

Primary Care Commissioning Committee

A meeting will be held from 9.30am – 11.30am on Thursday 26 November 2020
Live Streamed

AGENDA

1.	Apologies for Absence and Welcome	Ms M Geary	Verbal
2.	Register and Declarations of Interest	Ms M Geary	Paper (yellow)
3.	Minutes of Previous Meeting a) To agree the minutes of the Primary Care Commissioning Committee meeting held on Thursday 24 September 2020 b) Matters Arising	Ms M Geary	Paper (blue)
4.	Primary Care Risk Register – for information and discussion if required	Mr S McInnes	Paper (green)
5.	Primary Care Finance Report	Ms R Spandley	Paper (pink)
6.	Approved Chair's Action for Portsdown Group Practice <ul style="list-style-type: none">• Resignation of GP Partner, Dr Rumi Chhapi• Resignation of Managing Partner, Mark Stubbings	Mr S McInnes	Paper (orange)
7.	Flu and COVID vaccination programmes	Mr S McInnes	Paper (grey)
8.	GP practice workload prioritisation and income protection	Mr S McInnes	Paper (lilac)
9.	Date and Time of Next Meeting in Public The next Primary Care Commissioning Committee meeting will take place on Thursday 28 January 2020 at 9.30am.		
10.	Meeting Close		

Distribution:

Members

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

Dr Clare Sieber - Medical Director Local Medical Committees Ltd (GP)
Jo York - Deputy Chief Health and Care Portsmouth

In Attendance

Roger Batterbury - Healthwatch Representative
Nicola Burnett - Deputy Chief Finance Officer
Sylvia Macey - Primary Care Estates Programme Manager
Jo Hanswenzl - NHS England
Lisa Harding - Director of Primary Care
Christine Horan - Primary Care Improvement Manager
Justina Jeffs - Head of Governance
Steve McInnes - Head of Primary Care Commissioning (Interim)
Stephen Orobio - Clinical Quality Manager
Rebecca Spandley - Assistant Finance Manager
Lisa Stray - Executive Assistant, Business Services (Minutes)

PRIMARY CARE COMMISSIONING COMMITTEE

Date of Meeting	26 November 2020	Agenda Item No	2
Title	Register and Declarations of Interest		
Purpose of Paper	<p>In order to meet its statutory duty, the CCG has revised processes for managing conflicts of interests to reflect national guidance published by NHS England throughout 2016/17.</p> <ul style="list-style-type: none"> • The Committee Register of Interest holds information on the Committees, its members and regular attendees. • Members are also required to declare any conflicts of interest against agenda items for each meeting. These conflicts are recorded as per the guidance. 		
Recommendations/ Actions requested	<p>The Committee are requested to:</p> <ul style="list-style-type: none"> • note the Register of Interests and • declare any actual, possible or perceived conflicts against the agenda items of the Committee. 		
Engagement Activities – Clinical, Stakeholder and Public/Patient	Not Applicable		
Item previously considered at	Governing Board, Audit Committee		
Potential Conflicts of Interests for Committee Members	None		
Author	Margaret Geary, Lay Member (Committee Chair)		
Sponsoring member	Margaret Geary, Lay Member (Committee Chair)		
Date of Paper	27 October 2020		

