complications
    - Blood pressure management: BP<140/80 (130/80 if there is Kidney, eye or cerebrovascular damage) – Target blood pressure reduces the risk of vascular complications and reduces the progression of eye disease and kidney failure
    - Cholesterol level measurement: <4 – Target cholesterol reduces the risk of vascular complications
  - new requirement to establish and maintain a pre-diabetes register and to ensure onward referral to appropriate diabetes prevention services, including structured education programme

- Respiratory
  - no change.

- Basket of services
  - inclusion of secondary care referral section to acknowledge the additional workload and activities associated with referrals, such as:
    - Making IFR/Prior Approval referrals
    - Repeat prescribing (not included shared care below)
    - Requesting and chasing diagnostics and results
    - Dementia Screening Follow ups

  - Using technology to initiate/receive information
- removal of screening follow-up work (transferred to Primary Care CQUIN)
- inclusion of requirement to adopt new Electronic Palliative Care Co-ordination system incorporating the Future Planning Template; this is considered to be better integrated with existing GP clinical systems, is simpler to use and more effective in enabling communication to those colleagues in community and urgent care. This supports the local ambition to improve care for people in the last year of their life, respecting their wishes, controlling their symptoms and allowing them to die in peace with dignity when the time comes
- inclusion of social prescribing, in terms of identifying patients who may benefit from a referral to Action Portsmouth service co-ordinators for signposting to appropriate support service within the community.

Budget 2017-18

The budget breakdown for the GP LCS is provided below:

Service	**£ budget**
Phlebotomy	£190,000
Leg ulcers	£164,000
Diabetes	£116,000
Respiratory	£193,000
Basket of Services	£400,000
Total	**£1,063,000**

Recommendations

It is recommended that the proposed changes are agreed and that the above services are commissioned for 2017-18.

Steve McInnes
Primary Care Relationship Manager 6th March 2017

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PRIMARY CARE COMMISSIONING COMMITTEE			
Date of Meeting	15 March 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 MCP model, supported by suitable contractual arrangements.		
Recommendations/ Actions requested	To note the content of the report.		
Engagement Activities – Clinical, Stakeholder and Public/Patient	Discussions at MCP working group MCP primary care roadshows		
Item previously considered at	N/A		
Potential Conflicts of Interests for Committee 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	Jo Gooch		
Sponsoring member	Innes Richens		
Date of Paper	2 March 2017		

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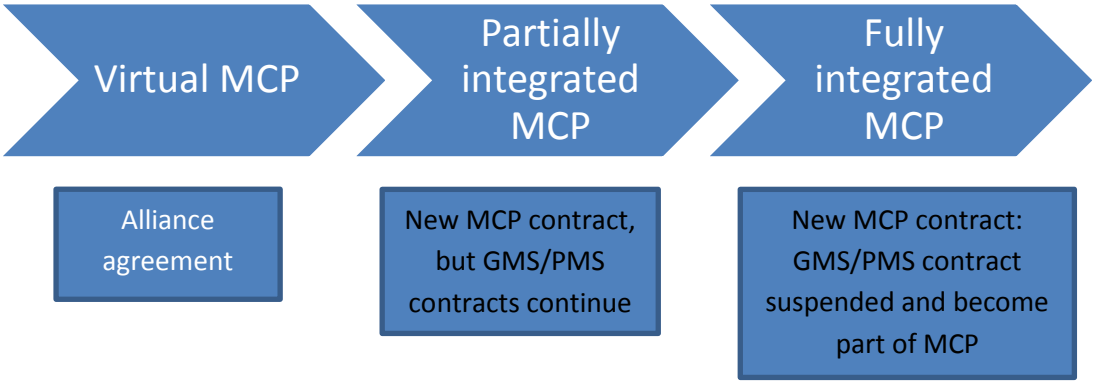
Developing an MCP: Progress Update

Report date: 2 March 2017

1. **Objective:**

To develop a multi-specialty community based provider, which is a new type of integrated provider, combining primary care and community based services. This new model of care will be supported by suitable contracting arrangements to facilitate integration. NHS England has published three contractual approaches.



We are working with local healthcare providers, including Solent NHS Trust, member GP practices, and the Portsmouth Primary Care Alliance (PPCA), to develop a virtual Multi-speciality Community Provider (MCP) contract arrangement in 2017/18 before possibly commissioning a partially integrated MCP contract from 2018/19 (building on the range of services in scope each year to realise greater system-wide efficiencies and improvements to care). The MCP will focus on three core foundations: sustainable primary care; out of hospital primary and community care teams; and demand management.

2. **Progress to date:**

Working group:

The MCP working group has been meeting regularly, focusing on the following:

- Establishing governance and membership of the MCP working group. Dr Annie Eggins, a local GP, has been engaged to provide additional clinical input;
- Developing the case for change document;
- PCCC/Board development session;
- Reviewing the latest PPCA/Solent partnership working proposal alongside CCG priorities;
- Estimating the current CCG spend within scope of the MCP.

Procurement:

Advice has been sought from South of England Procurement Services regarding the most suitable procurement route for the MCP. Following this advice, we now intend to develop an Alliance agreement with Solent and PPCA to establish a 'virtual' MCP. We have also met with the Local Authority to discuss our plans, and discuss the option of including Social Care, and possibly Public Health within the Alliance agreement.

Engagement:

Engaging well with our stakeholders is crucial. Working with PPCA, the CCG has run a number of roadshow events for general practice staff. This has been followed up with a 'Frequently Asked Questions' communication to practices.

The CCG is also making links with other CCGs, namely Fareham & Gosport, South Eastern Hampshire & Southampton City to discuss our respective plans, inter-dependencies and impact on wider stakeholders.

PCCC/Board Development session:

Following the Board development session on 15 February, the working group will now progress the establishment of an Alliance agreement. Appendix 1 sets out the key objectives the CCG would like to see included as part of the agreement, which is reflective of the discussion points raised at the development session. This will be discussed with our MCP partners as part of developing the alliance agreement.

3. Planned Activities

Over the next two months the working group will focus on:

- The development of the Alliance agreement
- Taking any actions required to meet procurement requirements
- Continuing engagement:
    - Practice engagement
    - Other stakeholders
- Clarifying links and inter-dependencies with emerging ACS discussions
- Liaising with Solent/PPCA regarding planned service changes for 2017/18

APPENDIX 1

Alliance Agreement Objectives

Organisational

1. Stakeholder engagement plan:
    - Agree a plan with clearly specified responsibility for each party to lead part of the engagement programme
    - Priority action: PPCA to engage with practices and demonstrate a clear mandate from all practices to act on their behalf in accordance with a…..
    - Ensure this is linked to wider engagement activities, such as the 'Big Conversation' currently taking place across PSEH.
2. Developing an MCP provider
    - PPCA and Solent to work as equal partners to consider the future needs of the MCP care model and service delivery options, and be able to demonstrate how this would operate in practice
3. Organisational Development Plan to be developed and implemented
4. Outcomes: refine and agree, supported by a clear narrative as to how things may look different from a patient perspective

Use of Resources

1. Develop a plan to re-focus existing resources (money, people, buildings etc) to enable us to work differently and deliver the MCP model of care
2. Ensure delivery plans developed for the MCP connect with the emerging ACS, ensuring they contribute to the delivery of the ACS and STP
3. Develop a plan that maximises the opportunities of a single IT system: ensure benefits of SytmOne are realised
4. Develop a financial plan & agree principles on the use of resources that focuses on the redeployment of existing resources to deliver both service and financial requirements. This should:
    - Define financial and other resources
    - Clearly set out efficiency and investment plans
    - Maximise efficiency opportunities & include innovative plans for resource re-deployment
    - Harness existing capacity & capability
    - Demonstrate financial or resource benefits of service change and how these may be re-invested in future service improvement
    - Considers opportunity and contribution from other partners e.g Third Sector
    - Demonstrates how service change will benefit the whole of the Portsmouth population e.g. limited pilot plans will set out plans for swift replication throughout the city.

Due Diligence

1. Prepare for the Integrated Support and Assurance Process (ISAP) gateway process, using the lessons learned the checkpoints as a guide for development

Early Priority Service Changes

1. Urgent Care triage (via hubs) to include:
    - MSK triage

    - Emotional distress
2. Local delivery of GP extended hours
3. Care home/Chronic visiting service for patient assessment and management
    - Detail to be defined
4. Joint primary/community nursing clinics
    - Specific opportunities to be agreed

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PRIMARY CARE COMMISSIONING COMMITTEE			
Date of Meeting	15 March 2017	**Agenda Item No**	6
Title	**Quality Improvement Framework for Primary Medical Care**		
Purpose of Paper	To share the CCG's Quality Improvement Framework for Primary Medical Care.		
Recommendations/ Actions requested	The committee was previously presented with a paper which identified the need for a Quality Improvement Framework for Primary Care. The framework is now presented to the committee for information.		
Engagement Activities – Clinical, Stakeholder and Public/Patient	The framework has been developed with input from the CCG's Quality Improvement Steering Group, which has representation from lay member, clinical lead, Primary Care and Quality teams (all CCG), as well as Healthwatch Portsmouth, NHS England, GP practices and the Local Medical Committee.		
Item previously considered at	Not applicable.		
Potential Conflicts of Interests for Committee Members	None.		
Author	Steve McInnes, Primary Care Relationship Manager		
Sponsoring member	Katie Hovenden, Director of Primary Care		
Date of Paper	3 March 2017		

Quality Improvement Framework – Primary Medical Care

Introduction

Over many years there has been a growing awareness of the need to improve quality across health care and general practice, driven by the changing expectations of patients and carers and a need to reduce inequalities (Kings Fund, 2011). Clinical Commissioning Groups (CCGs) have, since their inception, had a statutory responsibility to support continuous quality improvement in Primary Care and reduce unwarranted variation. This has been given further emphasis through NHS Portsmouth CCG's delegated responsibility for commissioning Primary Medical Services with a requirement to support the sustainability and quality of general practice.

