

Primary Care Commissioning Committee

A meeting will be held at 10.00am – 11.45am
Wednesday 24 November 2021
MS Teams recorded

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 Wednesday 29 September 2021 b) Matters Arising	Ms M Geary	Paper (blue)
4.	Primary Care Risk Register – for information and discussion if required	Ms S Macey	Paper (green)
5.	Primary Care Finance Summary	Ms A Edgson	Paper (pink)
6.	Flu and COVID Vaccination Programmes update	Mr S Cooper	Verbal (yellow)
7.	Personal Medical Services (PMS) Contract Variations	Mr S McInnes	Paper (aqua)
8.	Afghan Relocations and Assistance – Primary Care Support	Mr S McInnes	Paper (green)
9.	Any other business		
10.	Date and Time of Next Meeting in Public The next Primary Care Commissioning Committee meeting will take place on Wednesday 26 January 2022 at 9.45am.		
11.	Meeting Close		

Distribution:

Members

Margaret Geary	-	Lay Member (Chair)
Helen Atkinson	-	Director of Public Health, Portsmouth City Council
Dr Linda Collie	-	CCG Clinical Lead (GP)
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
Lisa Harding - Director of Primary Care, LMC
Christine Horan - Primary Care Improvement Manager
Justina Jeffs - Head of Governance
Sylvia Macey - Acting Deputy Director Primary Care
Steve McInnes - Head of Primary Care Commissioning
Stephen Orobio - Clinical Quality Manager
Lisa Stray - Executive Assistant (Minutes)

Primary Care Commissioning Committee

Title of Paper	Register of Interests		
Agenda Item	2	Date of Meeting	24 November 2021
Director Lead	Simon Cooper, Director of Primary Care and Medicines Optimisation		
Authors	Justina Jeffs, Head of Governance		

Purpose	For Decision		Link to strategic objective	Ensure that our services are safe and focused on maintaining and improving quality
	To Ratify			
	To Discuss	x		
	To Note/Receive	x		

Executive Summary	
<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 CCG guidance. 	
Recommendations	<p>The Primary Care Commissioning 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.
Publication	Include on public website ✓

Please provide details on the impact of following aspects	
Equality and quality impact assessment	Not Applicable
Patient and stakeholder engagement	Not Applicable
Financial and resource implications/impact	Not Applicable
Legal implications	None known
Principal risk(s) relating to this paper	Contained within the paper

**Key Committees/Groups
where evidence supporting
this paper has been
considered**

Governing Board, Audit Committee

NHS Portsmouth Clinical Commissioning Group Register of Interests - Governing Board/Committee Members

Name	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate risk	Committee									
			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To		Governing Board	Remuneration	Audit	Quality and Safeguarding Committee	Primary Care Commissioning Committee	Executive Committee				
Nicola	Andrews	Quality Improvement Manager	Nil														Left 08/08/21			
Helen	Atkinson	Governing Board Member	Phyllis Tuckwell Hospice			✓	Direct	Trustee	Nov-20	Current	Manage in line with CCG policy	✓							✓	
Helen	Atkinson	Governing Board Member	Portsmouth City Council		✓		Direct	Director of Public Health	Jan-20	Current	Manage in line with CCG policy	✓							✓	
Karen	Atkinson	Registered Nurse Representative on Governing Board	Southern Health NHS Foundation Trust			✓	Indirect	Niece works at Matron for MH Services	2016	Current	Declare conflict where appropriate in discussions relating to mental health services	✓							✓	
Karen	Atkinson	Registered Nurse Representative on Governing Board	Compass Independent Fostering Agency			✓	Direct	Foster Carer	2018	Current	Declare conflict where appropriate	✓							✓	
Karen	Atkinson	Registered Nurse Representative on Governing Board	Nursing and Midwifery Council		✓		Direct	Registered Nurse	2018	Current	Manage in line with CCG policy	✓							✓	
Roger	Batterbury	Chair, Healthwatch, Portsmouth	Healthwatch Portsmouth			✓	Direct	Chair	2013	Current	Manage in line with CCG policy								Attendee	
Roger	Batterbury	Chair, Healthwatch, Portsmouth	Rebound Carers Group			✓	Direct	Volunteer Director/Trustee	2014	Current	Would step aside should a grant be discussed.								Attendee	
Roger	Batterbury	Chair, Healthwatch, Portsmouth	Solent NHS Trust	✓			Direct	Bank SIRI Investigator	2016	Current	Should any discussion relate to this role I would declare my role								Attendee	
Roger	Batterbury	Chair, Healthwatch, Portsmouth	East Shore Partnership			✓	Direct	Vice Chair Patient Participation Group	2015	Current	Manage in line with CCG policy.								Attendee	
Roger	Batterbury	Chair, Healthwatch, Portsmouth	Nursing and Midwifery Council		✓		Direct	Registered Mental Health Nurse - RMN	1991	Current	Would declare my membership if relevant								Attendee	
Roger	Batterbury	Chair, Healthwatch, Portsmouth	Practice Plus Group Surgical Centre, St Mary's Portsmouth (St Mary's Community Health Campus site)			✓	Direct	Chair Urgent Treatment Centre Patient Participation Group	2018	Current	Manage in line with CCG policy.								Attendee	
Peter	Budd	Assistant HR Director, PCC	Nil										✓						✓	
Nicola	Burnett	Deputy Chief Finance Officer	Healthcare Financial Management Association		✓		Direct	Member	2016	Current	Manage in line with CCG policy.							Attendee	Attendee	✓
Nicola	Burnett	Deputy Chief Finance Officer	Association of Certified Chartered Accountants		✓		Direct	Fellow Member	2008	Current	Manage in line with CCG policy.							Attendee	Attendee	✓
Dr Linda	Collie	Clinical Lead/Clinical Executive	East Shore Partnership	✓			Direct	Partner		Current	Manage in line with CCG policy	✓							✓	Chair from June 2017
Dr Linda	Collie	Clinical Lead/Clinical Executive	Portsmouth Primary Care Alliance Ltd (PPCA)	✓			Direct	Practice is a Member		Current	Manage in line with CCG policy	✓							✓	Chair from June 2017
Dr Linda	Collie	Clinical Lead/Clinical Executive	Portsmouth Primary Care Alliance Ltd (PPCA)	✓			Direct	Sessional GP Work		Current	Manage in line with CCG policy	✓							✓	Chair from June 2017
Mark	Compton	Director of Transformation	Nil																	✓
Simon	Cooper	Director Medicines Optimisation and Primary Care	Nil																	✓
Michael	Drake	Director of Planning and Performance	Portsmouth Hospitals University NHS Trust			✓	Indirect	Wife works in Human Resources Department	1999	Current	Manage in line with CCG policy									From 30/08/21 secondment to PHU
Jason	Eastman	Associate Director of IM&T	Nil																	✓
Dr Elizabeth	Fellows	Chair/Clinical Executive	East Shore Partnership	✓			Direct	Partner	01.04.16	Current	Manage in line with CCG policy	Chair	✓							
Dr Elizabeth	Fellows	Chair/Clinical Executive	Portsmouth Primary Care Alliance Ltd (PPCA)	✓			Direct	Practice is a Member		Current	Manage in line with CCG policy	Chair	✓							