Name	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate risk	Committee							
			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To		Governing Board	Remuneration	Audit	Quality and Safeguarding Committee	Primary Care Commissioning Committee	Executive Committee		
Michael	Drake	Director of Planning and Performance	Portsmouth Hospitals Trust			✓	Indirect	Wife works in Human Resources Department	1999	Current	Manage in line with CCG policy						✓	
Jason	Eastman	Associate Director of IM&T	Nil														✓	✓
Dr Elizabeth	Fellows	Chair/Clinical Executive	East Shore Partnership	✓			Direct	Partner		Current	Manage in line with CCG policy	Chair	✓					
Dr Elizabeth	Fellows	Chair/Clinical Executive	Portsmouth Primary Care Alliance Ltd (PPCA)	✓			Direct	Practice is a Member		Current	Manage in line with CCG policy	Chair	✓					
Dr Elizabeth	Fellows	Chair of Governing Board/Clinical Executive	Circle Health	✓			Direct	Shareholder		Current	Manage in line with CCG policy	Chair	✓					
Dr Elizabeth	Fellows	Chair of Governing Board/Clinical Executive	NHS Portsmouth Clinical Commissioning Group	✓			Direct	Designated Doctor for Looked After Children	01/07/2019	Current	Manage in line with CCG policy	Chair	✓					
Margaret	Geary	Lay Member	Associate Member of Association of Directors of Adult Social Services		✓		Indirect	Associate Member	Aug-17	Current	Manage in line with CCG policy	✓			Interim Chair	Chair		
Margaret	Geary	Lay Member	Age UK Portsmouth		✓		Indirect	Chair	Apr-15	Current	Manage in line with CCG policy	✓			Interim Chair	Chair		
Margaret	Geary	Lay Member	Roberts Centre Family & Children's		✓		Indirect	Trustee	Sep-13	Current	Manage in line with CCG policy	✓			Interim Chair	Chair		
Margaret	Geary	Lay Member	Action Hampshire		✓		Indirect	Trustee	Oct-13	Current	Manage in line with CCG policy	✓			Interim Chair	Chair		
Meyrick	Grundy	Clinical Quality Manager	Nil													✓		
Jo	Hanswenzl	NHS England - Assistant Contracts Manager (Acting)	Nil														Attendee	
Christine	Horan	Primary Care Improvement Manager	Nil														Attendee	
Katie	Hovenden	Clinical Associate	Portsmouth Hospitals Trust			✓	Indirect	Sister is Senior Orthopaedic Secretary		Current	Manage in line with CCG policy				✓			✓
Katie	Hovenden	Clinical Associate	General Pharmaceutical Council		✓		Direct	Registered		Current	Manage in line with CCG policy				✓			✓
Katie	Hovenden	Clinical Associate	NHS Professionals	✓			Direct	Registered to undertake work as Clinical Contract Tracer during COVID-19 pandemic	Jun-20	Current	Manage in line with CCG policy				✓			✓
Alison	Jeffery	Governing Board Member	Nil															✓
Justina	Jeffer	Head of Governance	Nil	✓					Aug-17	Current	None required.	Attendee	Attendee	Attendee	Attendee	Attendee	Attendee	✓
Rochelle	Kneller	Assistant Director, HR, Portsmouth City Council	Nil										Attendee					
Dr Carsten	Lesshafft	Clinical Executive	Trafalgar Medical Group	✓			Direct	Salaried GP		Current	Manage in line with CCG policy	✓						
Dr Carsten	Lesshafft	Clinical Executive	NHS Portsmouth Clinical Commissioning Group			✓	Indirect	In a relationship with a Commissioning Manager	03/06/2019	Current	Manage in line with CCG policy	✓						
Dr Carsten	Lesshafft	Clinical Executive	British Medical Association			✓	Direct	Member		Current	Manage in line with CCG policy	✓						
Dr Carsten	Lesshafft	Clinical Executive	Fine-Line Medical Aesthetic Treatments	✓			Direct	Sole Trader		Current	Manage in line with CCG policy	✓						
Dr Carsten	Lesshafft	Clinical Executive	NHS England/Wessex		✓		Direct	Appraiser		Current	Manage in line with CCG policy	✓						
Graham	Love	Lay Member	Western Sussex Hospitals NHS Foundation Trust		✓		Direct	Head of Employee Relations	Dec-17	Present	Manage in line with CCG policy	✓	Chair	✓				
Graham	Love	Lay Member	Chartered Institute of Personnel and Development		✓		Direct	Member	Jun-05	Present	Manage in line with CCG policy	✓	Chair	✓				
Sylvia	Macey	Primary Care Estates Programme Manager	Kings Training Solutions			✓	Indirect	Husband owns Kings Training Solutions which delivers First Aid and Resuscitation Training to GP and Dental Practices in Hampshire	11/09/2019	Current	Manage in line with CCG policy. Exclusion from involvement in related commissioning of decision making.						✓	