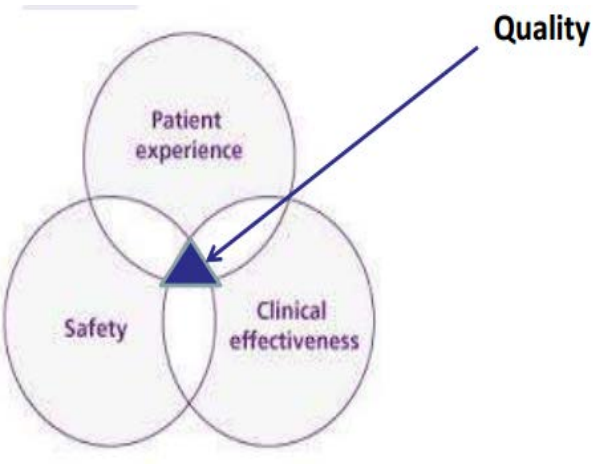
The aim of this Quality Improvement Framework is to set out NHS Portsmouth CCG's approach and process in terms of covering the 3 core areas of quality assessment, improvement and assurance. This incorporates how the CCG will work with GP practices and other stakeholders in supporting quality improvement and associated improved outcomes for patients.

The framework links in with some of the key elements of the CCG's overarching Quality Strategic Framework, with an aim to support the following through quality improvement activities:

- robust mechanisms are in place to provide assurance to the CCG on the quality and safety of local commissioned services
- good practice, ideas, innovations are systematically disseminated across the CCG
- patient experience is captured across care pathways and utilised to improve commissioning for quality
- sufficient time and resource is dedicated to Quality Improvement initiatives

Quality

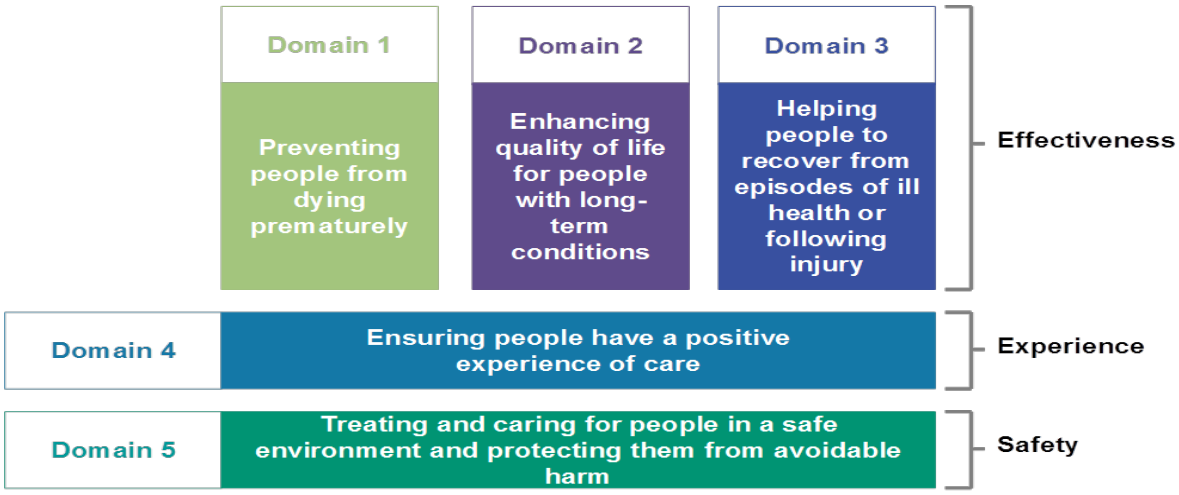
Quality is defined as '**care that is safe, clinically effective, and that provides as positive an experience for patients as possible**'. This is taken from the definition enshrined in the Health and Social Care Act (2012) and all three dimensions must be present to deliver a high quality service, as below:



Building further on this, combining narrative from the Health and Social Care Act and the National Quality Board (2016) definition, quality can be described in the following context:

- Patient experience – care which looks to give the individual as positive an experience of receiving and recovering from the care as possible, including being treated according to what that individual wants or needs, and with compassion, dignity and respect; a responsive and person-centred service according to people's needs and choices.
- Safety – care which is delivered so as to avoid all avoidable harm and risks to the individual's safety, with a focus on learning lessons where mistakes do occur.
- Clinical effectiveness – care which is delivered according to the best evidence as to what is clinically effective in improving an individual's health outcomes

Finally, quality is seen in the context of supporting the NHS Outcomes Framework, as below:



Quality assessment

A key part of improving quality will be to gather data, in order to evaluate care in broader terms and compare performance between practices and over time. This should be informed by a clear consensus on which values should inform care and agreement about what is meant by 'quality' in general practice. It will be important to include patients, carers and other providers of health and social care in building this consensus (Kings Fund, 2011).

In terms of gathering data the CCG will assess quality in general practice through its in-house Primary Care Dashboard. This provides the platform for a single tool for reviewing key areas of general practice data in one place. The dashboard provides comparative data across practices and against local/national averages and targets where applicable. A definition of the quality indicator, the source for the data, reporting period, link to quality and rationale for inclusion is available (Appendix 1). The CCG's Primary Care Team and its member GP practices will use the dashboard to review primary care data and identify areas for improvement, involving other stakeholders as appropriate, for example Public Health England in relation to vaccination coverage. The Primary Care Team will also record some narrative within the dashboard to describe and evidence specific actions being undertaken to drive improvements.

Quality improvement

There are varying descriptions relating to *quality improvement* and a number of common principles have been identified that can be applied to general practice (Kings Fund, 2011). These include the following:

- **Culture:** A culture of quality should exist throughout the organisation. Quality should be prioritised over other issues and every member of staff should be involved in delivering and improving quality.
- **Aims:** The needs of the customer or patient are paramount, with the key aim being delivery of quality as perceived by the customer.
- **Collaboration:** Teamwork, evidenced by joint learning, planning and service delivery, is critical to the organisation's work.
- **Training:** Specific tools and techniques are employed to improve quality, rather than intuition and consensus alone.
- **Anti-perfectionism:** It is never assumed that ideas for service improvement will be perfect. Even seemingly excellent ideas are tested and refined through practical implementation before being fully adopted. Similarly, care is never judged to have become perfect.

Successfully promoting quality improvement and embedding it within mainstream general practice is likely to need a broad package of activity. GP practices will need training, coaching, encouragement, time and money in order to obtain and deploy new skills in improving safety, quality and efficiency. There should be structures that promote regular sharing of ideas and experience between practices, and an 'incentives environment' that rewards continual improvement. Many general practices are engaged in quality improvement initiatives and are proactive in seeking to deliver improvements in care. However, quality improvement is not yet routinely embedded as a way of working and GP Practices are encouraged to make a commitment to building a culture and capability to support continual quality improvement (Kings Fund, 2011).

The CCG will help identify and facilitate where possible the use of tools and methods to aid GP practices in addressing quality improvement, such as Six-Sigma, self-reflection, PDSA, clinical audit and corrective measures. Small scale changes are advocated just as much as larger transformative change. National programmes such as The General Practice Improvement Programme will be utilised. This provides fast, practical improvement to help reduce pressures and release efficiencies within general practice.

GP practices are encouraged to take an active role in reviewing processes and seeking to deliver improvements. Peer challenge should form part of this process and practices will be encouraged to discuss and review primary care data at various fora, such as Practice Manager meetings and GP Commissioning Evenings. Practices in Portsmouth are accustomed to sharing comparative data and this is an important pre-cursor to creating a shared learning environment and facilitating the sharing of good practice. Furthermore practices will be encouraged and supported in creating an environment within which quality improvement can flourish.