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			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To		Governing Board	Remuneration	Audit	Quality and Safeguarding Committee	Primary Care Commissioning Committee	Executive Committee		
Dr Elizabeth	Fellows	Chair of Governing Board/Clinical Executive	Circle Health	✓			Direct	Shareholder		Current	Manage in line with CCG policy	Chair	✓					
Dr Elizabeth	Fellows	Chair of Governing Board/Clinical Executive	NHS Portsmouth Clinical Commissioning Group	✓			Direct	Designated Doctor for Looked After Children	01/07/2019	Current	Manage in line with CCG policy	Chair	✓					
Vicki	Fisher	Safeguarding Specialist Nurse	Nil												✓			
Margaret	Geary	Lay Member	Age UK Portsmouth			✓	Direct	Chair of the Board of Trustees	Sep-13	Current	Will declare an interest when/if the business discussed at any of the CCG committees I am participate in involves reference to AgeUK Portsmouth	✓			Interim Chair	Chair		
Margaret	Geary	Lay Member	EC Roberts Centre - A local children and families charity			✓	Direct	Trustee on the Board	Sep-13	Current	Will declare an interest if the CCG business discussed involves reference to EC Roberts Centre	✓			Interim Chair	Chair		
Margaret	Geary	Lay Member	Action Hampshire - a voluntary sector infrastructure organisation in Hampshire			✓	Direct	Vice Chair on the Board of Trustees	Oct-13	Current	Will declare an interest in the CCG business discussed if it refers to the involvement of Action Hampshire.	✓			Interim Chair	Chair		
Margaret	Geary	Lay Member	Association of Directors of Adult Social Services (ADASS)		✓		Direct	Associate Member	Jul-13	Current	Will declare an interest if I ever undertake work for ADASS that relates to the business of the CCG	✓			Interim Chair	Chair		
Meyrick	Grundy	Clinical Quality Manager	Nil												✓			
Jo	Hanswenzl	NHS England & NHS Improvement	Nil															Attendee
Christine	Horan	Primary Care Improvement Manager	Nil															Attendee
Katie	Hovenden	Clinical Associate	Portsmouth Hospitals University NHS 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 Solent	✓			Direct	Bank Contract to work in Covid Vaccination Centre	Aug-21	Current	Manage in line with CCG policy				✓			✓
Alison	Jeffery	Governing Board Member	Nil															Left 31/08/21
Justina	Jeffer	Head of Governance	Nil	✓								Attendee	Attendee	Attendee	Attendee	Attendee	Attendee	✓
Rochelle	Kneller	HR Provider	Nil										Attendee					
Dr Carsten	Lesshafft	Clinical Executive	Trafalgar Medical Group	✓			Direct	Salaried GP	Jun-19	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	Feb-17	Current	Manage in line with CCG policy	✓						
Dr Carsten	Lesshafft	Clinical Executive	British Medical Association			✓	Direct	Member	1995	Current	Manage in line with CCG policy	✓						
Dr Carsten	Lesshafft	Clinical Executive	Fine-Line Medical Aesthetic Treatments	✓			Direct	Sole Trader	2000	Current	Manage in line with CCG policy	✓						
Dr Carsten	Lesshafft	Clinical Executive	NHS England/Wessex		✓		Direct	GP Appraiser	Jun-19	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	Acting Director of Primary Care	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		
Maggie	Maclsaac	Accountable Officer	Nil - A non financial personal interest was declared in her role as AO for HS&IOW CCG and CEO of the ICS.															
Steve	McInnes	Head of Primary Care Commissioning	Nil															
Dr Nicholas	Moore	Clinical Executive	Derby Road Group Practice	✓			Direct	Salaried GP	Aug-19	Current	Manage in line with CCG policy	✓						✓
Dr Nicholas	Moore	Clinical Executive	Health Education England, Wessex	✓	✓		Direct	GP Trainer	Jan-12	Current	Manage in line with CCG policy	✓						✓
Dr Nicholas	Moore	Clinical Executive	Wessex GP Appraisal Service	✓			Direct	GP Appraiser	Jul-19	Current	Manage in line with CCG policy	✓						✓
Dr Nicholas	Moore	Clinical Executive	Craneswater Group Practice	✓			Direct	GP Partner	Nov-11	30/06/2019	Manage in line with CCG policy	✓						✓
Julia	O'Mara	Practice Nurse Advisor	J2S Limited	✓			Direct	Director in Nurse training company providing training locally	2011	Current	Will always declare this interest if involved in discussions regarding the provision of nurse education and will not participate in decision making regarding the award of any funding							✓
Stephen	Orobio	Clinical Quality Manager	Portsmouth Hospitals University NHS Trust			✓	Indirect	Spouse is an employee	Mar-21	Current	No action required							Attendee
Anna	Plumbly	Quality Improvement Officer	Nil															✓
Jackie	Powell	Lay Member	Solent NHS Trust	✓			Direct	Associate Hospital Manager	2013	Present	Declare conflict where appropriate in discussions relating to Solent and Mental Health Services	✓	✓	✓				✓
