

Primary Care Commissioning Committee

A meeting will be held from 9.30am – 11.30am on Thursday 27 May 2021
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 25 March 2021 b) Matters Arising	Ms M Geary	Paper (blue)
4.	Primary Care Risk Register – for information and discussion if required	Mr S Cooper	Paper (green)
5.	Primary Care Finance Summary	Ms R Spandley	Paper (pink)
6.	Flu and COVID Vaccination Programmes update	Mr S Cooper	Verbal (yellow)
7.	Guildhall Walk Healthcare Centre update	S McInnes	Paper (aqua)
8.	Date and Time of Next Meeting in Public The next Primary Care Commissioning Committee meeting will take place on Thursday 29 July 2021 at 9.30am.		
9.	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 Primary Care and Medicines Optimisation
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
Jo York	-	Managing Director of Health and Care Portsmouth

Attendees:

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

Jo Hanswenzl	-	Primary Care Commissioning Manager NHS England and NHS Improvement - South East
Lisa Harding	-	Director of Primary Care, LMC
Christine Horan	-	Primary Care Improvement Manager
Justina Jeffs	-	Head of Governance
Steve McInnes	-	Head of Primary Care Commissioning
Stephen Orobio	-	Clinical Quality Manager
Rebecca Spandley	-	Assistant Finance Manager
Lisa Stray	-	Executive Assistant (Minutes)

PRIMARY CARE COMMISSIONING COMMITTEE

Date of Meeting	27 May 2021	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 25 March 2021.		
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	19 May 2021		

DRAFT

**Minutes of the Primary Care Commissioning Committee meeting held on
Thursday 25 March at 9.30am – 11.30am via MS Teams**

Summary of Actions

Agenda Item	Action	Who	By
6.	Locally Commissioned Services from April 2021 Bring back a more detailed paper with investment plans, including updated Locally Commissioned Services specifications, and a full summary of how the Personal Medical Services funds have been re-invested.	S McInnes	May
8.	Terms of Reference Primary Care Commissioning Committee (January 2021) An update will come back to the Committee in May, including NHS England delegation.	J Jeffs	May
9.	Guildhall Walk Health Centre update Bring back a detailed report on service continuity.	S Cooper	May

Present:

Margaret Geary	- Lay Member (Chair)
Mark Compton	- Director of Transformation
Simon Cooper	- Director of Primary Care and Medicines Optimisation
Dr Nick Moore	- Clinical Executive (GP)
Jackie Powell	- Lay Member
David Scarborough	- CCG Practice Manager Representative
Michelle Spandley	- Chief Finance Officer
Jo York	- Managing Director of Health and Care Portsmouth

Apologies:

Helen Atkinson	- Director of Public Health
Nicola Burnett	- Deputy Chief Finance Officer
Jason Eastman	- Associate Director of IM&T
Carol Giles	- Primary Care Senior Commissioning Manager
Jo Hanswenzl	- Primary Care Commissioning Manager NHS England and NHS Improvement - South East
Julia O'Mara	- CCG Nurse Advisor
Dr Clare Sieber	- Medical Director Wessex Local Medical Committees Ltd (GP)
Andy Silvester	- Lay Member
Rebecca Spandley	- Assistant Finance Manager

In Attendance:

Roger Batterbury	- Healthwatch Representative
Robert Brownsmith	- Medicines Optimisation Pharmacist
Claire Currie	- Consultant in Public Health
Lisa Harding	- Director of Primary Care (Wessex Local Medical Committees Ltd)
Christine Horan	- Primary Care Improvement Manager
Justina Jeffs	- Head of Governance
Sylvia Macey	- Primary Care Estates Programme Manager
Steve McInnes	- Head of Primary Care Commissioning
Stephen Orobio	- Clinical Quality Manager
Lisa Stray	- Executive 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

David Scarborough, Practice Manager Representative, as working in Primary Care due to role as Practice Manager for Trafalgar Medical Group and Dr Nick Moore, Clinical Executive and local GP working at the Derby Road Practice declared an indirect conflict for Agenda Items 5, 7, 9,11 and 12. Margaret Geary, as the Chair, agreed that he could participate in the discussion but not in any decision-making.

3. Minutes of Previous Meeting

The minutes of the Primary Care Commissioning Committee meeting held on Thursday 28 January 2020 were approved as an accurate record.

Agenda Item	Action	Progress
6.	Approved Chair's Action for Standard Operating Procedures relating to the use of COVID-19 vaccinations The Committee agreed that Simon Cooper and Justina Jeffs will discuss and implement the processes around the frequent changes to the Standard Operating Procedures.	Completed
12.	Overview of the proposed Primary Care CQUIN 2021/22 Christine Horan will circulate the updated proposed CQUIN report for approval.	On Agenda

4. Primary Care Risk Register

The Primary Care Register has been updated to include identified risks and mitigating actions.