The aims of such quality improvement work are broadly identified within the CCG's Primary Care Action Plan, as below:

Intervention	Outputs	Outcomes short term	Medium	Long term
Quality Improvement Framework	Assessment and assurance process	Improved understanding of quality in General Practice	Improved patient outcomes Improved patient experience	Culture of continuous quality improvement

The CCG's key overarching improvement goals are also identified below:

1. **Patient experience**
   - Reviewing and learning from complaints, FFT feedback and the national GP Patient survey
   - Challenging expectations, utilising technology, empowering patients to self-care
   - Working with Healthwatch and other local stakeholders
2. **Patient safety**
   - National standards, clinical audit and CQC
   - Local support through the CCG quality team
   - Incident analysis and learning
3. **Clinical effectiveness and indicators of variation**
   - QOF, Primary Care Web Tool, addressing unwarranted variation
   - Primary Care CQUIN including prescribing workstreams and LCS's
   - Reducing health inequalities, morbidity and mortality
4. **Staff Experience**
   - Reviewing and monitoring workforce indicators
   - Developing local programmes to increase recruitment and retention
   - Addressing workload issues and developing new roles in general practice
5. **Value for money**
   - Benefits realisation of primary care at scale
   - Supporting practices to create efficiencies and improve productivity
   - Investment package for general practice linked to clear outcome measures

Whilst time and commitment will be needed to take much of this work forward it is also recognised that minimal burden should be placed on practices. Therefore the process will not be overly bureaucratic and any quality improvement work will be undertaken in the spirit of focused actions designed to deliver real improvements. The CCG will consider incentivising GP practices for certain quality improvement activities through the Primary Care CQUIN or other routes.

The approach or process associated with quality improvement is not intended to replicate nor replace existing regulatory requirements (e.g. CQC), however this does not detract from the quality assurance role that the CCG has a responsibility to carry out.

Quality assurance

For the minority of practices that perform poorly, the government needs to put in place governance arrangements that provide for effective action (Kings Fund, 2011).

There are three main areas where a practice may potentially not be performing:

- Contractual responsibilities
- Care Quality Commission standards
- Failure to address unwarranted variation

The first two elements are seen as separate from the Quality Improvement work with practices, although there may clearly be some relevance. Where a practice is considered to be breaching its contract, this will be taken up by the CCG's Contract Review Group. This group comprises of CCG senior management (including at Director level) from the Primary Care and Quality Teams. LMC and NHS England representation can be requested where appropriate.

Any failures relating to CQC assessment criteria will, in addition to any CQC actions, be taken up by the CCG through existing processes. The CCG will support practices in any quality improvement or action plan to resolve concerns or risks identified by an inspection visit as appropriate.

Where a practice has not engaged with the CCG and other stakeholders to address unwarranted variation this will fall under the Quality Improvement work with practices. This will usually have been informed by assessment against measures reflected in the Primary Care Dashboard but will also likely involve triangulation with other sources of information where relevant. The CCG may consider that a practice visit is required in order to formally review the area(s) identified for improvement and to generate an action plan to seek the desired improvement. The CCG will approach this in an open and friendly manner, adopting a challenge and support role.

Reporting

The CCG will provide quarterly reports on primary care quality based on information from the Primary Care Dashboard. This will be fed into the CCG's Primary Care Operational Group (PCOG), and the minutes from this meeting are shared with the Primary Care Commissioning Committee. A set of agreed metrics from the Dashboard are also included within the Integrated Performance Report taken to Governing Board.

By exception quality issues may be shared with the CCG's Quality and Safety Executive Group (QSEG). Any contractual or CQC issues will be managed through the CCG's Contract Review Group.

References

Improving the Quality of Care in General Practice (Kings Fund, 2011)

NHS
Portsmouth
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE			
Date of Meeting	15 March 2017	**Agenda Item No**	7
Title	**Primary Care CQUIN Scheme 2017/18**		
Purpose of Paper	The 2017/18 Primary Care CQUIN has been designed to support the CCG and practices to deliver a number of the commitments identified in the General Practice Forward View Plan.		
Recommendations/ Actions requested	To agree the objectives as set out in the 2017/18 Primary Car CQUIN		
Engagement Activities – Clinical, Stakeholder and Public/Patient	Content has been developed in conjunction with clinical colleagues and other relevant stakeholders (e.g. LMC)		
Item previously considered at	Primary Care Operational Group		
Potential Conflicts of Interests for Committee Members	Yes for GP Members of the Committee		
Author	Terri Russell		
Sponsoring member	Katie Hovenden		
Date of Paper	March 2017		

NHS
Portsmouth
Clinical Commissioning Group

Primary Care CQUIN (Commissioning for Quality and Innovation Scheme) 2017/18

Introduction

This paper provides an overview of the objectives and activities included in the Primary Care CQUIN for 2017/18. The Primary Care CQUIN provides practices with an incentive to support the CCG in the delivery a number of a number of commitments made in the General Practice Forward View plan, previously shared with the Primary Care Commissioning Committee.

Background

The 2017/18 Primary Care Commissioning for Quality and Innovation Scheme (CQUIN) has been developed to support the activities of NHS Portsmouth Clinical Commissioning Group. It builds upon previous schemes which have been offered to all practices over the last few years.

It is a 12 month scheme, formally offered to practices as a quality improvement scheme and is designed to commence in April 2017. The scheme incorporates both the commissioning and prescribing incentive schemes which were brought together in 2014/15. It is referred to as the Primary Care Commissioning for Quality and Innovation scheme (Primary Care CQUIN).

The value of the scheme is **circa 500K** for the 2017/18 financial year.

The scheme is made up of a range of activities under a number of different headings as detailed below.

Scheme Objectives

CCG Engagement

Improve the engagement and involvement of Commissioning and Prescribing Lead GPs, Registered Practice Nurses and Practice Managers in the wider commissioning agenda, as members of Portsmouth CCG.

The activities included in this element of the scheme include:

- Named Clinical Lead for Prescribing and Commissioning activities
- Attendance at commissioning and prescribing evening events
- Practice Managers Advisory Group
- Practice Visits

Access

Ensure that patients are able to easily get a clinically appropriate appointment to communicate with a healthcare professional at a time, and in a way, that is mutually convenient.

The activities included in this element of the scheme include:

- Production on an Improving Access plan (agreed with the CCG)

- Audit of 'avoidable appointments' to plan for or evaluate changes to improve access
- Utilisation of AHSN tools to inform succession planning and workforce development

Use of Technology

Maximise the use of new and existing technology and tools in order to support improvements in patient care and experience and increase efficiency in general practice

The workstreams in this section are:

- Increasing the number of patients 'enabled' to use patient online services
- Increasing usage of e-Referrals for consultant led outpatient first attendances (where available)
- Implementing OptimiseRx across all practices
- Incentivising clinical attendance at the SystmOne user group
- Promoting continued uptake of Electronic Prescription Service and Repeat Dispensing

Collaborative Working

Develop effective working relationships that bring practices and community partners together to deliver new models of care in the city.

The elements of this section are still under review but are likely to include:

- MDT/Virtual Ward working
- MCP development

Sharing good practise

Encouraging the identification and sharing of good practise and increased incident reporting in order to improve quality and patient safety.

Practices will be asked to select from a range of interventions designed to identify and share good practise:

- Responding to the Primary Care Quality Improvement Framework
- Improving LD Health-checks uptake
- Increasing cancer screening uptake
- Identification and referral to Talking Change for patients with Long Term Conditions
- Patient safety champions
- Continued incident identification and reporting

Efficient Use of Resources

Continue to promote efficacious use of resources within general practice and the broader health economy in order to reduce unwarranted clinical variation and improve outcomes for patients.

The activities included in this element of the scheme are:

- Development of a prescribing savings plan and other medicines management activities e.g. anti-biotic prescribing

- Peer review of priority areas and participation in targeted visits in relation to secondary care referrals, Long Term conditions activity and admissions data

Next Steps

The Primary Care Commissioning Committee is asked to approve the objectives of the Primary Care CQUIN for the 2017/18 financial year.

The scheme details will be finalised by the middle of March and circulated with practices and other relevant stakeholders with sign up and implementation expected from April 2017.