Jackie	Powell	Lay Member	Southern NHS Foundation Trust	✓			Direct	Mental Health Act Manager	2013	Present	Declare conflict where appropriate in discussions relating to Mental Health Services	✓	✓	✓				✓
Jackie	Powell	Lay Member	Off The Record - a Young Persons Support and Counselling Service		✓		Direct	Director	2013	Present	Declare conflict where appropriate in discussions regarding mental health and wellbeing of young peoples' services	✓	✓	✓				✓
Jackie	Powell	Lay Member	Off The Record - a Young Persons Support and Counselling Service		✓		Direct	Counsellor	2013	Present	Declare conflict where appropriate in discussions regarding mental health and wellbeing of young peoples' services	✓	✓	✓				✓
Jackie	Powell	Lay Member	You Trust		✓		Direct	Counsellor	Jan-18	Present	Declare conflict where appropriate in discussions regarding mental health and wellbeing of young peoples' services	✓	✓	✓				✓
Jackie	Powell	Lay Member	Relate - Young Persons Counsellor	✓			Direct	Counsellor	Oct-17	Present	Declare conflict where appropriate in discussions regarding mental health and wellbeing of young peoples' services	✓	✓	✓				✓
David	Scarborough	Practice Manager Representative on Governing Board	NHS Portsmouth Clinical Commissioning Group			✓	Indirect	Wife is Deputy Director of Quality and Safeguarding	01.04.18	Current	Manage in line with CCG policy	✓						✓
David	Scarborough	Practice Manager Representative on Governing Board	Trafalgar Medical Group	✓			Direct	Business Manager	01.04.18	Current	Manage in line with CCG policy	✓						✓
David	Scarborough	Practice Manager Representative on Governing Board	Portsmouth South Coast Primary Care Network	✓			Direct	Business Lead	01.07.19	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	Apr-18	Current	Manage in line with CCG policy.							✓
Tina	Scarborough	Deputy Director Quality and Safeguarding	Portsmouth South Coast Primary Care Network			✓	Indirect	Husband is Business Lead for Portsmouth South Coast Primary Care Network	Jul-19	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	Apr-16	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			
Sarah	Shore	Head of Safeguarding	Nil																
Clare	Sieber	Medical Director, Wessex LMC	Nil																Left 18/05/21
Andrew	Silvester	Lay Member	Portsmouth Civil Service Sports Council		✓	Direct	Chair and some CCG staff are CSSC members	2016	Current	Manage in line with CCG policy	✓	✓	Chair		✓				
Andrew	Silvester	Lay Member	Portsmouth Hospitals University NHS 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 Group (PESAG)	2016	Current	Manage in line with CCG policy	✓	✓	Chair		✓				
Andrew	Silvester	Lay Member	Office of the Police and Crime Commissioner (OPCC)		✓	Direct	Independent Custody Visitor	2016	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		✓	Direct	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	✓								
Simon	Simonian	Clinical Executive	Lake Road Surgery	✓		Direct	Locum	May-21	Current	Manage in line with CCG policy	✓								
Michelle	Spandley	Chief Finance Officer	Chartered Institute of Management Accountants (CIMA) and Chartered Global Management Accountants (CGMA) designation		✓	Direct	Member	22.12.16	Current	Manage in line with CCG policy	✓		Attendee	Attendee		✓		✓	
Michelle	Spandley	Chief Finance Officer	Healthcare Financial Management Association		✓	Direct	Member	22.12.16	Current	Manage in line with CCG policy	✓		Attendee	Attendee		✓		✓	
Michelle	Spandley	Chief Finance Officer	Portsmouth Hospitals University NHS Trust			Indirect	Daughter (Rebecca Frye) is employed in the Finance Department		Current	Daughter will not have any direct contact in her new role and her position at PHU will not have direct link with the CCG.	✓		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. There are systems in place to ensure that segregation of duties is addressed.								Left 01/08/21	
Rebecca	Spandley	Finance Manager	Chartered Institute of Management Accountants		✓	Direct	Member		Current	Manage in line with CCG policy								Left 01/08/21	
Tahwinder	Upile	Secondary Care Specialist Doctor on Governing Board	University Hospitals Southampton NHS Foundation Trust & Hampshire Hospitals NHS Foundation Trust	✓	✓	Direct	Consultant	Aug-07	Current	Manage in line with CCG policy	✓	✓							
Tahwinder	Upile	Secondary Care Specialist Doctor on Governing Board	Concordia/Omnes Healthcare	✓	✓	Direct	Clinical Supervisor	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	2016	Current	None	✓								
David	Williams	Governing Board Member	Solent NHS Trust		✓	Direct	Appointed Governor	2010	Current	None	✓								
David	Williams	Governing Board Member	UTC Portsmouth		✓	Direct	Member	2014	Current	None	✓								