The two high risk actions were identified as follows:

- Practice viability, which is mitigated by active engagement with practices by the Primary Care team, monitoring the quality of Primary Care delivery, CQC and practices working within Primary Care Networks.
- COVID-19 pressures adversely affecting practices ability to deliver services, which is mitigated by SITREP monitoring, agreed relaxation of some contractual requirements and protected funding. Also by close working of Primary Care Networks, cross-provider working arrangements, local practice's business continuity protocols, shared clinical systems, and close working with the community provider, Solent NHS Trust.

The following risks have been significantly reduced or resolved, and the Committee were asked to agree to close the following risks:

- Personal Medical Services (PMS) practices premium investment risk which has been mitigated to a low risk by clear agreed principles, the resilience programme supported struggling practices, reinvestment plans have been introduced and the process has been completed.
- Premises flexibility risk, which has been mitigated to a low risk by support from Premises Improvement Grants, the Local Estates Forum overview and a Local Estates strategy, which is in development.
- New Models of Care engagement which has been mitigated to a low score due to effective engagement mechanisms with Primary Care Network Clinical Directors and that Clinical Directors are embedded within the Portsmouth Provider Partnership.

The Primary Care Commissioning Committee noted the Primary Care risk register and the identified high risks with mitigating actions. The Committee agreed the removal of the PMS practices premium investment risk, the premises flexibility risk, and the New Models of Care engagement risk.

5. Primary Care Finance Summary – Month 11 2020/21

David Scarborough, Practice Manager Representative and Practice Manager at Trafalgar Medical Group, and 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 as it impacted on their practice. Margaret Geary, as the Chair, agreed that they could participate in the discussion but not in any decision-making.

The Primary Care financial position for Month 11 2020/21 report was presented to the Committee. At Month 11, NHS Portsmouth CCG reported a full year forecast outturn for primary care budgets included in the report of £35,888m, with a benefit against the budget of £0.483m

Committee members were provided with COVID-19 expenditure incurred year-to-date matrix relating to Primary Care.

The Committee were asked to note the Month 11 financial position.

The Primary Care Commissioning Committee noted the Month 11 position Primary Care Finance Report.

6. Locally Commissioned Services from April 2021

David Scarborough, Practice Manager Representative and Practice Manager at Trafalgar Medical Group, and 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 as it impacted on their practice. Margaret Geary, as the Chair, agreed that they could participate in the discussion but not in any decision-making.

The Locally Commissioned Services from April 2021 report was presented to the Committee.

In addition to managing the core GP contracts (General Medical Services (GMS)/Personal Medical Services (PMS)/Alternative Provider Medical Services (APMS)) Clinical Commissioning Groups also commission local community services from General Practice (Locally Commissioned Services (LCS)).

A matrix of the new/revised proposals for the GP LCS from April 2021 was presented to the Committee. Steve McInnes reported that an additional recurrent sum of £228k will be available to reinvest into General Practice from April 2021, to fully reflect the total PMS reinvestment monies available.

Service	Description	PMS Reinvestment funds required (recurrent per annum)
NEW Primary Care hubs for Unaccompanied Minors seeking asylum	Refer to draft specification at App A	Circa £14K
NEW Safeguarding	Refer to draft specification at App B	Circa £53K
NEW Homeless outreach service	Refer to draft specification at App C	Circa £70K
(AMENDED) Deprivation & Inequalities	Refer to draft specification at App D	Circa £77K
(AMENDED) Basket of Services	Refer to extract from draft revised specification at App E	Circa £12K
TOTAL £: Circa £226K		

Steve McInnes to bring back a more detailed paper with investment plans, including updated Locally Commissioned Services specifications, and a full summary of how the Personal Medical Services funds have been re-invested to the Primary Care Commissioning Committee in May.

Action: S McInnes

The Committee were asked to agree the proposals in principle following queries and comments before the schemes are finalised.

The Primary Care Commissioning Committee agreed the proposals in principle.

7. Flu and COVID Vaccination Programmes

David Scarborough, Practice Manager Representative and Practice Manager at Trafalgar Medical Group, and 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 as it impacted on their practice. Margaret Geary, as the Chair, agreed that they could participate in the discussion but not in any decision-making.

The Flu and COVID Vaccination Programmes update on the progress of the uptake of Flu and COVID-19 vaccinations across the city was presented to the Committee.

Simon Cooper reported that Flu vaccinations update was significantly higher in comparison to previous years. Due to social distancing and good hygiene measures, flu is not known to be circulating in the community.

COVID-19

- Five Primary Care Network sites have been set-up, along with two Community Pharmacies and St James' Hospital mass vaccination site.
- Cohort 1 – 9 have been vaccinated; and Cohort 10 to 12 vaccinations will start in line with the national directive.
- 100% of all delivered vaccine has been used.

The Primary Care Commissioning Committee noted the latest position of the national Flu and COVID-19 vaccination programmes.