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			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To		Governing Board	Remuneration	Audit	Quality and Safeguarding Committee	Primary Care Commissioning Committee	Executive Committee	
Innes	Richens	Chief of Health & Care Portsmouth	Portsmouth City Council		✓		Indirect	Partner is a self-employed IT and software developer working across the south coast, including supporting the community and voluntary sector in Portsmouth.	Apr-16	Current	Manage in line with CCG policy	✓	Attendee	Attendee		✓	✓
Terri	Russell	Deputy Director (Primary Care)	Nil													✓	✓
Tracy	Sanders	Managing Director	Sandpiper Associates	✓			Direct	Director	14.12.16	Current	Approval provided via T&Cs of employment to undertaken work for other NHS organisations. Little activity undertaken by company at present but when identified will consider any mitigating actions required if necessary.		Attendee	Attendee			✓
Tracy	Sanders	Managing Director	University of Portsmouth			✓	Indirect	Husband is Lecturer	14.12.16	Current	Unlikely to present a conflict but to remain alert when CCG dealing with the University.		Attendee	Attendee			✓
Tracy	Sanders	Managing Director	Chartered Institute of Management Accountants and a Chartered Global Management Accountant		✓		Direct	Associate Member	14.12.16	Current	Unlikely to present a conflict but to remain alert should the CCG ever be dealing with the CIMA/CGMA.		Attendee	Attendee			✓
Tracy	Sanders	Managing Director	Sandpiper Associates			✓	Indirect	Husband is a Director of Sandpiper Associates	14.12.16	Current	Any conflicts when identified will be declared in line with CCG policy		Attendee	Attendee			✓
Tracy	Sanders	Managing Director	Portsmouth Music Hub Board			✓	Direct	Parent Representative	21.10.20	Current	Any conflicts when identified will be declared in line with CCG policy		Attendee	Attendee			✓
David	Scarborough	Practice Manager Representative on Governing Board	NHS Portsmouth Clinical Commissioning Group			✓	Indirect	Wife is Deputy Director of Quality and Safeguarding		Current	Not in report chain. Manage in line with CCG policy	✓				✓	
David	Scarborough	Practice Manager Representative on Governing Board	Trafalgar Medical Group	✓			Direct	Business Manager		Current	Manage in line with CCG policy	✓				✓	
David	Scarborough	Practice Manager Representative on Governing Board	Portsmouth South Coast Primary Care Network	✓			Direct	Business Lead	Jul-19	Current	Manage in line with CCG policy	✓				✓	
Tina	Scarborough	Deputy Director Quality and Safeguarding	NHS Portsmouth Clinical Commissioning Group			✓	Indirect	Husband is Practice Management Lead		Current	Manage in line with CCG policy.					✓	✓
Tina	Scarborough	Deputy Director Quality and Safeguarding	Trafalgar Medical Group			✓	Indirect	Husband is Business Manager for Trafalgar Group Practice		Current	Manage in line with CCG policy.					✓	✓
Sarah	Shore	Head of Safeguarding	Nil													✓	
Clare	Sieber	Medical Director, Wessex LMC	Wessex Local Medical Committee		✓		Direct	Local representative body for GPs and their practices		Present	Manage in line with CCG policy					✓	
Andrew	Silvester	Lay Member	Portsmouth Civil Service Sports Council			✓	Direct	Chair and some CCG staff are CSSC members	1996	Current	Manage in line with CCG policy	✓	✓	Chair		✓	
Andrew	Silvester	Lay Member	Portsmouth Hospitals Trust	✓	✓		Indirect	Spouse is an employee	2016	Current	Manage in line with CCG policy	✓	✓	Chair		✓	
Andrew	Silvester	Lay Member	Portsmouth City Council		✓		Direct	Chair of Portsmouth Event Safety Advisory Committee	2019	Current	Manage in line with CCG policy	✓	✓	Chair		✓	
Andrew	Silvester	Lay Member	Office of the Police and Crime Commissioner (OPCC)			✓	Direct	Independent Custody Visitor		Current	Manage in line with CCG policy	✓	✓	Chair		✓	
Simon	Simonian	Clinical Executive	Simonian Medical Limited	✓			Direct	Director	2014	Current	Manage in line with CCG policy	✓					
Simon	Simonian	Clinical Executive	Winbell Limited	✓			Direct	Helps father with business		Current	Manage in line with CCG policy	✓					
Simon	Simonian	Clinical Executive	Lola Alvarez Psychotherapist			✓	Indirect	Clinical Trustee		Current	Manage in line with CCG policy	✓					
Simon	Simonian	Clinical Executive	Portsmouth Primary Care Alliance Ltd (PPCA)	✓			Direct	Sessional GP Work		Current	Manage in line with CCG policy	✓					

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			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To		Governing Board	Remuneration	Audit	Quality and Safeguarding Committee	Primary Care Commissioning Committee	Executive Committee	
Michelle	Spandley	Chief Finance Officer	Chartered Institute of Management Accountants (CIMA) and Chartered Global Management Accountants (CGMA) designation.		✓		Direct	Member		Current	Manage in line with CCG policy	✓	Attendee	Attendee		✓	✓
Michelle	Spandley	Chief Finance Officer	Healthcare Financial Management Association		✓		Direct	Member		Current	Manage in line with CCG policy	✓	Attendee	Attendee		✓	✓
Michelle	Spandley	Chief Finance Officer	NHS Portsmouth Clinical Commissioning Group			✓	Indirect	Daughter is employed in the Finance Department		Current	Daughter does not report directly to Michelle. There are systems in place to ensure that segregation of duties is addressed.	✓	Attendee	Attendee		✓	✓
Rebecca	Spandley	Finance Manager	NHS Portsmouth Clinical Commissioning Group			✓	Indirect	Mother is Chief Finance Officer for the CCG		Current	Rebecca and Michelle do not discuss CCG business outside of the workplace. Not involved in the same approval processes/approval hierarchy.					✓	
Rebecca	Spandley	Finance Manager	Chartered Institute of Management Accountants		✓		Direct	Member		Current	Manage in line with CCG policy					✓	
Tahwinder	Upile	Secondary Care Specialist Doctor on Governing Board	University Hospitals Southampton NHS Foundation Trust & Hampshire Hospitals NHS Foundation Trust	✓	✓		Direct	Secondary and Primary Care Physician		Current	Manage in line with CCG policy	✓	✓				
Tahwinder	Upile	Secondary Care Specialist Doctor on Governing Board	Concordia Healthcare	✓	✓		Direct	Secondary and Primary Care Physician	Jan-17	Current	Manage in line with CCG policy	✓	✓				
Tahwinder	Upile	Secondary Care Specialist Doctor on Governing Board	Harley Street LMA Group	✓	✓		Direct	Consultant	Aug-12	Current	Manage in line with CCG policy	✓	✓				
Tahwinder	Upile	Secondary Care Specialist Doctor on Governing Board	Kent Surrey Sussex Deanery	✓	✓		Direct	Secondary and Primary Care Physician		Current	Manage in line with CCG policy	✓	✓				
David	Williams	Governing Board Member	Portsmouth City Council		✓		Direct	Chief Executive	2007	Current	None	✓					
David	Williams	Governing Board Member	Gosport Borough Council		✓		Direct	Chief Executive	2006	Current	None	✓					
David	Williams	Governing Board Member	Solent NHS Trust		✓		Direct	Appointed Governor	2010	Current	None	✓					
David	Williams	Governing Board Member	Portsmouth University Technical College (UTC)		✓		Direct	Member	2014	Current	None	✓					
David	Williams	Governing Board Member	Victory Energy Services Limited		✓		Direct	Director	2019	Feb-20	None	✓					
David	Williams	Governing Board Member	Portsmouth Harbour Marine CIC		✓		Direct	Director	2020	Current	None	✓					
Jo	York	Director (New Models of Care)	Nil													✓	✓
STAFF LIST																	
Marcel	Britton	Executive Assistant	Nil														Minutes
Jayne	Collis	Business Development Manager	Solent NHS Trust			✓	Indirect	Sister in Law works at Solent NHS Trust	Jun-20	Current	Manage in line with CCG policy	Minutes					
Victoria	Sexton	Business Development Manager	Nil										Minutes				Minutes
Lisa	Stray	Business Assistant	Nil														Minutes