Terri Russell
Head of Primary Care Engagement

March 2017

NHS
Portsmouth
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE			
Date of Meeting	15 March 2017	**Agenda Item No**	8
Title	**Minutes of Other Meetings**		
Purpose of Paper	To accept the following: • Minutes of the Primary Care Operational Group meetings held on 9 January 2017 and 6 February 2017 • Minutes of the Multispecialty Community Provider (MCP) Working Group meetings held on 18 January 2017, 25 January 2017, 1 February 2017, 15 February 2017 and 22 February 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	Katie Hovenden, Director of Primary Care/Innes Richens, Chief Operation Officer		
Date of Paper	7 March 2017		

NHS
Portsmouth
Clinical Commissioning Group

Minutes of the Primary Care Operational Group Meeting
Monday 9th January 2017
CCG Committee Room, CCG Headquarters, Civic Offices

Summary of Actions

Agenda Item	Action	Who	By
5.	**Primary Care Budgets** TR to provide details of the proposed funds for the Primary Care Transformation Fund, and to share information regarding the PMS reinvestment in co-commissioning at the next meeting.	TR	February
6.	**Enhanced Health in Care Homes Update** EA to provide an update at the next meeting.	EA	February
7.	**PMS Contractual Changes** SMc to contact NHS England (Wessex) to request appropriate contract variations, and provide an update at the next meeting.	SMc	February
8.	**Atypical Population Guidance** TR to provide an update at the next meeting.	TR	February
10.	**Risk Register** CD to ensure SMc is included in all communications around the R.Ports.PrC.09 risk.	CD	February
11.	**Any Other Business** • MC to provide an update from the MCP Roadshows at the next meeting. • LS to circulate the MCP document, 'GP participation in a multispecialty community provider' to the group. • MC to liaise with LC to understand potential clinical governance issues related to city-wide routine appointment provision; and to bring a report on the service back to the next meeting.	MC LS MC	February February February

Present:

Carol Giles, Contracts Manager, NHS England (Wessex)
Carly Darwin, Practice Manager Representative
Christine Horan, Primary Care Improvement Facilitator
Dr Linda Collie, Clinical Executive GP Lead for Primary Care Co-Commissioning
Dr Sally Ross, LMC
Emma Aldred, Primary Care Transformation Manager
Katie Hovenden, Director of Primary Care (Chair)
Lisa Stray, Business Assistant
Mark Compton, Head of Primary Care Transformation
Nicola Burnett, Finance Manager
Stephen Corrigan, Clinical Quality Manager
Steve McInnes, Primary Care Relationship Manager
Terri Russell, Head of Primary Care Engagement

Tom Morton, Lay Member
Victoria Smyth, Primary Care Commissioning Officer

Apologies:
Blanka Wood, Primary Care Project Officer

1. Welcome and Apologies

KH welcomed the group and apologies were noted.

2. Declarations of Interest

No declarations of interest were noted.

3. Minutes of Previous Meeting

The minutes of the Primary Care Operational Group meeting held on the 12th December 2016 were approved as an accurate record.

4. Summary of Actions

The summary of actions from the Primary Care Operational Group meeting held on the 12th December 2016 were discussed and reviewed as follows:

Agenda Item	Action	Who	By
4.	**Primary Care Operational Group Terms of Reference** NB will provide a paper on the Primary Care budgets	NB	See Agenda Item 5.
5.	**Physiotherapists in General Practice Pilot** MC and/or EA will discuss with the planned care commissioners colleagues regarding the self-referral process in Portsmouth.	EA/MC	Carried Forward EA/MC to feedback at the next meeting.
6.	**GPFV Operational Plan (First Draft)** • TR to liaise with Carly Darwin regarding the delivery of GPFV plan for Portsmouth Practices Managers. • TR to consider training sessions for GPs with IT (e.g. Ardens tools)	TR TR	Carried Forward TR to produce a covering letter on how we agree a plan with practices. Completed
7.	**Primary Care Winter Resilience Planning** • MC will link with Nick Brooks in the Communications Team and the Alliance. • MC, SMc and TR to review the additional proposals with a view to ensuring they are incorporated in future planning.	MC MC/SMc /TR	See Agenda Item AOB.
9.	**Risk Register** • MC to amend PRC.P.04a regarding PHL and interim contact for services at GHW to 12. • Katie to discuss reducing the risk level for the prescribing budget overspends with Simon Cooper. • TR to amend PRC.P.05a. • SMc to add a risk for Derby Road and Portsdown Group Practice merger due to issues at PCSE.	MC KH TR SMc	Completed Completed Completed Completed

10.	**AOB** • PMS contraction variations. SMc to bring the outstanding variations to the next meeting.	SMc	See Agenda Item 7.

5. Primary Care Budgets

NB presented a paper that reported that the CCG has set its budgets for 2017/2018 and 2018/2019, utilising a combination of national guidance, STP and Local assumptions. Overall, the CCG has to achieve a 3% saving each year in order to meet its target closing position. This has been allocated across CCG programme budgets on a fair shares basis.

TR to provide details of the proposed funds for the Primary Care Transformation Fund, and to share information regarding the PMS reinvestment in co-commissioning at the next meeting.

Action: TR

NB reported that there is also an expectation that in year allocations will be received in relation to:

- Online General Practice consultation Software System
- Training Care Navigators and Medical Assistants
- General Practice Resilience Programme (Post meeting note: this is a centralised fund and will not be coming out to CCG's)

6. Enhanced Health in Care Homes Update

EA reported that in January 2015, the NHS invited individual organisations and partnerships to apply to become vanguard sites for the New Models of Care Programmes; one of the first steps towards delivering the NHS Five Year Forward View and supporting improvement and integration of services.

One of the vanguard types is the Enhanced Health in Care Homes (EHCH) care model which offers older people better, joined up health, care and rehabilitation services. EA reported that The Framework for Enhanced Health in Care Homes, which has been produced by NHS England, outlines various evidence-based interventions to be delivered within and around a care home in a co-ordinated manner, in order to make the biggest difference to its residents.

The EHCH care model is designed to ensure that care and support is co-ordinated and consistent; and that interventions are offered as early as possible to meet each individual's needs.

The EHCH model has three principal aims:

- To ensure the provision of high-quality care within care homes;
- To ensure that, wherever possible, individuals who require support to live independently have access to the right care and the right health services in the place of their choice; and
- To ensure that the best use of resources is made by reducing unnecessary conveyances to hospital, hospital admissions, and bed days whilst ensuring the best care for residents.

The care for older people who are living in care homes or are at risk of losing their independence, is being held back by a series of care barriers, financial barriers, and organisational barriers and the new models of care will seek to overcome as many of these challenges as possible by ensuring that:

- People have access to advanced primary care to specialist services
- Budgets and incentives are aligned

- People maintain their independence as far as possible
- Health and social care services are commissioned in a co-ordinated manner

NHS England has identified seven core elements that describe the EHCH care model, which if implemented together in a co-ordinated, sustainable way, at scale to deliver person-centred care that promotes independence will make a significant difference. The core elements are:

- Enhanced primary care support
- Multi-disciplinary team (MDT) support including co-ordinated health and social care
- Re-ablement and rehabilitation
- High quality end-of-life care and dementia care
- Joined-up commissioning and collaboration between health and social care
- Workforce development
- Data, IT and technology

EA highlighted and summarised the next steps for Commissioners within the CCG Primary Care Team, Better Care Team and the Integrated Commissioning Service that are working together to develop a plan with providers that will:

- Provide clarity on what is currently being delivered by the Solent Nursing Home Team and GP Practices. This will also include the demand on individual GP Practices.
- Work with SCAS to establish baseline 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.
- Work with all providers of care homes and services using evidence from across the country to establish the right model of care for the residents of Portsmouth Care Homes.
- To provide options and a recommendation for the future commissioning of services.

The group highlighted a concern around the risk of litigation driving behaviour in care homes, with lack of confidence to hold the clinical risk.

An update on progress will be provided to PCOG by EA on a regular basis; and to bring back ideas to forthcoming meetings, along with requests for guidance on the future options for service delivery. EA to provide an update at the next meeting.

Action: EA

7. PMS Contractual Changes

SMc presented a paper and summarised the position with GMS and PMS contracts with the group. SMC reported that whilst GMS contracts are held within a 'partnership', PMS contracts are with the individuals named on the contract. All signatories must individually meet the criteria for eligibility to hold an agreement and remain jointly and severally liable until such time as their name is removed from the contract. It is therefore important that any proposed changes are reviewed and agreed by the commissioner prior to a contract variation taking place.

SMc reported that the process under Delegated Commissioning is that NHS England has retained responsibility for issuing contract variations and will undertake such transactions at the request of the CCG. The CCG's responsibility is in checking and agreeing any changes proposed by the practice.

SMc confirmed that NHS Portsmouth CCG has received a copy of the PMS contract for each practice in November 2016. The CCG sent this to individual practices for them to review the contract signatures page for accuracy.
The following practices confirmed that the list of signatories was correct:

- Derby Road Group Practice
- Queens Road Surgery
- Sunnyside Medical Practice
- University Practice

The following practices advised that the list of signatories was out of date due to Partnership changes:

- Lake Road Practice - Dr Helen Whiting left the practice 31st July 2016; Dr Sudar Rajamanickam joined the practice 1st August 2016
- Northern Road surgery - Dr Bernard Klemenz left the practice 30th June 2016 (the partnership continued with Portsdown Group Practice Doctors named on the Northern Road contract until the formal merger of the 2 practices on 1st October 2016)
- Southsea Medical Centre - Dr Bernard Klemenz joined the practice 1st July 2016
- Devonshire Practice - Dr Nazmin Akthar joined the practice on 14th July 2016

SMc confirmed that in all cases above where a Partner has left a practice, there remains more than one Partner to continue with the PMS contract and the contract is viable going forward. SMc also confirmed, that in all cases above, where a Partner has joined a practice the CCG has verified that they are on the Performers List.

SMc reported that the following practices' contracts had not been updated as the CCG is awaiting confirmation from Primary Care Support England (PCSE) that they have processed the planned merger with another practice:

- Baffins surgery - the PMS contract will end once the merger with Milton Park Practice has been processed by PCSE. The new practice will continue under a GMS contract.
- Portsdown Group Practice – the PMS contract will be updated as soon as PCSE has confirmed the merger with Northern Road surgery has been processed.