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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		
David	Williams	Governing Board Member	Portsmouth Harbour Marine CIC		✓		Direct	Director	2020	Current	None	✓						
Jo	York	Managing Director	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
Elizabeth	Taylor	Executive Assistant	Nil											Minutes				

Primary Care Commissioning Committee

Title of Paper	Minutes of Previous Meeting		
Agenda Item	3	Date of Meeting	24 November 2021
Director Lead	Simon Cooper, Director of Primary Care and Medicines Optimisation		
Authors	Lisa Stray, Executive Assistant		

Purpose	For Decision		Link to strategic objective	Ensure that our services are safe and focused on maintaining and improving quality
	To Ratify	x		
	To Discuss			
	To Note/Receive			

Executive Summary

To agree the minutes of the Primary Care Commissioning Committee meeting held on 29 September 2021.

Recommendations	Committee members are requested to Approve the minutes of the previous meeting.	
Publication	Include on public website ✓	

Please provide details on the impact of following aspects

Equality and quality impact assessment	N/A
Patient and stakeholder engagement	N/A
Financial and resource implications/impact	N/A
Legal implications	N/A
Principal risk(s) relating to this paper	N/A
Key Committees/Groups where evidence supporting this paper has been considered	N/A

DRAFT

**Minutes of the Primary Care Commissioning Committee meeting held on
Wednesday 29 September 2021 at 9.45am via MS Teams**

Summary of Actions

Agenda Item	Action	Who	By
4.	Primary Care Risk Register The Public papers to be amended accordingly to include only current risks. The Risk Register Key will be circulated with the Risk Register at the next meeting.	L Stray	Next meeting
5.	Primary Care Finance Summary Further to a question from the Committee, Michelle Spandley will ask the Finance team to make the presentation clearer for future meetings.	M Spandley	Next meeting
7.	Guildhall Walk Healthcare Centre update A final summary paper to include the whole closedown process and lessons learned will be presented to the Primary Care Commissioning Committee.	S McInnes	January 2022
10.	Any Other Business a) Afghan Relocations and Assistance – Primary Care Support <ul style="list-style-type: none"> Two practices in the city are currently taking patients relating to this scheme, and Primary Care will liaise with these practices to further support their nursing workforce. A final specification with outlined costs to include Interpreter Services will be provided at the next meeting.	J O'Mara S McInnes	October Next meeting

Present:

Jackie Powell	- Lay Member (Deputy Chair)
Helen Atkinson	- Director of Public Health
Mark Compton	- Director of Transformation
Simon Cooper	- Director of Primary Care and Medicines Optimisation
Dr Nick Moore	- Clinical Executive (GP)
Julia O'Mara	- CCG Nurse Advisor
Michelle Spandley	- Chief Finance Officer

Apologies:

Dr Linda Collie	- Clinical Lead, Elected Clinical Executive (GP)
Jason Eastman	- Associate Director of IM&T NHS England and NHS Improvement - South East
Margaret Geary	- Lay Member (Chair)
David Scarborough	- CCG Practice Manager Representative

Andy Silvester
Jo York

- Lay Member
- Managing Director of Health and Care Portsmouth

In Attendance:

Roger Batterbury
Lisa Harding
Christine Horan
Sylvia Macey
Steve McInnes
Lisa Stray

- Healthwatch Representative
- Director of Primary Care (Wessex Local Medical Committee Ltd)
- Primary Care Improvement Manager
- Acting Deputy Director Primary Care
- Head of Primary Care Commissioning
- Executive Assistant (Minutes)

Apologies:

Nicola Burnett
Claire Currie
Andrea Edgson
Jo Hanswenzl
Justina Jeffs
Stephen Orobio

- Deputy Chief Finance Officer
- Consultant in Public Health
- Senior Finance Manager
- Primary Care Commissioning Manager
- Head of Governance
- Clinical Quality Manager

DRAFT

1. Apologies and Welcome

Jackie Powell 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 Agenda Items 5, 6, 7 and 8. Jackie Powell, 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 29 July 2021 were approved as an accurate record.

Agenda Item	Action	Progress
8.	Primary Care CQUIN Report 2019/21 Future Healthwatch appraisals of practice websites. Roger Batterbury, will further discussions with Christine Horan to discuss the position.	Completed

4. Primary Care Risk Register

The Chair highlighted that closed Risks had also been circulated. The Public papers to be amended accordingly to include only current risks. The Risk Register Key will be circulated with the Risk Register at the next meeting

Action: L Stray

The Primary Care Register includes identified risks and mitigating actions.

The following Amber risks have been identified:

- Practice viability, which is mitigated by active engagement with practices by the Primary Care team, monitoring the quality of the Primary Care delivery, Care Quality Commission, and the practices working within Primary Care Networks.
- COVID-19 pressures adversely affecting the practices ability to deliver services, which is mitigated by SIT Rep monitoring, agreed relaxation of some of the contractual requirements, and protected funding. Close working of the Primary Care Networks, local practices, business continuity protocols, and shared clinical systems.

The Committee agreed to continue to monitor the following risks:

- R.Ports.PrC.08 COVID-19
- Risks that refer to access to urgent care and demand for Primary Care services during the winter or Bank Holiday periods

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

5. Primary Care Finance Summary

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. Jackie Powell, as the Chair, agreed that he could participate in the discussion but not in any decision-making.

The Primary Care Finance Summary – Month 05 2021/22 position was presented to the Primary Care Commissioning Committee. The report detailed the year-to-date position to Month 5, and the forecast position to Month 6. The ICS is still awaiting planning guidance for Months 7-12; and this is expected imminently with the planning process being completed by November 2021.

Committee members noted a correction on the bottom right-hand schedule as follows:

Forecast outturn variance '0' should read 'no spend position'

Further to a question from the Committee, Michelle Spandley will ask the Finance team to make the presentation clearer for future meetings.

Action: M Spandley

The Committee were asked to note the Primary Care Finance Summary – Month 05 2021/22.

The Primary Care Commissioning Committee noted the Primary Care Finance Summary – Month 05 2021/22.

6. Flu and COVID Vaccination Programmes

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. Jackie Powell, as the Chair, agreed that he could participate in the discussion but not in any decision-making.

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

Flu

- Practices are starting to roll out flu vaccinations.
- Although Flu and COVID-19 vaccinations may be co-administered it may not be possible for patients to receive their COVID-19 vaccination at the same time as Flu, due to practices delivering Flu vaccinations, and PCNs delivering COVID-19 vaccinations. There is also the added complication that COVID-19 booster vaccinations cannot be given until 6 months after the second dose.
- The Committee were assured that with all the current pressures on practices, the annual Flu vaccination roll-out should be well managed by Primary Care.

COVID-19

- The Pfizer vaccine has been fully licensed, whereas it was previously under a temporary 174 Regulation allowing the vaccine to be used.
- There have been a few minor changes in the Standard Operating Procedures in terms of movement of the vaccine once diluted, which has been easier for the vaccination services, particularly around vaccinating housebound patients.
- COVID-19 booster stage for identified Cohorts and vulnerable patients has now commenced, and can be arranged via the National Booking system.