8. Terms of Reference Primary Care Commissioning Committee (January 2021)

Justina Jeffs apologised for the Front Sheet inaccuracy. The paper was brought to the Committee for review and discussion. An update will come back to the Committee in May, including NHS England delegation.

Action: J Jeffs

The Committee agreed that the document will be revisited as often as required between meetings.

The Primary Care Commissioning Committee noted and changes will be come back to the May meeting.

9. Guildhall Walk Health Centre update

David Scarborough, Practice Manager Representative and Practice Manager at Trafalgar Medical Group, and 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 as it impacted on their practice. Margaret Geary, as the Chair, agreed that they could participate in the discussion but not in any decision-making.

The Committee were informed on the work undertaken since the decision was made at the Primary Care Commissioning Part II meeting on Thursday 28 January 2021, not to re-procure the Additional Primary Medical Services Contract (APMS) that is currently held by the Guildhall Walk Healthcare Centre practice.

Following attendance by Simon Cooper and Jo York at the Health Overview & Scrutiny Panel (HOSP) meeting on Thursday 18 March 2021, the CCG are to provide an update to the HOSP meeting in June 2021.

In January 2021, the number of patients registered at the practice was 8,438. Every effort is being made to ensure the continuing care of the patients during the process. Letters explaining the position to patients have been sent, and patients will be invited to engage in planned events to raise questions or any concerns. A designated Guildhall Walk Healthcare Centre email has been set-up for patients to make their comments or concerns, and will continue to be monitored.

Simon Cooper explained that the following sections have been identified as areas for the project plan to give assurance on progress. Each section has been populated with the Lead for the action item, start and finish timescales, and a planned or completion status.

- Communications
- Contracting/Commissioning
- Financial Support
- GHW contract cessation
- IT & data transfer
- Medicines Management
- Other services re-provision
- Surgery close down

Simon Cooper to bring back a detailed report on service continuity to the Primary Care Commissioning Committee in May.

Action: S Cooper

The Committee were asked to note the Guildhall Walk Healthcare Centre update.

The Primary Care Commissioning Committee noted the update.

10. 'Concordance' Locally Commissioned Community Pharmacy Service

Simon Cooper spoke to the 'Concordance' Locally Commissioned Community Pharmacy Service paper. The extension request reflected the need to seek further direction around the development of the service, due to global pandemic and associated time pressures where stakeholders have had altered priorities and constrained resource.

The Committee were asked to consider an extension to the Concordance Locally Commissioned Service in its current form, for 6 months beyond the renewal date of 31 March 2021. The additional time will be used to seek direction from the Clinical Advisory Group and review the scheme including response from partner organisations.

The Primary Care Commissioning Committee approved the 6 months extension to the Concordance Locally Commissioned Community Pharmacy Service.

11. Ratification of Primary Care CQUIN 2021/22

David Scarborough, Practice Manager Representative and Practice Manager at Trafalgar Medical Group, and 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 as it impacted on their practice. Margaret Geary, as the Chair, agreed that they could participate in the discussion but not in any decision-making.

The Primary Care Commissioning for Quality and Innovation Scheme 2021/22 (CQUIN) was presented to the Committee, which included both Commissioning and Prescribing activity.

The development of the scheme involved engagement with a number of stakeholders, which included Portsmouth City Council, Public Health, GP practices, Clinical Executives members, and senior staff members of the CCG. Finance has agreed the funding for the one year scheme.

Christine Horan confirmed that the scheme was currently with practices for sign up, as the CQUIN commenced from the 1 April 2021. An electronic final version was circulated to the Committee for approval. A small number of responses were received and virtual approval was confirmed. The final version of the CQUIN was presented to the Committee for ratification.

The Primary Care Commissioning Committee ratified the CQUIN 2021/22.

12. Application of practice name change The University Practice

David Scarborough, Practice Manager Representative and Practice Manager at Trafalgar Medical Group, and 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 as it impacted on their practice. Margaret Geary, as the Chair, agreed that they could participate in the discussion but not in any decision-making.

The Application of practice name change for The University Practice was presented to the Committee. Steve McInnes explained that on moving to the new location in Commercial Road, the Partners at The University Practice have requested a change of name to The Unicity Medical Centre.

The Committee were asked to approve the change in name from The University Practice to The Unicity Medical Centre.

The Primary Care Commissioning Committee approved the change in name of The University Practice to The Unicity Medical Centre.

13. Primary Care Contract Review Group Terms of Reference

The Primary Care Contract Review Group Terms of Reference paper was presented to the Committee.

The Committee were asked to agree to the amendments to the Primary Care Contract Review Group Terms of Reference for approval by the Governing Board.

The Approved Primary Care Contract Review Group minutes will be shared with the Primary Care Commissioning Committee Part II, to inform members of any contractual and Local Commissioned Services wider discussions.

The Primary Care Commissioning Committee agreed the proposal.

14. Any Other Business

No further business.