PRIMARY CARE COMMISSIONING COMMITTEE

Date of Meeting	26 November 2020	Agenda Item No	3
Title	Minutes of Previous Meeting		
Purpose of Paper	To agree the minutes of the Primary Care Commissioning Committee meeting held on 24 September 2020.		
Recommendations/ Actions requested	Committee members are requested to Approve the minutes of the previous meeting.		
Engagement Activities – Clinical, Stakeholder and Public/Patient	N/A		
Item previously considered at	N/A		
Potential Conflicts of Interests for Committee Members	N/A		
Author	Lisa Stray, Executive Assistant		
Sponsoring member	Margaret Geary – Lay Member (Committee Chair)		
Date of Paper	20 November 2020		

DRAFT

**Minutes of the Primary Care Commissioning Committee meeting held on
Thursday 24 September 2020 at 9.30am – 11.30am via MS Teams**

Summary of Actions

Agenda Item	Action	Who	By
2.	Declarations/Conflicts of Interest Add Dr Nick Moore to the Declaration of Interest Register.	Justina Jeffs	Next meeting
7.	HIOW Digital Primary Care Roadmap Update Take back to the Regional team for regional campaign, and highlight at the next Sustainability and Transformation Partnership meeting.	Jason Eastman	Next meeting

Present:

Margaret Geary	- Lay Member (Chair)
Mark Compton	- Deputy Director of Transformation
Jason Eastman	- Associate Director of IM&T
Dr Nick Moore	- Clinical Executive (GP)
Jackie Powell	- Lay Member
Terri Russell	- Deputy Director (Primary Care)
Dr Clare Sieber	- Local Medical Committees Medical Director (GP)
Michelle Spandley	- Chief Finance Officer
Jo York	- Director (New Models of Care)

Apologies:

Dr Helen Atkinson	- Director of Public Health
Simon Cooper	- Director of Medicines Optimisation
Nicola Burnett	- Deputy Chief Finance Officer
Lisa Harding	- Director of Primary Care (Local Medical Committees)
Sylvia Macey	- Primary Care Estates Manager
Julia O'Mara	- CCG Nurse Advisor
David Scarborough	- Practice Manager Representative
Andy Silvester	- Lay Member later

In Attendance:

Roger Batterbury	- Healthwatch Representative
Justina Jeffs	- Head of Governance
Jo Hanswenzl	- NHS England
Christine Horan	- Primary Care Improvement Manager
Steve McInnes	- Primary Care Relationship Manager
Stephen Orobio	- Clinical Quality Manager
Rebecca Spandley	- Assistant Finance Manager
Lisa Stray	- Business Assistant (Minutes)

1. **Apologies and Welcome**

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

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

2. **Declarations/Conflicts of Interest**

Dr Nick Moore, Clinical Executive and local GP working at the Derby Road Practice declared an indirect conflict for each Agenda Item. Margaret Geary, as the Chair, agreed that he could participate in the discussion but not in any decision-making.

Add Dr Nick Moore to the Declaration of Interest Register.

Action: J Jeffs

3. **Minutes of Previous Meeting**

The minutes of the Primary Care Commissioning Committee meeting held on Thursday 30 July 2020 were approved.