The Committee acknowledged all of the hard work and success that Primary Care and practices have achieved through this pandemic.

The Committee were asked to note the update.

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

7. Guildhall Walk Healthcare Centre update

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. Jackie Powell, as the Chair, agreed that they could participate in the discussion but not in any decision-making.

An update was provided on the work undertaken since the decision was made at the Primary Care Commissioning Part II meeting on the 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.

Key points:

- Overall, the closure of the practice has been very positive with minimum issues being reported.
- A small number of redundancies have taken place, although some were by way of personal choice by the member of staff.
- Some staff members have been relocated into GP surgeries and South East Hampshire practices locally, which has supported the local system.
- A number of staff are now working within Portsmouth city practices.
- A small number of staff have been redeployed with the provider, Partnering Health Limited (PHL), and working at their Head Office.
- Homeless patients have been registered with a practice, and are being supported by the Outreach service. The CCG continues to support one particular practice that has taken the majority of Homeless patients.
- Looking to introduce a Locally Commissioned Service in the future that will give practices more support and resilience around caring for Homeless patients.
- SafeSpace is now being delivered from an area within the Portsmouth City Civic Offices.

A final summary paper to include the whole closedown process and lessons learned will be presented to the Primary Care Commissioning Committee in January 2022.

Action: S McInnes

Simon Cooper, along with the Committee, acknowledged all of the hard work, professionalism, and success that Steve McInnes and the Primary Care team have achieved

in the delivery and safe transition of patients to receiving practices, and the close down of the practice.

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

The Primary Care Commissioning Committee noted the Guildhall Walk Healthcare Centre update.

8. ICS Primary Care Estates update

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. Jackie Powell, as the Chair, agreed that they could participate in the discussion but not in any decision-making.

Sylvia Macey spoke to the ICS Primary Care Estates update, which provided the Committee an update on the various strands of work being carried out by the ICS Primary Care Estates group.

The Committee were asked to review and note the ICS Primary Care Estates update.

The Primary Care Commissioning Committee noted the ICS Primary Care Estates update.

9. Practice name change from The University Practice to The Unicity Medical Centre

An update was provided since the Primary Care Commissioning Committee approved the change of practice name with the University Practice changing to The Unicity Medical Centre in March 2021.

The Committee were asked to note that a Personal Medical Services Contract Variation for this change has now been issued.

The Primary Care Commissioning Committee ratified the Practice name change from The University Practice to The Unicity Medical Centre, and noted the Personal Medical Services Contract Variation had been issued.

10. Any Other Business

a) Afghan Relocations and Assistance – Primary Care Support

Steve McInnes spoke to the Afghan Relocations and Assistance – Primary Care Support scheme, and explained that the UK is supporting under its Afghan Relocations and Assistance Policy (ARAP) programme, the relocation of Afghan workers and their families.

The Portsmouth Clinical Commissioning Group (CCG) recognises that enhanced support is required for individuals arriving in the UK under ARAP. The scheme is designed specifically to support the practices in the city that sign up to this Locally Commissioned Service to register patients arriving under this scheme.

Key points:

- The funding has been allocated to £120 per patient and six families are expected to be relocated in Portsmouth.
- Interpreter Services may be required as part of the registration and follow up appointments for the patient.
- Two practices in the city are currently taking patients relating to this scheme and Primary Care will liaise with these practices to further support their nursing workforce.

Action: J O'Mara

A final specification with outlined costs to include Interpreter Services will be provided at the next meeting.

Action: S McInnes

The Committee were asked to agree the implementation of the Locally Commissioned Service.

The Primary Care Commissioning Committee supported taking forward the Local Commissioned Service.

11. 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 Wednesday 24 November 2021 at 9.45am.

Member Name	May 2021	Jul 2021	Sept 2021	Nov 2021	Jan 2022	March 2022
Margaret Geary	✓	✓	A			
Helen Atkinson	A	A	✓			
Mark Compton	A	A	✓			
Simon Cooper	✓	✓	✓			
Jason Eastman	A	A	A			
Dr Nick Moore	✓	✓	✓			
Julia O'Mara	✓	✓	✓			
Jackie Powell	✓	A	✓			
David Scarborough	✓	A	A			
Andy Silvester	✓	A	A			
Michelle Spandley	✓	A	✓			
Jo York	A	A	A			

✓ - Present

A – Apologies

Primary Care Commissioning Committee

Title of Paper	Primary Care Risk Register		
Agenda Item	4	Date of Meeting	24 November 2021
Director Lead	Simon Cooper		
Authors	Sylvia Macey		

Purpose	For Decision	X	Link to strategic objective	(F) Ensure that our services are safe and focused on maintaining and improving quality
	To Ratify			
	To Discuss			
	To Note/Receive	X		

Executive Summary

The Primary Care Risk Register includes identified risks and mitigating actions.

Recommendations	The Primary Care Commissioning Committee is requested to note the Primary Care risk register.		
Publication	Include on public website ✓		

Please provide details on the impact of following aspects

Equality and quality impact assessment	Not applicable
Patient and stakeholder engagement	Not applicable
Financial and resource implications/impact	Not applicable
Legal implications	Not applicable
Principal risk(s) relating to this paper	Contained within the paper
Key Committees/Groups where evidence supporting this paper has been considered	Primary Care Commissioning Committee