15. 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 27 May 2021 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	A	A	A
Simon Cooper	A	A	A	✓	✓	✓

Jason Eastman	✓	A	✓	✓	✓	A
Dr Nick Moore	✓	✓	✓	A	✓	✓
Julia O'Mara	A	✓	A	✓	✓	A
Jackie Powell	✓	A	✓	✓	✓	✓
Terri Russell	✓	✓	✓			
David Scarborough	✓	✓	A	✓	✓	✓
Dr Clare Sieber	✓	✓	✓	✓	A	A
Andy Silvester	✓	✓	A	A	A	A
Michelle Spandley	✓	A	✓	✓	✓	✓
Jo York	✓	A	✓	✓	✓	✓

✓ - Present

A – Apologies

DRAFT

PRIMARY CARE COMMISSIONING COMMITTEE

Date of Meeting	27 May 2021	Agenda Item No	4
Title	Primary Care Risk Register		
Purpose of Paper	<p>The Primary Care risk register has been updated to include identified risks and mitigating actions. The following Amber risk actions have been identified:</p> <ul style="list-style-type: none"> Practice viability mitigated by active engagement with practices by the Primary Care team, monitoring the quality of Primary Care delivery, CQC and practices working within Primary Care Networks. COVID-19 pressures adversely affecting practices ability to deliver services mitigated by SITREP monitoring, agreed relaxation of some contractual requirements and protected funding. Also by close working of Primary Care Networks, cross provider working arrangements, local practice's business continuity protocols, shared clinical systems and close working with the community provider, Solent NHS Trust. 		
Recommendations/ Actions requested	The Primary Care Commissioning Committee are requested to note the Primary Care risk register and the identified Amber risks with mitigating actions.		
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	Sylvia Macey, Primary Care Estates Programme Manager		
Sponsoring member	Simon Cooper, Director of Primary Care and Medicines Optimisation		
Date of Paper	14 May 2021		

Primary Care Risk Register

Risk Ref	Risk Title	Strategic Objective	Description of risk	Responsible Officer	Original Risk				Key Controls/Gaps in Controls	Assurance/Gaps in Assurance	Actions	Current				Target Risk				Latest Note	Author	Latest Note Date	Movement	Status
					L'hood	Impact	Score	Date				L'hood	Impact	Score	Date	L'hood	Impact	Score	Date to meet Target					
PRC.P.054	Practice Viability	Ensure that our services are safe and focused on maintaining and improving quality	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	Simon Cooper	4	4	16	pre March 2021	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 PCNs now offer a form of support and resilience to individual practices	Potential Utilisation for the short term Primary Care medical services framework to quickly secure and alternative provider if required Accessing resilience programme	3	4	12	26/3/21	1	4	4	01-Apr-22		Sylvia Macey		↘ Risk Decreasing	Open
PRC.P.058	Practice Closures	Ensure that our services are safe and focused on maintaining and improving quality	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	Simon Cooper	4	3	12	pre March 2021	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. Close working with communications team and Portsmouth City Council stakeholders	3	3	9	26/3/21	1	3	3	01-Apr-22		Sylvia Macey		↘ Risk Decreasing	Open
PRC.P.051	PMS Contract Variations	Ensure that our services are safe and focused on maintaining and improving quality	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	Simon Cooper	3	4	12	pre March 2021	Process of updating all PMS contracts completed and regular communication from the Primary Care Team	Authorisation of PMS contract changes at PCCC CCG has refined the process and shared with practices	Escalation process in place where practices are not returning signed contract variations	2	3	6	26/3/21	1	3	3	01-Apr-22	Process almost complete	Sylvia Macey	14-May-21	↘ Risk Decreasing	Open
PRC.P.054	Primary Care transformation	Ensure that our services are safe and focused on maintaining and improving quality	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 transformation will be opposed and patient satisfaction may decline	Simon Cooper	4	4	16	pre March 2021	Clearly articulated and understood strategy owned by local partners Monitoring resilience and planned changes within Primary Care across the city (including workforce, estates and performance)	Monitoring delivery of the Primary Care Strategy and the associated estates strategy Development of metrics to collect and understand patient experience and utilise evidence to influence decision making	Early engagement with HOSP Healthwatch and the Portsmouth City Council communication team and plan appropriate engagement activities and to ensure relevant stakeholders understand the direction of travel	2	3	6	26/3/21	1	3	3	01-Apr-22		Sylvia Macey		↘ Risk Decreasing	Open
PRC.P.158	Loss of Suitable Premises	Ensure that our services are safe and focused on maintaining and improving quality	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	Simon Cooper	2	4	8	pre March 2021	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 and Solent NHS Trust 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 National data gathering exercise underway giving a complete picture of practice ownership and lease lengths	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	1	4	4	26/3/21	1	4	4	Target met - maintain review	CCG aware of lease lengths and actively working with PCNs on their estate strategies	Sylvia Macey	14-May-21	↘ Risk Decreasing	Open
R.Ports.PRC.06	Access to Urgent Care	Ensure that our services are safe and focused on maintaining and improving quality	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	Simon Cooper	4	4	16	04-Jul-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 Practices requested to 'move' extended access DES sessions either side of bank holidays where possible	2	3	6	26/3/21	1	3	3	01-Apr-22		Sylvia Macey		↘ Risk Decreasing	Open
R.Ports.PRC.09	Delivery of PCSE services	Ensure that our services are safe and focused on maintaining and improving quality	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	Simon Cooper	4	4	16	12-Jul-16	Contract managed by NHSE, LMC have been collating practice issues and meeting regularly with PCSE colleagues	NHSE coordinating and report to the national team and report the issues through the contractual mechanism Sharing feedback with national head of Primary Care	Informal feedback from practices is that service still has issues and not a very responsive service as timescales are often delayed Main issue is GP pensions NHSE managing at national level	2	2	4	26/3/21	1	2	2	01-Apr-22		Sylvia Macey		↘ Risk Decreasing	Open
R.Ports.PRC.08	COVID-19	Ensure that our services are safe and focused on maintaining and improving quality	If delivery of services are not adjusted adequately, patients may be put at additional risk of contracting COVID-19	Simon Cooper	3	4	12	02-Jan-21	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 as appropriate and zoning in practice sites. Regular on-going engagement with practices and PCNs Enhanced infection control implemented	1	4	4	26/3/21	1	4	4	Target met - maintain review		Sylvia Macey		↘ Risk Decreasing	Open
R.Ports.PRC.08.1	COVID-19	Ensure that our services are safe and focused on maintaining and improving quality	If pressures due to COVID-19 adversely affect practices' ability to deliver services this will impact on patient care	Simon Cooper	3	4	12	02-Jan-21	Some contractual requirements relaxed Funding levels protected for QOF/LCS etc. enabling practices to redeploy resources to manage COVID-19 and urgent care, in addition to other activities such as vaccinations	Monitored through SITREPS	PCNs arranging mutual aid around PPE and discussing staffing arrangements. Regular calls in place at a PCN level, across the city and at ICP level. Site consolidation arrangements in place where appropriate. Cross-provider working arrangements secured for bank holiday cover as required. All practices have enacted their local business continuity protocols and have adapted their model of care All practices operate on SystemOne and already have the ability to share information, access clinical notes and book into clinics in other sites, which will support easier working at scale. Close working arrangements agreed with Solent for patients at home	3	4	12	26/3/21	1	4	4	01-Apr-22		Sylvia Macey		→ Stable / No Movement	Open