SMc proposed that the Primary Care Operational Group formally agree the PMS Partnership changes listed within the paper. This will enable the Primary Care Team at NHS Portsmouth CCG to request a contract variation to this effect from NHS England to ensure the contracts are bought up to date; it was agreed that the updated signatory information will be held at the CCG Headquarters. The group agreed that this process will be followed for future proposed changes that the CCG is made aware of.

SMc to remind practices to alert the CCG at the earliest opportunity when a partnership change is proposed for the contract; and to ensure they review their partnership agreement at this point. It was also agreed that SMc would undertake an annual check on PMS contracts and report any changes back to the group.

The Primary Care Operational Group formally approved the following:

- Lake Road Practice – Removal of Dr Helen Whiting (left the practice 31st July 2016) and addition of Dr Sudar Rajamanickam (joined the practice 1st August 2016)
- Northern Road surgery – Removal of Dr Bernard Klemenz (left the practice 30th June 2016). Addition of Portsdown Group Practice doctors to the Northern Road contract until the formal merger of the 2 practices on 1st October 2016
- Southsea Medical Centre – Addition of Dr Bernard Klemenz (joined the practice 1st July 2016)

- Devonshire Practice – Addition of Dr Nazmin Akthar (joined the practice on 14th July 2016)

SMc to contact NHS England (Wessex) to request appropriate contract variations, and provide an update at the next meeting.

Action: SMc

8. Atypical Population Guidance

KH and TR presented an Atypical Population Guidance document that was produced by NHS England. The guidance relates to a small number of GP practices that provide services to a patient population, which is sufficiently different ("atypical") to result in workload challenges that are not always recognised in existing contracts or funding allocations. Support for practices with atypical populations should directly impact on patient care as well as the long term viability of practices; and therefore, commissioners are encouraged to undertake a review of identified practices in their area. KH reported that the document outlines challenges faced by providers and offers examples that may help articulate and/or address these pressures.

The University Practices has been identified as a practice in Portsmouth providing services opt an atypical population (high proportion of students) TR reported that this is part of the wider review of the Carr-Hill formula that is being undertaken nationally and currently awaiting the results. TR highlighted that locally we have in place a basket of services, which has been adapted for the University Practice to address things like high turnover of patients; and asking the practice to conduct work to understand consultation patterns and how they differ.

SR suggested linking with military practices to see if they have any initiatives for young people which may be useful to review.

TR to provide an update at the next meeting.

Action: TR

9. Co-Commissioning Log of Decisions

SMc confirmed that the Primary Care Commissioning Committee have formally agreed the Portsdown and Derby Road merger; and that the move into Cotswold House from Milton Park has been delayed.

10. Risk Register

CD emphasised if the delivery of PCSE services by Capita does not improve, then practices may experience financial hardship and patients may be at risk, due to lack of access to patient records. CD reported that Practice Managers need to issue a joint complaint to the PCSE and inform the CCG.

CD to ensure SMc is included in all communications around the R.Ports.PrC.09 risk.

Action: CD

11. Any Other Business

KH gave a verbal update on the Multispecialty Community Provider (MCP) Contract and how the CCG will work with practices and other stakeholders to build on some of the work that the Portsmouth Primary Care Alliance (PPCA) and NHS Solent Trust are currently undertaking. KH reported that a series of three MCP Roadshows have been organised within the city and

emphasised the importance of conversations with member practices to ensure that the development of an MCP is primary care led. KH commented that this is a real opportunity to build sustainable primary care, and a means to manage secondary care demand, along with building an infrastructure around community care. SR confirmed that the LMC supported the CCG in developing a primary care led MCP within the city.

MC to provide an update on feedback from the MCP Roadshows at the next meeting.

Action: MC

LS to circulate the MCP document, 'GP participation in a multispecialty community provider' to the group; and include in the minutes.

Action: LS

MC gave a verbal update on the Winter Pressure Saturday Extended Hours, which was launched on the 10th December and included a GP-led triage and treat service on Saturday mornings, but has now been extended to cover afternoons as well. MC reported that although the scheme has been successful, the activity has been lower than anticipated (largely due to the requirement that access to the service would be through 111 rather than direct telephone access). The Alliance are liaising with the CCG Communications Team to devise appropriate marketing and communications for the service. The group discussed forward planning for 2017 to fully utilise the capacity of the service, with an emphasis on two options: one is exploring whether to adopt a direct access model; and the other option was whether to explore routine appointments for a city-wide service for specific clinics, e.g. asthma clinics.

MC to revisit the initial activity assumptions and to determine whether all appropriate patients are being directed from 111 to the Alliance service. MC to liaise with LC to understand potential clinical governance issues related to city-wide routine appointment provision. MC to bring a report on the service back to the next meeting.

Action: MC

12. Date of Next Meeting

Monday 6th February at 10.00am until 12.00noon, CCG HQ Committee Room.

NHS
Portsmouth
Clinical Commissioning Group

Minutes of the Primary Care Operational Group Meeting
Monday 6th February 2017
CCG Committee Room, CCG Headquarters, Civic Offices

Summary of Actions

Agenda Item	Action	Who	By
5	**Primary Care metrics for CCG Board** KH to liaise with Simon Cooper, Head of Prescribing Support, regarding 'Prescribing' – Internal CCG records, PACT data etc. for potential inclusion.	KH	March
8	**AuA DES Practice achievement** SMc will draft a formal letter to the identified practices and send to KH for signing. This letter will include an offer for the each of the practices to make an appeal, should they wish.	SMc	March
10	**Co-Commissioning Log of Decisions** SMc and NB will provide and circulate a definitive list for the 6th February 2017, on all outstanding issues for practice merger to the group.	SMc/NB	March
11	**Risk Register** KH will circulate with the draft minutes and ask group members to update any changes.	KH	March

Present:
Blanka Wood, Primary Care Project Officer
Carol Giles, Contracts Manager, NHS England (Wessex)
Carly Darwin, Practice Manager Representative
Christine Horan, Primary Care Improvement Facilitator
Dr Linda Collie, Clinical Executive GP Lead for Primary Care Co-Commissioning
Dr Sally Ross, LMC
Emma Aldred, Primary Care Transformation Manager
Katie Hovenden, Director of Primary Care (Chair)
Lisa Stray, Business Assistant
Mark Compton, Head of Primary Care Transformation
Nicola Burnett, Finance Manager
Stephen Corrigan, Clinical Quality Manager
Steve McInnes, Primary Care Relationship Manager
Terri Russell, Head of Primary Care Engagement
Tom Morton, Lay Member
Victoria Smyth, Primary Care Commissioning Officer

Apologies:
Julia O'Mara, Practice Nurse and Prescriber Nurse

1. Welcome and Apologies

KH welcomed the group and apologies were noted.

2. Declarations of Interest

LC declared a declaration of interest for Agenda Item 7 – AuA DES Practice achievement. As the item was for discussion, information sharing and recommendations on the next steps, it was agreed that LC would be excluded from the meeting for this item.

3. Minutes of Previous Meeting

The minutes of the Primary Care Operational Group meeting held on the 9th January 2017 approved as an accurate record.

4. Summary of Actions

The summary of actions from the Primary Care Operational Group meeting held on the 9th January 2017 were discussed and reviewed as follows:

Agenda Item	Action	Who	By
5.	**Primary Care Budgets** TR to provide details of the proposed funds for the Primary Care Transformation Fund, and to share information regarding the PMS reinvestment in co-commissioning at the next meeting.	TR	Carried Forward. PC Transformation Fund to March/April 2017; and the PMS reinvestment to May/June 2017. TR to provide an update in the summer.
6.	**Enhanced Health in Care Homes Update** EA to provide an update at the next meeting.	EA	Deferred until April.
7.	**PMS Contractual Changes** SMc to contact NHS England (Wessex) to request appropriate contract variations, and provide an update at the next meeting.	SMc	See Agenda Item 8
8.	**Atypical Population Guidance** TR to provide an update at the next meeting.	TR	TR reviewing to include recommendations in commissioned basket of services, to allow the University Practice to identify targeted support for additional funding. SMc to share revised specifications for all local commissioned services with the LMC.
10.	**Risk Register** CD to ensure SMc is included in all communications around the R.Ports.PrC.09 risk.	CD	Completed
11.	**Any Other Business** • MC to provide an update from the MCP Roadshows at the next meeting.	MC	MCP to be discussed and debated at the next CCG Board Executive Development session on the 15th February 2017. MC to provide

	• LS to circulate the MCP document, 'GP participation in a multispecialty community provider' to the group. • MC to liaise with LC to understand potential clinical governance issues related to city-wide routine appointment provision; and to bring a report on the service back to the next meeting.	LS MC	updates on a regular basis. Completed Ongoing. MC to liaise with LC. Discussion under Agenda Item 6.