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		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		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 Primary Care Resilience Plan including support via PUSH Dr Pilot	4	4	16	05-Nov-21	2	4	8				The current score has increased due to significant pressure on Primary Care at this time.			↗ Risk Increasing	Open	
PRC.P.051	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	Simon Cooper	4	3	12		Applications for practice or branch closure to be considered by PCCC Proactive engagement with the public regarding the future options for general practice	Patient satisfaction surveys and practice performance in terms of access 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	05-Nov-21									↘ Risk Decreasing	Open			
PRC.P.051	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	Simon Cooper	3	4	12		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	05-Nov-21									↘ Risk Decreasing	Open			
PRC.P.051	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 transformation will be opposed and patient satisfaction may decline	Mark Compton	4	4	16		Clearly articulated and understood strategy owned by local partners Monitoring resilience and planned changes within Primary Care across the city (including workforce, estates and performances)	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. Communications campaign to support patients understanding of new roles in Primary Care.	3	4	12	05-Nov-21	1	3	3			L			↗ Risk Increasing	Open		
PRC.P.15F	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	Simon Cooper	2	4	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 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	Links to the wider estates strategy	1	4	4	05-Nov-21							CCG aware of lease lengths and actively working with PCNs on their estate strategies			↘ Risk Decreasing	Open	
R.Ports.Prc.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	Mark Compton	4	4	16	04-Jul-16	Acute Visiting Service in place to relieve pressures on demand. Winter access fund to support Primary Care. GP Enhanced Access service in place to relieve pressures on demand	A&E performance and feedback via A&E Delivery Board Sharing feedback with national head of Primary Care	Expansion of GP Enhanced Access service Practices requested to 'move' extended access DES sessions either side of bank holidays where possible. PUSH Dr pilot.	4	4	16	05-Nov-21									↗ Risk Increasing	Open		
R.Ports.Prc.09	Delivery of PCSE (Primary Care Services England)		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 NISE. LMC have been collating practice issues and meeting regularly with PCSE colleagues	NISE 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 NISE managing at national level	2	2	4	05-Nov-21									↘ Risk Decreasing	Open		
R.Ports.Prc.08	COVID-19		If delivery of services are not adjusted adequately, patients may be put at additional risk of contracting COVID-19		3	4	12		National and local guidance produced	Monitored through SITREPs. Vaccination programme.	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	2	4	8	05-Nov-21	1	4	4							↗ Risk Increasing	Open	
R.Ports.Prc.08.1	COVID-19		If pressures due to COVID-19 adversely affect practices' ability to deliver services this will impact on patient care		3	4	12		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	Vaccination programme.	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 SystmOne 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	05-Nov-21	1	4	4								→ Stable / No Movement	Open

Primary Care Risk Register

Colour Key:

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

Impact Score, Likelihood Score and Risk Score Matrix

Choose the most appropriate domain from the left hand side of the table Then work along the columns in same row to assess the severity on the scale of 1 to 5 to determine the impact score, which is the number given at the top of the column.

Domains	Impact score (severity levels) and examples of descriptors				
	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
1. Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
2. Quality/complaints/audit	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/independent review Low performance rating Critical report	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards
3. Human resources/organisational development/staffing/competence	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis

	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
4. Statutory duty/ inspections	No or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation Reduced performance rating if unresolved	Single breach in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breaches in statutory duty Improvement notices Low performance rating Critical report	Multiple breaches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report
	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
5. Adverse publicity/ reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
6. Business objectives/ projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national deadlines 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
7. Finance including claims	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£1 million

Likelihood scoring matrix:

Likelihood	1	2	3	4	5
Descriptor	Rare <20%	Unlikely 20-40%	Possible 40-60%	Likely 60-80%	Almost certain 80%+
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently

Risk Score (Impact x Likelihood):

5. Almost Certain	5	10	15	20	25
4. Likely	4	8	12	16	20
3. Possible	3	6	9	12	15
2. Unlikely	2	4	6	8	10
1. Rare	1	2	3	4	5
	1. Negligible	2. Minor	3. Moderate	4. Major	5. Catastrophic

Primary Care Commissioning Committee

Title of Paper	Finance Report – Primary Care		
Agenda Item	5	Date of Meeting	24 November 2021
Director Lead	Michelle Spandley, Chief Finance Officer		
Authors	Nicola Burnet, Deputy Chief Finance Officer		

Purpose	For Decision		Link to strategic objective	Manage our resources effectively
	To Ratify			
	To Discuss			
	To Note/Receive	X		

Executive Summary

This paper has been produced to inform the Primary Care Commissioning Committee of the overall CCG position to Month 06 2021/22 and the Primary Care budgets position in greater depth.

The CCG has delivered its planned surplus of £1,675k for H1 despite underachievement of ERF income of £521k. This was achieved by use of the CCG contingency and underperformance on Independent Sector contracts.

Primary Care broke even in H1. There were overspends in Primary Care which were mitigated by underspends across other primary care budgets.

H2 Plans have not yet been agreed to confirm total 21/22 allocations. Following this approval a budget alignment exercise will be carried out to assign budget against specific schemes.

Prescribing continues to present a cost pressure to the CCG.

Forecasting of expenditure against ARRS funding are being developed following the submission of recruitment trajectories regionally.

Recommendations	The Committee is asked to note the Month 06 financial position
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Publication	Include on public website ✓
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Please provide details on the impact of following aspects

Equality and quality impact assessment	N/A
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Patient and stakeholder engagement	N/A
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Financial and resource implications/impact	N/A
Legal implications	N/A
Principal risk(s) relating to this paper	N/A
Key Committees/Groups where evidence supporting this paper has been considered	N/A

Finance Report

September 2021/22 - Month 06

Primary Care Focus



Prepared 15th November 2021

Improving health services...

Finance Dashboard



Portsmouth
Clinical Commissioning Group

Indicator	Target	Actual
In year position - Year to date (variance) (Not including retrospective allocations due)	(£0.85m)	(£0.79m)
In year position - Year to date (variance) (Including retrospective allocations due)	(£1.68m)	(£1.68m)
Running costs - Year to date (variance)	£0.00m	(£0.01m)
BPPC performance - invoices paid within Better Payment Practice Code - Value (Full year)	95%	100%
BPPC performance - invoices paid within Better Payment Practice Code - Volume (Full year)	95%	99%
Cash Utilisation - percentage of drawdown remaining at month end (£M)	<= 1.25% £0.355m	24.18% £6.867m
Debtors - percentage over 90 days (£)	< 10%	77% £0.942m
Creditors - percentage over 90 days (£)	< 10%	0% (£0.041m)



Finance Summary

Key Headlines

- The CCG has delivered its planned surplus of £1,675k for H1 despite an underachievement of ERF income of £521k.
- The CCG contingency and IS contractual under performance has been utilised to support the delivery of the forecast financial position.
- The 21/22 pay award, including back-pay to April 2021 is included in the September accounts. It has been confirmed nationally that the CCG will not receive an increase in running cost allocation to fund the increase. The cost pressure created by the pay award has been mitigated in H1 by underspend in non-pay.
- The pay award due to providers will be transacted in H2 with dedicated funding provided to mitigate the financial impact to the CCG.
- Debtors over 90 days relate to invoices outstanding with Portsmouth City Council which are delayed due to a change in financial operating system. The teams are working together to address the administrative issues preventing release of payment.