Colour Key:

- Red for 20+
- Amber 15 to 19
- Yellow 6 to 12
- Green below 6

PRIMARY CARE COMMISSIONING COMMITTEE

Date of Meeting	27 May 2021	Agenda Item No	5
Title	Primary Care Finance Summary 21/22 Draft Financial Position		
Purpose of Paper	<p>The paper sets out the draft 21/22 financial position subject to audit.</p> <p>Overall Primary Care Budgets underspent at the year-end by £541k contributing to the CCGs overall £41k surplus position.</p> <p>The Primary Care underspend was due largely to the unutilised contingency set aside at planning.</p>		
Recommendations/ Actions requested	The committee is requested to note the paper and accept its contents.		
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	20 May 2021		

PRIMARY CARE BUDGET 2020/2021

NHS Portsmouth CCG

Reporting Period	12	Mar-21
------------------	----	--------

Budget Holder - Simon Cooper

Services /Schemes Description	Budget Manager	Annual Budget	YTD Budget	YTD Actual	YTD Variance	Forecast Outturn	Forecast outturn variance	Services /Schemes Description	Budget Manager	Annual Budget	YTD Budget	YTD Actual	YTD Variance	Forecast Outturn	Forecast outturn variance
		£000	£000	£000	£000	£000	£000			£000	£000	£000	£000	£000	£000
Commissioning Schemes								Delegated Commissioning							
Basket Scheme	S Cooper	531	531	531	0	531	0	GMS - Main General Practice Contract/OOH	S Cooper	7,657	7,657	7,653	(4)	7,653	(4)
Phlebotomy	S Cooper	201	201	191	(10)	191	(10)	PMS - Main General Practice Contract	S Cooper	11,614	11,614	11,674	59	11,674	59
Diabetes	S Cooper	154	154	154	1	154	1	PMS - OOH	S Cooper	(510)	(510)	(547)	(36)	(547)	(36)
Respiratory	S Cooper	235	235	236	1	236	1	APMS - Main General Practice Contract	S Cooper	971	971	980	9	980	9
Leg Ulcers	S Cooper	202	202	247	45	247	45	APMS - OOH	S Cooper	(5)	(5)	(5)	0	(5)	0
LARC (Non-Contraceptive use)	S Cooper	40	40	40	0	40	0	QOF Aspiration	S Cooper	1,906	1,906	1,896	(10)	1,896	(10)
Leg Group LCS	S Cooper	47	47	8	(38)	8	(38)	QOF Achievement	S Cooper	953	953	953	0	953	0
Ring Pessary	S Cooper	29	29	17	(12)	17	(12)	DES - Minor Surgery	S Cooper	154	154	154	0	154	0
Deprivation and Inequalities	S Cooper	37	37	37	0	37	0	DES - Learning Disabilities	S Cooper	109	109	109	0	109	0
Ear Irrigation	S Cooper	78	78	23	(55)	23	(55)	DES - PCN ARRS Roles	S Cooper	1,568	1,568	1,041	(527)	1,041	(527)
Glaucoma	S Cooper	10	10	12	2	12	2	DES- PCN ARRS Roles - Central funding	S Cooper	(578)	(578)	0	578	0	
Low Vision	S Cooper	20	20	25	5	25	5	DES - PCN Care Home Premium	S Cooper	52	52	71	19	71	19
CQUIN	S Cooper	501	501	506	5	506	5	DES - PCN Clinical Director	S Cooper	168	168	168	0	168	0
Workforce Development	S Cooper	396	396	396	0	396	0	DES - PCN Extended Hours	S Cooper	338	338	338	0	338	0
Pharmacy	S Cooper	135	135	165	30	165	30	DES - PCN Network Engagement Funding	S Cooper	387	387	387	0	387	0
Flu Incentive Scheme	S Cooper	20	20	0	(20)	0	(20)	DES - PCN Support Payment	S Cooper	59	59	59	0	59	0
Special Allocation Scheme (SAS)	S Cooper	13	13	26	13	26	13	DES - PCN IIF	S Cooper	93	93	93	0	93	0