4. **Primary Care Risk Register**

There were no new risks to report; however, the CCG are not in a position to stand down any COVID risks. As practices are increasingly under pressure, it is important that Business Continuity Plans are robust and an escalation process is in place so that any steps can be implemented over the winter. Terri Russell reported that practices have been following the national COVID guidance and infection measures correctly, to ensure the safety of their patients and staff, as well as delivering services. Practices will continue to be monitored and will be informed of any mitigating actions that we may need to take.

The Primary Care Commissioning Committee noted the Primary Care Risk Register.

5. **Primary Care Finance Report**

Dr Nick Moore, Clinical Executive and local GP working at the Derby Road Practice declared an indirect conflict with the information contained within this paper. Margaret Geary, as the Chair, agreed that they could participate in the discussion but not in any decision-making.

Committee members worked through the revised financial regime in 2020/21. Rebecca Spandley explained that due to the current COVID-19 pandemic the financial regime has been slightly different in 2020/21. Final iterations of the CCG's 2020/21 financial plans were not submitted when they were due in March/April, due to the pandemic. The usual procedure of the CCG receiving a 12 month allocation for 2020/21 has not occurred, and instead allocations have been made to CCG's for month's 1 to 6 only (as at month 5 reporting). This has resulted in the CCG reporting the year-to-date position only, and is the

reason why the report is in a slightly different format. Alongside these core allocations, the CCG has also received retrospective allocations, covering expenditure incurred due to the COVID-19 pandemic, and for other cost pressures. NHS England and Improvement have now initiated a further phase of planning for 2020/21, which will cover month's 7 to 12. The CCG, along with its system partners, are currently working on creating these plans, which cover activity and performance, workforce, and financial planning. This process is due to conclude this month and early October. Guidance for month's 7 to 12 allocations are expected imminently. Once received, the report will be back to its original format.

The report highlights the main variances to budget as at month 5. The main cost pressure reported relates to the Integrated Primary Care Service; this is due to the CCG awaiting its GP Forward View Improved Access allocation.

Further to a question from Jackie Powell, Rebecca Spandley reassured Committee members that the CCG is reporting to NHS England and Improvement that the GP Forward View Improved Access allocation has not yet been received. It is also being noted through the current planning process.

The Primary Care Commissioning Committee noted the month 5 position Primary Care Finance Report.

6. 24 Hour GP Retirement update (J82155)

Dr Nick Moore, Clinical Executive and local GP working at the Derby Road Practice declared an indirect conflict with the information contained within this paper. Margaret Geary, as the Chair, agreed that they could participate in the discussion but not in any decision-making.

Committee members worked through the approved Chairperson's Action for the 24 Hour GP Retirement for Dr Richard Mannings on the 30 April 2020, at Portsdown Group Practice.

The Primary Care Commissioning Committee noted the 24 Hour GP Retirement update report.

7. HIOW Digital Primary Care Roadmap Update

Committee members were informed on the progress of the digital initiatives that focuses on digital routes to access primary care services from both a resident and practice/Primary Care Network perspective, programmes and projects as part of the Hampshire and Isle of Wight (HIOW) Digital Primary Care Roadmap.

Key points:

- Health and Social Care Network (HSCN) – this is a replacement for the N3 connection which offers better and quicker connectivity to the network, 100% implementation has been rolled out across the city.
- N365 – this is the NHS version of Office 365 which is currently being rolled out on a corporate level, it will be implemented across all Portsmouth GP practices over the next year.
- Since early March 2020, 111 laptops have been issued across the city, 236 webcams and 132 headsets.
- All practices are currently using AccuRx as their provider for video consultations. Since early March 2020 usage was at 331 with a 300% increase to

1330 in May, and then a decrease of 76% to 314 in August, this figure is now starting to flatten out and we are seeing usage of around 320 on a monthly basis.

- Online consultations – all practices are using eConsult to provide this service, during March 2020 utilisation was at 3839, we have seen a monthly increase of around 1000, seeing a 134% increase from March to August taking us to 9002 online consultations.
- The roadmap takes into account national directives, as well as local needs and priorities.
- Developed with stakeholder engagement through to July 2020 (extended due to the impact of COVID 19 pandemic).

Committee members raised the following:

- Can we do more to promote digital access and improving digital access to services?
- Will there be a national campaign targeted at patients?
- Inequality that some patients do not have access to IT facilities.
- Ensure that patients can still use a phone to contact the practice.

Jason Eastman will take back to the Regional team for regional campaign, and highlight at the next Sustainability and Transformation Partnership meeting.

Action: J Eastman

The Primary Care Commissioning Committee noted the progress on the Digital Primary Care Roadmap.

8. **Estates update September 2020**

Terri Russell provided Committee members with a detailed Estates update.

Committee members were asked to approve the three prioritised projects totalling approximately £135,000.00 and to go at risk regarding funding as NHS England/Improvement have yet to confirm the capital funding allocation for 2020/21.