Summary Financial Performance

	Half Year Budget £'m	MONTH 06 - September 21		
		YTD Budget £'m	YTD Actual £'m	YTD Variance £'m
Acute Commissioning	79.2	79.0	78.4	-0.6
Mental Health Commissioning	23.9	23.9	24.5	0.6
Community Services Commissioning	18.3	18.3	18.5	0.2
Primary Care Commissioning	38.6	38.6	38.5	-0.1
Continuing Care	9.7	9.7	10.8	1.1
Other Commissioning	7.4	7.4	7.4	0.0
Running Costs	2.0	2.0	2.0	-0.0
Reserves & Contingencies	2.6	2.6	1.4	-1.1
In-year Surplus	0.8	0.8	0.0	-0.8
In Year Reporting	182.5	182.3	181.5	-0.8
Central allocation for HDP	1.1	0.9	0.0	-0.9
Central allocation for ERF	0.0	0.0	0.0	-0.0
Revised In Year Reporting	183.6	183.2	181.5	-1.7
To reflect our control total reported position (including central allocations adjustments):				
In Year Reporting	183.6	183.2	181.5	-1.7
Cumulative Surplus	3.2	3.2	0.0	-3.2
Cumulative Reporting	186.8	186.4	181.5	-4.9

Please note regarding variances – Negative represents a favourable variance, Positive represents an adverse variance

September 2021/22 - Month 06

Improving health services...



Detailed Financial Performance



Portsmouth

Clinical Commissioning Group

	Half Year Budget £'m	MONTH 06 - September 21			
		YTD Budget £'m	YTD Actual £'m	YTD Variance £'m	
Acute Commissioning	Portsmouth Hospitals NHS Trust	67.6	67.4	67.4	0.0
	University Hospital Southampton FT	1.9	1.9	1.9	0.0
	Western Sussex Hospitals FT	0.3	0.3	0.3	0.0
	Hampshire Hospitals NHS FT	0.0	0.0	0.0	0.0
	Salisbury HealthCare NHS FT	0.0	0.0	0.0	0.0
	South Central Ambulance FT	4.7	4.7	4.7	0.0
	Clinical Assessment and TCs	3.4	3.4	3.3	-0.0
	NCA's / OATs	0.2	0.2	0.3	0.1
	Other Acute Commissioning	1.2	1.2	0.5	-0.7
Mental Health Commissioning	Solent NHS Trust (MH)	16.7	16.7	16.7	-0.0
	Southern Healthcare FT (MH)	0.8	0.8	0.8	-0.0
	Other Mental Health Commissioning	6.4	6.4	7.0	0.6
Community Health Commissioning	Solent NHS Trust (Community)	16.4	16.4	16.5	0.1
	Southern Healthcare FT (Community)	0.3	0.3	0.3	0.0
	Joint Equipment Store	0.6	0.6	0.6	0.1
	Wheelchair Service	0.4	0.4	0.4	-0.0
	Hospices	0.1	0.1	0.1	-0.0
	Other Community Commissioning	0.5	0.5	0.5	-0.0
Primary Care Commissioning	Practice Primary Care Prescribing	16.8	16.8	17.2	0.4
	Local Commissioned Services	2.1	2.1	2.1	0.0
	Delegated Commissioning	17.5	17.5	17.5	0.0
	Primary Care Transformation	2.3	2.3	1.7	-0.6
Continuing Care	Adult Continuing Care	8.0	8.0	9.2	1.2
	CHC Children	0.5	0.5	0.7	0.1
	Funded Nursing Care	1.2	1.2	1.0	-0.2
Other Commissioning	Recharges NHS Property Services Ltd	0.5	0.5	0.5	0.0
	Non-MH ECR, Childrens ECRs and S56/S257	0.2	0.2	0.6	0.4
	IVF / IFR	0.3	0.3	0.1	-0.2
	BCF	4.7	4.7	4.6	-0.1
	111 Service	0.6	0.6	0.6	-0.0
	Other Commissioning	1.0	1.0	1.0	0.0
Running Costs	HQ / Directorates, Agency & Assurance	1.3	1.3	1.3	0.0
	CSU Charges	0.6	0.6	0.6	0.0
	Estate Management	0.1	0.1	0.1	-0.0
Centrally Managed Programmes	Commissioning Reserve	2.6	2.6	1.4	-1.1
	In-year Surplus	0.8	0.8	0.0	-0.8
	In Year Reporting	182.5	182.3	181.5	-0.8
	Central allocation for HDP	1.1	0.9	0.0	-0.9
	Central allocation for ERF	0.0	0.0	0.0	-0.0
	Revised In Year Reporting	183.6	183.2	181.5	-1.7
To reflect our control total reported position (including central allocations adjustments):					
	In Year Reporting	183.6	183.2	181.5	-1.7
	Cumulative Surplus	3.2	3.2	0.0	-3.2
	Cumulative Reporting	186.8	186.4	181.5	-4.9

Please note regarding variances – Negative represents a favourable variance, Positive represents an adverse variance

September 2021/22 - Month 06

Improving health services...