Homeless LCS	S Cooper	0	0	0	0	0	0	Seniority	S Cooper	0	0	0	0	0	0
Travax Subscription	S Cooper	1	1	0	(1)	0	(1)	Retainers	S Cooper	84	84	84	0	84	0
Meeting expenses	S Cooper	3	3	0	(3)	0	(3)	Maternity / Paternity / Adoptive	S Cooper	211	211	186	(25)	186	(25)
Training	S Cooper	1	1	0	(1)	0	(1)	Sickness	S Cooper	137	137	165	28	165	28
Other	S Cooper	0	0	0	0	0	0	Needles & Syringes	S Cooper	13	13	12	(1)	12	(1)
Board Report Adj	N/A	0	0	0	0	0	0	Collaborative Fees	S Cooper	169	169	139	(30)	139	(30)
Total Commissioning Schemes		2,655	2,655	2,615	(40)	2,615	(40)	Professional Fees - Prescribing	S Cooper	177	177	176	(1)	176	(1)
Integrated Primary Care Service								Actual Rent	S Cooper	1,083	1,083	1,171	88	1,171	88
Integrated Primary Care Service	S Cooper	1,546	1,546	1,546	0	1,546	0	Notional Rent	S Cooper	819	819	796	(23)	796	(23)
Additional Integrated Primary Care - CAS	S Cooper	110	110	110	0	110	0	Rent Reviews	S Cooper	99	99	77	(22)	77	(22)
Covid @ Home	S Cooper	0	0	72	72	72	72	HC Rent increase (Somerstown)	S Cooper	55	55	55	0	55	0
Clinical Leads Oximetry @ Home	S Cooper	10	10	0	(10)	0	(10)	DV Valuation Fees	S Cooper	8	8	29	21	29	21
Health and Wellbeing Funding for Primary Care W	S Cooper	79	79	0	(79)	0	(79)	Heads of Terms	S Cooper	7	7	0	(7)	0	(7)
GP COVID Capacity Expansion Fund	S Cooper	521	521	521	0	521	0	Business Rates	S Cooper	554	554	557	3	557	3
Total Integrated Primary Care Service		2,266	2,266	2,249	(17)	2,249	(17)	Water/Sewerage	S Cooper	25	25	22	(3)	22	(3)
GP Forward View								Clinical Waste	S Cooper	56	56	44	(13)	44	(13)
PC Network Core payment (£1.50 Per Head)	S Cooper	349	349	350	0	350	0	CQC Fees	S Cooper	142	142	133	(9)	133	(9)
GP Forward View - Improved Access (Integrated F	S Cooper	1,398	1,398	1,398	0	1,398	0	Levys	S Cooper	0	0	0	0	0	0
STP - GPFV PCN Development	S Cooper	171	171	146	(25)	146	(25)	Section 96	S Cooper	0	0	0	0	0	0
STP - GPFV Infrastructure & Resilience	S Cooper	59	59	0	(59)	0	(59)	Target	S Cooper	61	61	4	(57)	4	(57)
STP - GPFV Fellowship Aspiring Leaders	S Cooper	0	0	9	9	9	9	MJog	S Cooper	13	13	22	9	22	9
STP - GPFV Training Hubs	S Cooper	45	45	65	20	65	20	Other	S Cooper	2	2	119	117	119	117
STP - GPFV A&C Training	S Cooper	23	23	24	1	24	1	Pathology Consumables	S Cooper	5	5	2	(3)	2	(3)
STP - GPFV Resilience	S Cooper	23	23	23	(1)	23	(1)	Minor Improvement Grants	S Cooper	121	121	138	17	138	17
STP - GPFV GP Retention	S Cooper	22	22	0	(22)	0	(22)	Increasing in practice funding	S Cooper	39	39	0	(39)	0	(39)
Total GP Forward View		2,090	2,090	2,014	(77)	2,014	(77)	PMS Premium to be reinvested	S Cooper	227	227	227	0	227	0
								Contingency funds	S Cooper	503	503	0	(503)	0	(503)
								Previous Years Accruals	N/A	0	0	(42)	(42)	(42)	(42)
								Total Delegated Commissioning		29,548	29,548	29,140	(407)	29,140	(407)
								Services /Schemes Description	Budget Manager	Annual Budget	YTD Budget	YTD Actual	YTD Variance	Forecast Outturn	Forecast outturn variance
										£000	£000	£000	£000	£000	£000
								Total Primary Care Budget 2020/2021	S Cooper	36,558	36,558	36,018	(541)	36,018	(541)