5. Primary Care metrics for CCG Board

SMc highlighted the primary care metrics that were currently included within the CCG's Integrated Performance Report (IPR). This report sets out to provide the Governing Board with a high level overview of progress against the delivery of the CCG's strategic vision and the overall CCG performance that defines an effective commissioner. The CCG's Quality Improvement Steering Group has recommended that a review of the primary care metrics should take place in terms of whether these are still fit for purpose, and whether other measures should be considered.

Primary Care Operational Group (PCOG) members were asked to discuss and review Appendix 1, with an aim to agree which primary care metrics should be presented for the Integrated Performance Report for the CCG Board.

The group agreed the following options from the GP Patient survey questions:

- Overall experience of making an appointment
- Overall experience of GP surgery

The group also agreed other metrics to be included as below:

GP Patient Survey results – selected questions to be agreed by the CCG's Quality Improvement Steering Group.
Source: GP Patient Survey website

Screening update: Breast, Cervical, Bowel cancers
Source: Screening team at Wessex Public Health England

Vaccination & Immunisation uptake rates:
Flu, Childhood Imms, (MMR)
Source: Immform Website / Wessex Public Health England Reports

Friends and Family Test results
Source: NHS England website

Electronic Referral System usage – Utilisation Rates or being referred by ERS – (difference between the two figures) plus Patient On-line

KH will liaise with Simon Cooper, Head of Prescribing Support, to agree appropriate prescribing metrics.

Action: KH

6. GP Winter Pressures Scheme Update

MC gave a verbal update and overview of the GP Winter Pressure scheme that is currently being delivered by the Portsmouth Primary Care Alliance (PPCA) as part of ongoing oversight and assurance purposes. MC reported that a city-wide urgent primary care triage service was delivered by the PPCA from the 10th December 2016 each Saturday, whereby patients received a telephone triage and, where appropriate, face-to-face appointments following interaction with

the 111 service. The service is currently scheduled to be delivered until the end of April 2017.

Service Improvements

Since the initial mobilisation of the service the CCG, the PPCA, and other relevant providers have held regular meetings to assess the impact of the new service and to devise amendments to make the service more effective. MC reported the following changes have been undertaken since the service go-live:

- Afternoon Opening – The service extended its operating times from 08:00 to 13:00 to 08:00 to 18:30 from the 7th January 2017.

- North Locality Hub – From the 27th January 2017 the PPCA have expanded the service to other a North Locality Hub location for patients to access face-to-face appointments at Cosham Park House Surgery.

- Expansion of DX Codes – The CCG and PPCA have reviewed the DX codes managed by the PPCA and have, over the course of the pilot, included several additional DX codes which were previously predominantly directed to the OOHs service.

- PHL Direct Booking – Recognising that a number of patients are managed and triaged by PHL during Friday evening and overnight, and that a number of these patients may need a face-to-face appointment the following day, the PPCA has allocated 9 face-to-face appointments each Saturday morning for PHL clinicians to directly book patients into, relieving the pressure on the OOHs service and better utilising the capacity available in the PPCA service.

Work in Progress

In addition to the service improvements listed above, the CCG and PPCA are also pursuing several other actions to improve the service offer to patients:

- DOS Amendments – The CCG are currently working with SCAS and the CSU to explore the possibility of amending the Director of Services (DOS), so that PHL does not appear as an option on the DOS for specific DX codes during PPCA operating hours.

- Public Comms and Engagement – The PPCA are currently working with the CCG Communications Team to devise appropriate public communications which enforces the message that patients can access a local, responsive primary medical care service on Saturdays for urgent care via 111.

- Utilisation of Nurse Practitioners – The CCG is encouraging the PPCA to expand the skill-mix within the service to test more cost effective models of service delivery.

- Mapping Anticipated Demand – The CCG is actively liaising with the General Practice Access Fund Schemes (formerly Prime Minister Challenge Fund areas) to determine the use of weekend services in these areas and extrapolating findings where appropriate to determine future trends in activity growth.

- Extended Hours Requirements – As part of the obligations to deliver extended primary care access to all patients in Portsmouth by 2019/2020, the CCG, in collaboration with the PPCA, is utilising the learning and knowledge from the current GP Winter Pressures Scheme to plan for a phased approach to delivering the extended access requirements.

The mobilisation of the GP Winter Pressures scheme has been remarkably successful with limited teething issues, principally owing to the phased and steady implementation approach. The activity for the service has been significantly below anticipated, but this is largely been the result of the amendment to the access model. MC queried the benefit of exploring a direct

access model whereby patients could access the service via their practice telephone number (as opposed to accessing the service via 111). It was agreed this would need to be explored further to fully understand the implications and whether there are advantages to this approach. The PPCA have demonstrated a flexible approach to managing the service, incorporating new enhancements to better utilise the capacity available within the service, and working collaboratively with system partners. The PPCA is eager to continue developing the service and feed into the learning required to implement city-wide improved access initiatives.

It was queried whether the Out of Hours (OOHs) service is still receiving a large number of patients while the PPCA service is in operation. MC stated that the activity going through to the OOHs service during Saturday morning and afternoons is very low.

7. AuA DES Practice achievement

SMc reported that the purpose of this Enhanced Service (ES) is designed to help reduce avoidable unplanned admissions (AuA) by improving services for vulnerable patients and those with complex physical or mental health needs, who are at high risk of hospital admission or re-admission. The aims of this ES in 2016/17 are to provide more personalised support patients to help them better manage their health. In order to assist in achieving this overall aim, the service encourages GP practices to:

- increase practice availability via timely telephone access;
- identify patients who are at high risk of avoidable unplanned admissions, establish a minimum two per cent case management register and proactively manage these patients;
- develop personalised care plans with any new patients on the case management register or, for all patients already on the register undertaking at least one care review in the last 12 months. The development or review of care plans will be undertaken with the patient and where applicable, their carer.
- review and improve the hospital discharge process for patients on the register and co-ordinate delivery of care;
- undertake internal practice reviews of emergency admissions and A&E attendances.

The group members were asked to formally consider and agree the following options:

a. Whether clawback of Component 1 (20%) should be made where a practice has failed to meet Component 2.

b. Baffins and Milton Park surgeries - whether to:

- uphold the CCG decision regarding non-payment of Component 2; or
- formally approve back-dated payments based on the exceptional circumstances that have been outlined (and any supporting evidence subsequently tabled); or
- request further information from the practice, for review at the March 2017 PCOG?

The group agreed that the 20% clawback for Component 1 should be made where Component 2 had not been achieved and that assurances should be sought from the practices that they will be back on track in due course and in order to be able to claim for Component 3.

The group also agreed to uphold the decision not to approve Component 2 for the Baffins and Milton Park surgery.

SMc will draft a formal letter to the identified practices and send to KH for signing. This letter will include an offer for the each of the practices to make an appeal, should they wish.

Action: SMc

8. PMS Contract variations

SMc reported that under delegated commissioning arrangements, the CCG has responsibility for approving proposed changes to the signatories to PMS contracts, and for signing off the associated contract variations. It has been agreed that any such proposals will be reviewed by the Primary Care Team and formally approved the Primary Care Operational Group (PCOG).

Update on contract variations agreed at the last PCOG

The following contract variations were formally agreed at the January PCOG. These have been processed by NHSE on behalf of the CCG and are currently at various stages in terms of signatures from the practices and the CCG.

- Dr Whiting – left lake road surgery (J82085) 31st July
- Dr Sudar Rajamanickam – joined lake road surgery (J82085) on the 1st August
- Dr Bernard Klemenz – joined Southsea medical (J82060) 1st July 2016 previously at Northern Road surgery (Which has now merged and closed with Portsdown group practice).
- Dr Nazmin Akthar joined The Devonshire practice (J82055) on 14th July 2016.

New contract variations for approval

The following changes have been requested:

- Dr T Wilkinson – retiring from Derby Road Group Practice 31st March 2017 – wishes to remain on performers list as a locum.
- Dr N McCormack – Lake Road surgery, change of surname only (to Devall) with effect from 1st January 2017.
- Dr S Slater – joining Sunnyside MC as a Partner, 1st April 2017.
- Dr J Loxton - retiring from Sunnyside MC 30th September 2017.

The Primary Care Team confirms that the relevant checks have bene undertaken in terms of the contracts remaining viable (where a Partner is leaving a practice) and that Partners are listed on the Performers List (where a Partner is joining a practice).

Action for PCOG members

The Primary Care Operational Group formally agreed the Partnership changes listed above. This will enable the Primary Care Team to request a contract variation to this effect from NHS England to ensure the contracts are brought up to date, and the updated signatory page will be held at the CCG Headquarters.

9. Co-Commissioning Log of Decisions

SMc and NB will provide and circulate a definitive list for the 6th February 2017, on all outstanding issues for practice merger to the group.

Action: SMc/NB

10. Risk Register

KH will circulate with the draft minutes and ask group members to update any changes.

Action: KH

11. Any Other Business

NB reported that the 2017/2018 contract has been delayed and due to be released shortly.

SR reported that the LMC will hold roadshows for GPs in due course.