- Kirklands – re-purposing and refurbishing their garage to give them vital additional space;
- Portsdown Group Practice – repurpose space at Kingston Crescent , in order to fully accommodate all of the staff and their model of service within that building;
- Trafalgar Medical Centre - re-purposing and refurbishing rooms to give them additional space that they need; both for the practice and potential Primary Care Network activities.

The Primary Care Commissioning Committee agreed and noted the Primary Care Estate update.

9. **Quality Outcome Framework update**

Committee members were informed of the changes that were introduced to the national Quality and Outcomes Framework (QOF) for GP Practices.

Steve McInnes explained that the QOF is a voluntary scheme, which rewards GP practices for the quality of care they provide to their patients, and helps standardise improvements in the delivery of primary care. There are a large number of indicators relating to clinical care within QOF, with thresholds in place and points on offer for achievement.

Some improvements were agreed to QOF for 2020/21, in line with the findings of the 2018 QOF review. Indicator amendments were agreed to bring the asthma, COPD and hear failure domains up to date with best clinical guidance, along with some other minor changes made.

To support the on-going response to COVID and the need to proactively target and support the most vulnerable patients, a number of changes were subsequently agreed this year:

- Support practices to reprioritise aspects of care not related to COVID-19;
- Look after patients with Long Term Conditions (LTC) that are clearly a very vulnerable group;
- But, also to guarantee significant income protection for practices.

The majority of indicators are subject to income protection; however, practices should still make efforts to deliver against these indicators.

Practices have been asked to prioritise care that is clinically necessary and feasible to deliver. It should be delivered primarily by telephone or virtually, or by face to face consultation (with appropriate PPE) where required.

Eligible for income protection practices will need to:

- Agree a plan for QOF population stratification with their commissioner during October and November 2020. This approach should include the identification and prioritisation of the highest risk patients for proactive review including for example:-
 - a. Those most vulnerable to harm from COVID-19; evidence suggests that this includes patients from BAME groups and those from the 20% most deprived neighbourhoods nationally (Lower Layer Super Output Areas (LSOAs)).
 - b. Those with a history of missing reviews.
- Some indicators will continue to be paid on the basis of practice performance. These are:
 - a. The four flu indicators targeted on patients with coronary heart disease, COPD, stroke/TIA and diabetes. These indicators will have the number of points attached to them doubled.
 - b. The two cervical screening indicators, which will also have the number of points attached to them doubled. This is about restoring the cervical screening programme. Practices should actively identify women who have had their cervical screening appointment delayed or cancelled due to COVID-19, and ensure that they are offered an appointment.
 - c. Disease Register indicators.
 - d. Eight indicators related to optimal prescribing of medications to manage long-term conditions.

QI domain - These indicators have been simplified to focus upon a set of national actions in the agreed topic areas of learning disability, and early cancer diagnosis. This is in order to support and contribute to the restoration of these services; meetings within the CCG on these topics around support for delivering on this, and also from an assurance perspective.

QOF will be introduced in full from April 2021, and any other improvements to the framework will be agreed the usual contract negotiations.

The Primary Care Commissioning Committee noted the update.

10. **Flu programme 20-21**

Committee members were asked to note the changes that were introduced to the National Flu programme for 2020-21, and the plans in place locally to meet the requirements.

In 2020/21, flu vaccinations will be offered under the NHS flu programme to the usual groups and in addition:

- Children aged eleven (but not twelve years or older) on 31 August 2020
- Household contacts of those on the NHS Shielded Patient List, or of immunocompromised individuals, specifically individuals who expect to share living accommodation with a shielded patient on most days over the winter and therefore for whom continuing close contact is unavoidable
- Individuals between 50-64 years, following prioritisation of other eligible groups and subject to vaccine supply

It was also acknowledged that it is essential to increase flu vaccination levels for those who are living in the most deprived areas and from BAME communities

Targets – 75% across the board

2019-20 uptakes in Portsmouth for main cohorts

Over 65 = 73.6%

At risk = 47.1%

Pregnant = 40%

2-3 years old = 53.2%

The CCG is liaising with practices around their plans and stock levels, especially those with the biggest gap to reach the new targets.

Some practices have been erecting tents for walk-throughs, some making use of alternative buildings such as church hall. Practices are looking to expand the workforce to deliver the flu programme, e.g. make more use of HCAs.

In terms of collaboration, community pharmacy will again undertake flu vaccinations; some Primary Care Networks are looking at covering off care homes, Portsmouth Hospitals University Trust giving flu jabs in the maternity ward and for some at risk patients who have an In-patient or Out-patients appointment.

Key risk

Shortage of vaccine supply.

We are currently awaiting news from NHS England regarding central stock.

The Primary Care Commissioning Committee noted the progress on the flu programme.

11. Any Other Business

Committee members were informed that Terri Russell, Deputy Director of Primary Care, is leaving her current role at the CCG. Simon Cooper, Director of Medicines Optimisation, will be stepping into the position of Interim Director of Primary Care from the 1 October.

Margaret Geary thanked Terri Russell for hard work, dedicated time and committed efforts for the Committee.