PRIMARY CARE COMMISSIONING COMMITTEE

Date of Meeting	27 May 2021	Agenda Item No	7
Title	Guildhall Walk Healthcare Centre Update		
Purpose of Paper	<p>To update the Committee following the Primary Care Commissioning Committee decision not to re-procure the AMPS contract currently held by the Guildhall Walk Healthcare Centre (Partnering Health Ltd). A detailed project plan has been developed with key actions and milestones, categorised as below:</p> <ul style="list-style-type: none"> • Communications • Contracting/Commissioning • Financial support • GHW contract cessation • IT & data transfer • Medicines Management • Other services re-provision • Surgery close down 		
Recommendations/ Actions requested	The Primary Care Commissioning Committee is asked to note the Guildhall Walk Healthcare Centre update		
Engagement Activities – Clinical, Stakeholder and Public/Patient	Completed engagement activities are contained within the paper.		
Item previously considered at	Primary Care Commissioning Committee		
Potential Conflicts of Interests for Committee Members	Committee members working within Primary Care may have a perceived, potential or actual conflict with information contained within this paper.		
Author	Steve McInnes, Head of Primary Care Commissioning		
Sponsoring member	Simon Cooper, Director of Primary Care and Medicines Optimisation		
Date of Paper	14 May 2021		

Guildhall Walk Healthcare Centre Update

1. Introduction

The Primary Care Commissioning Committee made the decision not to re-procure the AMPS contract currently held by Partnering Health Limited (PHL) for the Guildhall Walk Healthcare Centre at its Part 2 meeting on 28 January 2021.

2. Background

The Guildhall Walk Healthcare Centre is located close to the Portsmouth City Centre and provides General Practice services to a list size of 8,485 patients (May 2021). The practice currently holds an Additional Primary Medical Services contract which will cease on 30 September 2021. A Section 25 notice of the Landlord and Tenant Act has been served on the premises with an end date of 4 September 2021. NHS Property Services are seeking an extension to the notice until 30 September 2021, the end of the contract.

3. Project Plan

A detailed project plan has been drafted with key dates and progress against actions. Each section has been populated with the lead for the action item, start and finish timescales and a planned or completion status. The CCG continues to work with PHL to update and refresh this robust project plan.

3.1 Communications

Patients have now received 3 letters regarding the closure. The first informed them of the decision to close the practice; the second invited them to some engagement events held by the CCG; and the third letter gave people the opportunity to choose a new practice from a list specific to their home address via a survey link. Those not able to complete the survey electronically have the option to verbally inform the CCG of their choice. Any patient not making a choice will be allocated to the closest practice accepting patients at the end of the survey period.

There were 3 virtual patient engagement events held in mid-late April with approximately 50 patients attending in all. The presentation was well received and questions were posed and answered, following which a 'Frequently Asked Questions' document was added to the CCG and practice websites.

The CCG continues to answer patient queries raised via the internal generic email account set up for this purpose, though the volume is fairly low.

Initial discussions were held with practices regarding their potential capacity for taking on new patients and an exercise was undertaken to ensure practice boundaries were as clear and accurate as possible; these were agreed prior to the 3rd letters going out. The CCG will have further detailed discussions with practices once the patient survey results are available in regard to choice of new practice, which will be early to mid-June.

Regular updates have been requested by the Health and Overview Scrutiny Panel (HOSC) and the CCG will be joining the next meeting on 18th June to provide a progress report.