12. Date of Next Meeting

Monday 6th March at 10.00am until 12.00noon, CCG HQ Committee Room.

NHS
Portsmouth
Clinical Commissioning Group

MCP Working group
Wednesday 18 January 2017

Present:

Dr Linda Collie	- Clinical Executive	(part)
Katie Hovenden	- Director of Primary Care	(part)
Suzannah Rosenberg	- Director of Quality & Commissioning	(part)
Mike Drake	- Director of Planning & Performance	
Innes Richens	- Chief Operating Officer	
Jo Gooch	- Strategic Projects Director	
Dr Annie Eggins	- GP Lead	
Myles Walshe	- CSU Senior Contract Manager	
Nikki Burnett	- Finance Manager	

Apologies:

Tracy Sanders	- Chief Strategic Officer
Jane Cole	- Deputy Chief Finance Officer
Jo York	- Head of Better Care
Nick Brooks	- Senior Communications and Engagement Officer

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1. **Declarations of interest**

   None.

2. **Minutes & Matters arising**

   The notes of the previous meeting were agreed.

   Review of actions:

Agenda Item	Action	Who	By	Progress Update
5.	Update on contracts, finance and activity; aligning contract, activity and finance information	MW/NB		Information due soon from Solent. NB & MW will review and expect to be able to share with working group within 2 weeks
6.	Case for change	ALL	18/1/17	On agenda
8	Partnership Forum Terms of Reference	JG	18/1/17	On agenda

3. CCG support arrangements for GP Alliance & Solent.

There is a possibility to offer some staff secondment support but awaiting outcome of Alliance & Solent meeting on 20 January to understand what the partnership requires. There will need to be clearly agreed objectives and support for staff in place.

4. Focus on immediate priorities/early wins

The meeting reaffirmed the commitment to clarify the immediate 6-12 month priorities that the emerging MCP should focus on, which can be progressed without the need for a new contract. Areas of focus suggested included

- Building primary care at scale and the city triage work.
- Clinics at scale: Trialling new ways of working; this will also help understand the impact on workforce and support required. Initial pilot areas could be: leg ulcer clinic, catheters services, baby imms. & vaccs. This may have a resource implication. A task & finish group could be established, to co-design a plan between the CCG and GP Alliance. Once the resource arrangements are agreed this can be established. **ACTION**: **KH/JY**
- Extended hours
- Emotional distress – following a successful meeting with Solent, there is the potential for this to be broader than originally described and this should be highlighted in the plans. **ACTION: SR**

The case for change should highlight the agreed priority areas.

5. Primary Care CQUIN

This is a work in progress and nothing to update at this time.

Katie, Linda & Suzannah left the meeting.

6. Case for change

Jo reminded everyone of the timeline to develop the case for change. Contributions to Jo by close of play 18 January (today)

ACTION: ALL

Nikki shared feedback from a recent 111 meeting and highlighted the key link to the MCP discussions. The future model and impact on MCP contract still needs to be fully understood. Jo York is the key link and it was agreed to follow up outside of the meeting. Jo G advised that a meeting had been set up with the procurement team next week.

ACTION: JY

It was suggested that the Board development session could be used to:

- Share feedback from the membership who attended the MCP roadshows, and how we plan to respond
- Understand the ambition and phasing of our plans; which ones we can progress now and which ones may need to be supported by a different contractual approach
- How does this connect to the wider system wide ACS discussions
- Seek reflections form the Board – is this the right direction of travel

Jo will draft an outline of the session and discuss with Tracy

ACTION: JG/TS

7. Partnership Forum

Two amendments to the membership were noted for the draft terms of reference, these are to add Healthwatch and PHL. The TORs will be updated and brought to the next meeting for final approval. **ACTION: JG**

8. AOB

i. Myles advised that the CSU contract managers are linking together across the different contracts to ensure the support to the 3 CCGs is co-ordinated and connected

ii. At last week's Strategic Contract Development Group, the CCGs discussed the MCP work, and agreed to meet to discuss the potential opportunities to align any aspects of this work. Whilst it was agreed this was sensible, we need to ensure we focus on a Portsmouth driven solution, which is supported by the membership.

9. DONM

9.30am on Wednesday 25 January 2017 in the CCG Meeting Room

NHS
Portsmouth
Clinical Commissioning Group

MCP Working group
Wednesday 25 January 2017

Present:

Dr Linda Collie	- Clinical Executive
Katie Hovenden	- Director of Primary Care
Suzannah Rosenberg	- Director of Quality & Commissioning
Innes Richens	- Chief Operating Officer
Jo Gooch	- Strategic Projects Director
Dr Annie Eggins	- GP Lead
Jo York	- Head of Better Care
Nick Brooks	- Senior Communications and Engagement Officer

Apologies:

Tracy Sanders	- Chief Strategic Officer
Jane Cole	- Deputy Chief Finance Officer
Mike Drake	- Director of Planning & Performance
Myles Walshe	- CSU Senior Contract Manager

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1. **Declarations of interest**

   None.

2. **Minutes & Matters arising**

   The notes of the previous meeting were agreed.

   Review of actions:

Agenda Item	Action	Who	By	Progress Update
Held over item from 11/1/17				
5.	Update on contracts, finance and activity; aligning contract, activity and finance information	MW/NB		Information due soon from Solent. NB & MW will review and expect to be able to share with working group within 2 weeks. Put on future agenda
From 18/1/17				
4.	Develop priority areas e.g. clinics at scale	KH/JY		Await feedback form Alliance/Solent Partnership before agreeing next steps. A meeting is planned

				for early February. B/Fwd to a future meeting
4.	Provide further clarity on emotional stress plans within case for change	SR	8/2/17	Include in final draft case for change
6.	Clarify impact of future 111 model on MCP contract	JY	25/1/17	Meeting taking place with procurement 25/1/17
6.	Draft outline programme for Board Development session	JG/TS	8/2/17	In progress

No other matters arising were discussed.

3. Case for change

The meeting agreed that the next meeting would focus on the case for change document. Any further changes to be sent to Jo (G) by the end of this week, which will be circulated with the agenda. Everyone to read the document ready to discuss on 1 February. Changes for the final draft will then be made in advance of 8 February meeting. This document could then be shared more widely in support of the Board development session.

ACTION: ALL

4. Board Development session

A draft programme is being developed, which will focus on a combination of presentation material and opportunity for discussion, facilitated by members of the working group.

The draft outline will be brought to the next meeting.

ACTION: JG

5. Partnership Forum

The terms of reference were approved.

The Forum will form part of the engagement activities and will be planned for a suitable time to fit with the programme.

6. AOB

None

7. DONM

9.30am on Wednesday 1 February 2017 in the CCG Meeting Room

NHS
Portsmouth
Clinical Commissioning Group

MCP Working group
Wednesday 1 February 2017

Present:

Dr Linda Collie	- Clinical Executive
Katie Hovenden	- Director of Primary Care
Dr Annie Eggins	- GP Lead
Jane Cole	- Deputy Chief Finance Officer
Mike Drake	- Director of Planning & Performance
Myles Walshe	- CSU Senior Contract Manager
Jo York	- Head of Better Care

Apologies:

Tracy Sanders	- Chief Strategic Officer
Suzannah Rosenberg	- Director of Quality & Commissioning
Innes Richens	- Chief Operating Officer
Jo Gooch	- Strategic Projects Director
Nick Brooks	- Senior Communications and Engagement Officer

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1. **Declarations of interest**

   None.

2. **Minutes & Matters arising**

   The notes of the previous meeting were agreed.

   Solent /PPCA partnership discussed and meeting planned for 9/2/17. However, concern raised that feedback from Sarah Austin to Jo Gooch suggested their 'lock-in' meeting on 20/1/2017 had resulted in changes to the plan. Agreed that JY would email PPCA and Solent and ask that if there were significant changes to the plan and phasing that these would be shared before the meeting on 9/2/17.

   ACTION: JY

3. **Action Table and review of actions**

Agenda Item	Action	Who	By	Progress Update
Held over item from 11/1/17				
3.	Update on contracts, finance and activity; aligning contract, activity and finance information	MW/NB	8/2/17	Carried forward to be discussed at next meeting on 8th Feb
Held over from item on 25/1/17				
3.	Provide further clarity on emotional stress plans within case for change	SR	8/2/17	Include in final draft case for change

3.	Develop priority areas e.g. clinics at scale	KH/JY		C/Fwd to meeting on 15/2 (following session with PPCA/Solent on 8th Feb
Actions from 1/2/17				
3.	Solent /PPCA partnership discussion	JY	3/2/17	JY to contact PPCA/Solent to clarify scope of plan has not changed significantly following session on 20/1.
4.	Case for change - changes to slide deck following discussions	JY	3/2/17	JY to make changes and send to group for further comment
4.	Impact on Solent discussed and need to clarify Southampton CCG plans for MCP contracts understood in order to understand potential impact.	IR/SR	15/2/17	To be C'fwd to next meeting on IR/SR return
5.	Draft outline programme for Board Development session	JY	8/2/17	JY to update outline programme following discussion for review at next meeting
6.	Clarify impact of future 111 model and GP OOH procurement on MCP contract	JY	3/2/17	JY to send notes of meeting with procurement with minutes. Discussion C'fwd until next meeting 8/2
6.	MCP Procurement process	JY	3/2/17	JY to send notes of meeting with procurement with minutes. Discussion C'fwd until next meeting 8/2

4. <u>Case for change</u>

Focus of discussion for the meeting. A number of changes were agreed as a result. Agreed JY would update and send out in advance of next meeting. Everyone to read the document and send any further changes / comments by email, prior to next week's meeting. Changes for the final draft will then be made in advance of 8 February meeting. This document can then be shared more widely in support of the Board development session.