12. Date of Next Meeting

The next Primary Care Commissioning Committee meeting to be live streamed subject to Government COVID-19 guidelines will take place on Thursday 26 November 2020 at 9.30am.

Member Name	May 2020	Jul 2020	Sept 2020	Nov 2020	Jan 2021	March 2021
Margaret Geary	✓	✓	✓			
Dr Helen Atkinson	A	A	A			
Simon Cooper	A	A	A			
Jason Eastman	✓	A	✓			
Dr Nick Moore	✓	✓	✓			
Julia O'Mara	A	✓	A			
Jackie Powell	✓	A	✓			
Terri Russell	✓	✓	✓			
David Scarborough	✓	✓	A			
Dr Clare Sieber	✓	✓	✓			
Andy Silvester	✓	✓				
Michelle Spandley	✓	A	✓			
Jo York	✓	A	✓			

✓ - Present

A – Apologies

PRIMARY CARE COMMISSIONING COMMITTEE

Date of Meeting	26 November 2020	Agenda Item No	4
Title	Risk Register		
Purpose of Paper	To share information regarding high level risks from the Primary Care Risk Register.		
Recommendations/ Actions requested	To receive the paper		
Engagement Activities – Clinical, Stakeholder and Public/Patient	N/A		
Item previously considered at	Primary Care Commissioning Committee		
Potential Conflicts of Interests for Committee Members	N/A		
Author	Steve McInnes, Head of Primary Care Commissioning (Interim)		
Sponsoring member	Jo York, Deputy Chief Health and Care Portsmouth		
Date of Paper	20 November 2020		

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



Portsmouth
Clinical Commissioning Group

Primary Care Programme (Portsmouth Clinical Commissioning Group) Risk Register

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

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

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

PRIMARY CARE COMMISSIONING COMMITTEE

Date of Meeting	26 November 2020	Agenda Item No	5
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Title	Primary Care Finance Summary – Month 7 2020/21
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Purpose of Paper	<p>To inform the committee of the primary care financial position for month 7 2020/21.</p> <p>The CCG has returned to a fixed financial envelope to commission within across Months 7-12. The layout of the report has been adjusted to its original format, and includes a full year forecast to Month 12.</p> <p>At month 7, Portsmouth CCG is reporting a benefit against the primary care budgets of £0.254m. To Month 12, the CCG is forecasting a benefit of £0.378m. This is attributed to –</p> <ul style="list-style-type: none"> • Integrated Primary Care Service – the pressure reported is due to the CCG awaiting its GPFV Improved Access allocation for Month 6. It is anticipated that this will be received by 30th November and will result in this budget reporting a breakeven position. • Delegated Commissioning – There has been a decrease in list sizes reported in Quarter 3, which has resulted in a slight benefit in the global sum forecast. The CCG has received confirmation from NHS England that part of the Additional Roles Reimbursement Scheme funding is held centrally, and so the forecast has been adjusted accordingly to reflect the value of allocation received by the CCG. Reimbursement for expenditure exceeding allocation can be claimed by the CCG. • Local Commissioning Schemes – Although there is a minimal pressure on this budget, this is mainly due to where budgets are currently coded. There are several new local schemes funded via the PMS Premium, the budget for which sits in Delegated Commissioning. We have ensured that all expected expenditure has been accounted for, however this may be split across the Local Commissioning Schemes and Delegated Commissioning budgets at this time. <p>To note – no COVID-19 related expenditure has been included in this report. For information, COVID-19 expenditure incurred year-to-date relating to Primary Care is as follows –</p>																	
	<table border="1"> <thead> <tr> <th>Primary Care - COVID-19 expenditure</th> <th>£'000</th> </tr> </thead> <tbody> <tr> <td>Backfill for higher sickness absence</td> <td>14</td> </tr> <tr> <td>PPE - locally procured</td> <td>93</td> </tr> <tr> <td>Remote management of patients</td> <td>28</td> </tr> <tr> <td>Bank Holidays</td> <td>156</td> </tr> <tr> <td>Care Homes</td> <td>50</td> </tr> <tr> <td>Consumables</td> <td>123</td> </tr> <tr> <td>Additional capacity (excluding care homes)</td> <td>49</td> </tr> <tr> <td>Total expenditure to Month 7</td> <td>513</td> </tr> </tbody> </table>	Primary Care - COVID-19 expenditure	£'000	Backfill for higher sickness absence	14	PPE - locally procured	93	Remote management of patients	28	Bank Holidays	156	Care Homes	50	Consumables	123	Additional capacity (excluding care homes)	49	Total expenditure to Month 7
Primary Care - COVID-19 expenditure	£'000																	
Backfill for higher sickness absence	14																	
PPE - locally procured	93																	
Remote management of patients	28																	
Bank Holidays	156																	
Care Homes	50																	
Consumables	123																	
Additional capacity (excluding care homes)	49																	
Total expenditure to Month 7	513																	