3.2 Contracting/Commissioning

Regular meetings continue to be held both internally with the project team and with PHL to ensure good oversight of the project. There are also weekly meetings with the South West Commissioning Support Unit analysts who are supporting much of the patient survey and communication process.

The transfer of patients is expected to be completed by the end of August to enable physical close down of the practice during September 2021.

A Preliminary Equality Impact Assessment (EIA) has been undertaken by the CCG in conjunction with the practice, and from this a list of vulnerable patients have been identified by the practice. This will allow for an enhanced handover of these patients to their new practice. A Full EIA has is in draft format and will be finalised shortly to help identify any other support needs.

3.3 Financial support

Both PHL and receiving practices have requested support and details of this are being drafted with the finance team who are reviewing funding availability from within the delegated budget. Section 96 funding for PHL was agreed at the Primary Care Contract Review Group on 13 May 2021 to ensure they are not destabilised during the final months of the contract through loss of income relating to capitation (list size). Any support for receiving practices will be finalised prior to reaching agreement on capacity to take new patients.

3.4 GHW contract cessation

PHL continue to work with their staff to ensure all parts of the contract are fulfilled. Planning is progressing regarding the close down of the practice and the contract.

3.5 IT & data transfer

Discussions have been held with the relevant parties to ensure the safe, accurate and smooth transfer of patient information to the receiving practices. The CCG will continue to work with the CSU, The Phoenix Partnership (TPP), the local IT Support provider and Primary Care Support England (PCSE) to ensure timelines are met. The intention is to move all patients by 31st August latest and there is scope within the project plan to bring this forward if required, for example if the practice needed to vacate the premises earlier than the contract end date.

3.6 Medicines Management support

The Medicines Optimisation Team will support both PHL and receiving practices with the process of transfer including disposal of any controlled drugs as required and ensuring an extended repeat prescription period to enable receiving practices time to action new requests.

3.7 Other service re-provision

The project team are working to ensure that other services, either provided by PHL or by others at the Guildhall Walk premises, are re-provided in a timely manner.

Proposals are currently being considered for the Special Allocation Service; there are on-going talks taking place regarding the relocation of Safe Space in the city; and a revamped homeless outreach service is being scoped out with the intention of using this to include support for those that are currently registered with Guildhall Walk Healthcare Centre.

3.8 Surgery close down

PHL are completing a plan of the close down requirements of the practice and premises which will be reviewed at the regular planned meetings to ensure all aspects of close down have been adequately considered. Discussions are being held with former Queens Road surgery staff to help pick up lessons learned from their closure. Local IT support are also included in discussions.

3.9 Project plan / timelines

An extract from the project plan detailing some of the key steps is provided below.

Action	Start Date	End Date	Progress
Primary Care Commissioning Committee made decision not to re-tender APMS contract but to disperse patient list	28/01/2021	28/01/2021	Completed
1st Initial patient letter to be sent	02/03/2021	02/03/2021	Completed
Speak to all practices regarding potential patient numbers	04/03/2021	30/03/2021	Completed
Process for patient transfer confirmed	15/03/2021	19/03/2021	Completed
Identify most vulnerable patients and agree how transfer is going to be managed	15/03/2021	31/05/2021	Part completed and on-going
Development and implementation of Preliminary EIA	16/03/2021	30/04/2021	Completed
All practices boundaries to be confirmed	18/03/2021	23/04/2021	Completed
Stakeholder correspondence sent to all relevant parties.	22/03/2021	26/03/2021	Completed
2nd Patient letter to be sent to patients to include Engagement event details + practices info	01/04/2021	01/04/2021	Completed
Special Allocation scheme re-provision	01/04/2021	31/08/2021	In progress
Safespace re-provision		31/08/2021	In progress
Patient Engagement event - 21/4/21	19/04/2021	30/04/2021	Completed
Patient Engagement event - 28/4/21	19/04/2021	30/04/2021	Completed
Patient Engagement event - 29/4/21	19/04/2021	30/04/2021	Completed
Development and implementation of Full EIA	26/04/2021	30/04/2021	Part completed, in progress

3rd Patient letter to be sent to patients including Patient Choice survey + practices info	03/05/2021	03/05/2021	Completed
Patient Survey ends	31/05/2021	31/05/2021	In progress
Analysis of patient survey results and assessment against agreed capacity per Practice	31/05/2021	18/06/2021	Planned
4th Patient letter to be sent to all patients informing them of the Practice and the date they will be registered to (both those pts who have chosen a practice and those who have been allocated a practice as no response received)	25/06/2021	28/06/2021	Planned
Hand over meeting for complex patients (information)	01/07/2021	31/08/2021	Planned
Transfer of patients	01/07/2021	31/08/2021	Planned
Closedown process to be followed	tbc	tbc	Planned
All PHL furniture to be cleared / moved	tbc	tbc	Planned
All PCCG furniture to be cleared / moved	tbc	tbc	Planned

The Primary Care Commissioning Committee is asked to note the Guildhall Walk Healthcare Centre update