ACTION: JY

5. <u>Board Development session</u>

The draft outline was discussed and suggested comments / changes agreed. JY to update prior to next meeting.

ACTION: JY

6. Procurement Update

JY feedback that the procurement meeting was positive, discussion to be held over until next meeting and JY to send her notes of the meeting with the minutes..

ACTION: JY

7. AOB

None

8. DONM

9.30am on Wednesday 8 February 2017 in the CCG Meeting Room

NHS
Portsmouth
Clinical Commissioning Group

MCP Working group
Wednesday 15 February 2017

Present:

Dr Linda Collie	- Clinical Executive
Katie Hovenden	- Director of Primary Care
Dr Annie Eggins	- GP Lead
Jane Cole	- Deputy Chief Finance Officer
Mike Drake	- Director of Planning & Performance
Myles Walshe	- CSU Senior Contract Manager
Jo York	- Head of Better Care
Tracy Sanders	- Chief Strategic Officer
Suzannah Rosenberg	- Director of Quality & Commissioning
Jo Gooch	- Strategic Projects Director
Nick Brooks	- Senior Communications and Engagement Officer
David Barker	- Senior Communications and Engagement Officer
Natalia Rojas	- NHS South of England Procurement Services

Apologies:

Innes Richens	- Chief Operating Officer

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1. Declarations of interest

None.

2. Minutes & Matters arising

The notes of the previous meeting were agreed.

The importance of Primary Care engagement was discussed and its importance to a successful MCP. The MCP development plan must ensure this is addressed properly.

3. Action Table and review of actions

Agenda Item	Action	Who	By	Progress Update
Held over item from 11/1/17				
3.	Update on contracts, finance and activity; aligning contract, activity and finance information	MW/NB	Update to 8/3/17	Action closed: Progress being made, aim to bring update to meeting by mid March
Held over from item on 25/1/17				
3.	Provide further clarity on emotional stress	SR	8/2/17	Action closed

	plans within case for change			
3.	Develop priority areas e.g. clinics at scale	KH/JY		Action closed: this will be reviewed alongside the development o the PPCA/Solent/CCG Alliance agreement
Actions from 1/2/17				
3.	Solent /PPCA partnership discussion	JY	3/2/17	Completed
4.	Case for change - changes to slide deck following discussions	JY	3/2/17	Completed
4.	Impact on Solent discussed and need to clarify Southampton CCG plans for MCP contracts understood in order to understand potential impact.	IR/SR	Defer to 22/2/17	To be C'fwd to next meeting on IR/SR return
5.	Draft outline programme for Board Development session	JY	8/2/17	Complete
6.	Clarify impact of future 111 model and GP OOH procurement on MCP contract	JY	3/2/17	Notes circulated, action closed
6.	MCP Procurement process	JY	3/2/17	Notes circulated, action closed

4. Procurement

A summary of the meeting with Natalia Rojas was discussed. The risks and issues were discussed, particularly the timeline, impact of the OOH & 111 procurement implications of a full procurement, including the risk on existing providers. The importance of patient engagement was reiterated and that the case for change needed to be expanded to highlight the patient benefits. It was agreed a clear plan, and contingency plan, including a financial risk management strategy, would be required.

The benefits of a virtual MCP governed by a 3-way alliance agreement were discussed. Concern was raised regarding the mandate of PPCA to act on behalf of the practices within an MCP Alliance arrangement, which would need to be tested as part of the development of any such agreement. Subject to the outcome of the PCCC/Board development this afternoon it was agreed the MCP Alliance contract options should be explored with the PPCA/Solent partnership.

ACTION: JG/JY

Linda, Suzannah and Katie left the meeting at 10am.

5. Update from Solent/PPCA partnership

Jo (Y) referred to the updated proposal received from Solent & PPCA, and subsequent meeting that took place. The discussion concluded that some areas needed further development, such as strengthening the partnership and joint delivery intentions, the relationship with Social Care, strengthening local relationships and clarifying the mandate from general practice. Jonathan Lake has been asked to consider the IBS proposal. Further work is required on the phasing, ensuring that the plans do meet the aim to strengthen primary care and free up time, alongside developing integrated services.

It was agreed the next steps would be to clarify the CCGs' requirements in response to this proposal. Any comments to the proposal should be sent to Jo York.

ACTION: ALL

6. Preparing for PCCC/Board Development session

All in hand.

7. AOB

- MCP Roadshow FAQs – Jo will share these with Annie and the rest of the meeting for any comments before sharing with GPs.

ACTION: JY

- Dates of future meetings – due to frequent meeting clashes, Lin would be asked to see if an alternative time on a Wednesday would be more suitable.

ACTION: Lin Foster

8. DONM

9.30am on Wednesday 22 February 2017 in the CCG Meeting Room

NHS
Portsmouth
Clinical Commissioning Group

MCP Working group
Wednesday 22 February 2017

Present:

Innes Richens	- Chief Operating Officer
Dr Linda Collie	- Clinical Executive
Katie Hovenden	- Director of Primary Care
Dr Annie Eggins	- GP Lead
Suzannah Rosenberg	- Director of Quality & Commissioning
Jo Gooch	- Strategic Projects Director
David Barker	- head of Communications and Engagement

Apologies:

Jane Cole	- Deputy Chief Finance Officer
Mike Drake	- Director of Planning & Performance
Myles Walshe	- CSU Senior Contract Manager
Tracy Sanders	- Chief Strategic Officer
Nick Brooks	- Senior Communications and Engagement Officer
Jo York	- Head of Better Care

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1. Declarations of interest

None.

2. Minutes & Matters arising

The notes of the previous meeting were agreed.

3. Review of actions and Matters Arising

Agenda Item	Action	Who	By	Progress Update
Actions from 1/2/17				
4.	Impact on Solent discussed and need to clarify Southampton CCG plans for MCP contracts understood in order to understand potential impact.	IR/SR	Defer to 22/2/17	IR will contact John Richards
Actions from 15/2/17				
4.	MCP Contract options to be explored with PPCA/Solent	JG/JY	ASAP	Initial meeting scheduled for 7/3
5.	Comments on Solent/PPCA partnership proposal to be sent to JY	ALL	ASAP	Comments still welcomed, to be discussed at meeting on 1/3

7.	MCP Roadshow FAQs – share with meeting	JY	ASAP	Completed
7.	Future meeting dates – review to find times when there are less clashes with other committee meetings	Lin Foster	ASAP	In hand, times will be changed but days kept to Wednesday

Jonathan Lake has reviewed the latest PPCA/Solent proposal related to Elective pathways and it has been suggested that Rumi is invited to discuss these with Jonathan directly, as there is potential for duplication with other work, and other focus areas that may be more appropriate. There is a need for consistency with the wider planned care work streams and emerging ACS plans.

4. PCCC/Board development session

The recent development session was discussed. Further work is now required to progress the issues raised at the session. A key area of focus should include understanding the strength of collaboration between practices and the Alliance, and developing a clear engagement plan, understanding the CCG and GP Alliance role with regards to communications with practices.

Jo G advised that the CCG has been invited to attend future PPCA/Solent bi-weekly Programme Board meetings, as well as a Social Care rep.

The meeting discussed the proposed MCP Alliance contract. Jo (G) and Jo (Y) are meeting PPSA and Solent in the next couple of weeks to progress this. It was agreed that we would discuss at next week's meeting what would we would like to see in the Alliance agreement. Suzannah suggested we need to find a smart way of quickly agreeing the detail of any agreement, rather than entering protracted discussions, perhaps through a workshop based approach.

We need a clear view on CCG resources available and principles for sharing such resource. Innes suggested he and Jo should give this some consideration. **ACTION: IR/JY**

5. AOB

- MCP Roadshow FAQs – the draft FAQs have been circulated and comments have been received from Sarah Austin at Solent. Where agreed appropriate the FAQs will be updated to reflect Sarah's comments,.

ACTION: KH

- Physios in Practice Pilot – a business case has been received from Solent/PPCA for consideration by the CCG. It was agreed this should be considered as part of the overall MCP Alliance contract arrangements rather than in isolation.

ACTION: KH/JY

- Solent/PPCA latest proposal – this document will be re-circulated to meeting members

ACTION: JG

6. DONM

9.00am on Wednesday 1 March 2017 in the CCG Meeting Room