Recommendations/ Actions requested	The Committee is asked to note the Month 7 financial position.
Engagement Activities – Clinical, Stakeholder and Public/Patient	N/A
Item previously considered at	N/A
Potential Conflicts of Interests for Committee Members	N/A
Author	Rebecca Spandley, Finance Manager
Sponsoring member	Michelle Spandley, Chief Finance Officer
Date of Paper	13/11/2020

PRIMARY CARE COMMISSIONING COMMITTEE

Date of Meeting	26 November 2020	Agenda Item No	6
Title	Record of Chair's Action		
Purpose of Paper	<p>For the Primary Care Commissioning Committee members to note the approved Chairpersons Action for the changes of a GP Partner, Dr Rumi Chhopia, who has resigned from the Portsdown Group Practice on the 28 September 2020..</p> <p>For the Primary Care Commissioning Committee members to note the approved Chairpersons Action for the changes of the Managing Partner, Mark Stubbings who left on 31 October 2020.</p>		
Recommendations/ Actions requested	The Committee is asked to receive the paper.		
Engagement Activities – Clinical, Stakeholder and Public/Patient	None		
Item previously considered at	None		
Potential Conflicts of Interests for Committee Members	Committee members working within Primary Care may have a perceived, potential or actual conflict with information contained within this paper.		
Author	Steve McInnes, Head of Primary Care Commissioning (Interim)		
Sponsoring member	Jo York, Deputy Chief Health and Care Portsmouth		
Date of Paper	20 November 2020		

RECORD OF CHAIR'S ACTION

Background and Summary:

The Primary Care Commissioning Committee is asked to consider the changes of a GP Partner who has resigned from the practice. This change will require a Contract Variation to record the removal of Dr Rumi Chhopia from the Personal Medical Services Contract for Portsdown Group Practice. The Primary Care Commissioning Committee is also asked to approve the changes to the Managing Partner, Mark Stubbings, who will be leaving the practice on the 31 October 2020. Dr Karen Kyd, GP Partner at the practice, will be replacing Mark Stubbings as the contact on Portsdown Group Practice contract. Please note, that Dr Karen Kyd is already a GP Partner on the contract.

Dr Rumi Chhopia resignation 28 September 2020

After change

Total number of GP Partners 12

WTE GP Partner 9.48

WTE Salaried GP 8.4

Total number of Salaried GPs 11

Total WTE GP 17.88

Total WTE Clinical staff excluding GP's/Partners (including maternity leave staff) 11.71

RAW total of patients at practice as of June 2020 – 57733

Total average patients per GP = 2510

This equates to 6090 patients per WTE GP Partner

This equates to 3228 patients per WTE GP

This equates to 1951 patients Per WTE GP and WTE additional workforce

As of June 2020 the Hampshire and IOW average of patients per Whole Time Equivalent (WTE) GP is 2178

As of June 2020 the Portsmouth average of patients per WTE GP is 2389

Action:

Chairperson's action to approve the GP partnership change for PMS Contract for Portsdown Group Practice, following Dr Rumi Chhopia's resignation on the 28 September 2020. Approve the changes to the Managing Partner, Mark Stubbings, who will be leaving the practice on 31 October 2020.

Action authorised by:



Signed: Date: 21 October 2020

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

Prepared by: Simon Cooper, Interim Director of Primary Care

PRIMARY CARE COMMISSIONING COMMITTEE

Date of Meeting	26 November 2020	Agenda Item No	7
Title	Flu and COVID vaccination programmes		
Purpose of Paper	To inform and update committee members on the latest position with regard to the national Flu and COVID vaccination programmes for 2020-21.		
Recommendations/ Actions requested	To note the report.		
Engagement Activities – Clinical, Stakeholder and Public/Patient	N/A.		
Item previously considered at	N/A.		
Potential Conflicts of Interests for Committee Members	Committee members working within Primary Care may have a perceived, potential or actual conflict with information contained within this paper.		
Author	Steve McInnes, Head of Primary Care Commissioning (interim)		
Sponsoring member	Simon Cooper, Director of Medicines Optimisation / Interim Director of Primary Care		
Date of Paper	19 November 2020		

PRIMARY CARE COMMISSIONING COMMITTEE			
Date of Meeting	26 November 2020	Agenda Item No	8
Title	GP practice workload prioritisation and income protection		
Purpose of Paper	To inform committee members on the latest position with regard to workload prioritisation in general practice, and income protection measures taken by the CCG, in light of the COVID pandemic.		
Recommendations/ Actions requested	To note the report.		
Engagement Activities – Clinical, Stakeholder and Public/Patient	N/A.		
Item previously considered at	N/A.		
Potential Conflicts of Interests for Committee Members	Committee members working within Primary Care may have a perceived, potential or actual conflict with information contained within this paper.		
Author	Steve McInnes, Head of Primary Care Commissioning (interim)		
Sponsoring member	Simon Cooper, Director of Medicines Optimisation / Interim Director of Primary Care		
Date of Paper	19 November 2020		