Detailed Primary Care



Portsmouth
Clinical Commissioning Group

Services /Schemes Description	H1 Budget - to Month 6 £m	YTD Budget £m	YTD Actual £m	YTD Variance £m
Commissioning Schemes				
Basket Scheme	0.3	0.3	0.3	0.0
Phlebotomy	0.1	0.1	0.1	(0.0)
Diabetes	0.1	0.1	0.1	0.0
Respiratory	0.1	0.1	0.1	0.0
Leg Ulcers	0.1	0.1	0.1	0.0
LARC (Non Contraceptive use)	0.0	0.0	0.0	0.0
Leg Group LCS	0.0	0.0	0.0	(0.0)
Ring Pessary	0.0	0.0	0.0	0.0
Deprivation and Inequalities	0.0	0.0	0.0	0.0
Ear Irrigation	0.0	0.0	0.0	(0.0)
Glaucoma	0.0	0.0	0.0	0.0
Low Vision	0.0	0.0	0.0	0.0
CQUIN	0.3	0.3	0.3	0.0
Workforce Development	0.2	0.2	0.2	0.0
Pharmacy	0.1	0.1	0.0	(0.0)
Flu Incentive Scheme	0.0	0.0	0.0	0.0
Special Allocation Scheme (SAS)	0.0	0.0	(0.0)	(0.0)
Homeless LCS	0.0	0.0	0.0	0.0
GPIT	0.5	0.5	0.5	(0.0)
Other	0.0	0.0	0.0	0.0
Total Commissioning Schemes	1.9	1.9	1.9	0.0
Services /Schemes Description	Annual Budget - to Month 6 £m	YTD Budget £m	YTD Actual £m	YTD Variance £m
Primary Care Investments				
Integrated Primary Care Service	0.2	0.2	0.2	(0.0)
GPV - Improved Access (Integrated Primary Care Service)	1.3	1.3	1.3	0.0
Integrated Primary Care Service - In-Hours CAS	0.1	0.1	0.1	0.0
Covid @ Home	0.2	0.2	0.2	0.0
Contingency	0.6	0.6	0.0	(0.6)
PC Network Core payment (£1.50 Per Head)	0.0	0.0	0.0	0.0
GP COVID Capacity Expansion Fund	0.0	0.0	0.0	0.0
Total Primary Care Investments	2.3	2.3	1.7	(0.6)
Services /Schemes Description	Annual Budget - to Month 6 £m	YTD Budget £m	YTD Actual £m	YTD Variance £m
GP Forward View				
STP - GPV PCN Development	0.2	0.2	0.2	0.0
STP - GPV Infrastructure & Resilience	0.0	0.0	0.0	(0.0)
STP - GPV International Recruitment	0.0	0.0	0.0	0.0
STP - GPV Fellowship Aspiring Leaders	0.0	0.0	0.0	0.0
STP - GPV Training Hubs	0.0	0.0	(0.0)	(0.0)
STP - GPV A&C Training	0.0	0.0	0.0	0.0
STP - GPV Resilience	0.0	0.0	0.0	0.0
STP - GPV GP Retention	0.0	0.0	0.0	0.0
Total GP Forward View	0.2	0.2	0.2	(0.0)
Services /Schemes Description	H1 Budget - to Month 6 £m	YTD Budget £m	YTD Actual £m	YTD Variance £m
Delegated Commissioning				
GMS - Main General Practice Contract/OOH	4.2	4.2	9.0	4.8
PMS - Main General Practice Contract/OOH	5.9	5.9	5.8	(0.1)
APMS - Main General Practice Contract/OOH	0.4	0.4	0.4	0.1
QOF Aspiration/Achievement	1.6	1.6	1.0	(0.6)
DES - Minor Surgery, Learning Disabilities	0.4	0.4	0.0	(0.4)
DES - PCN ARRS	1.3	1.3	0.4	(1.0)
DES - PCN ARRS Central Funding	(0.6)	(0.6)	0.0	0.6
DES - Primary Care Networks	0.5	0.5	0.5	(0.0)
Retainers	0.0	0.0	0.0	(0.0)
Maternity / Paternity / Adoptive / Sickness	0.2	0.2	(0.1)	(0.3)
Needles & Syringes	0.0	0.0	0.0	0.0
Collaborative Fees	0.1	0.1	0.1	0.0
Professional Fees - Prescribing	0.1	0.1	0.0	(0.1)
Premises - Rent	0.9	0.9	0.7	(0.3)
Premises - Business Rates	0.2	0.2	0.2	(0.1)
Premises - Water/Sewerage/Clinical Waste	0.0	0.0	0.0	(0.0)
CQC Fees	0.1	0.1	0.0	(0.0)
Section 96	0.0	0.0	0.0	0.0
Target	0.0	0.0	(0.1)	(0.1)
MJog	0.0	0.0	0.0	0.0
Pathology Consumables	0.0	0.0	0.0	0.0
Minor Improvement Grants	0.0	0.0	(0.1)	(0.1)
PMS Premium to be reinvested	0.1	0.1	0.0	0.0
Other/Contingency funds	2.0	2.0	(0.3)	(2.5)
Total Delegated Commissioning	17.5	17.5	17.5	0.0
Services /Schemes Description	Annual Budget - to Month 6 £m	YTD Budget £m	YTD Actual £m	YTD Variance £m
Prescribing				
Practice Primary Care Prescribing	15.8	15.8	16.2	0.5
Central Drugs	0.5	0.5	0.5	0.0
Home Oxygen	0.1	0.1	0.1	(0.0)
Medicines Management - Clinical	0.3	0.3	0.3	(0.0)
Total Prescribing	16.8	16.8	17.2	0.4
Primary Care 2021/22	H1 Budget - to Month 6 £m	YTD Budget £m	YTD Actual £m	YTD Variance £m
Prescribing	16.8	16.8	17.2	0.4
Local Commissioning Schemes	1.9	1.9	1.9	0.0
Primary Care Investments	2.3	2.3	1.7	(0.6)
GP Forward View	0.2	0.2	0.2	(0.0)
Delegated Commissioning	17.5	17.5	17.5	0.0
Reporting to M06	38.6	38.6	38.5	(0.1)

September 2021/22 - Month 06

Improving health services...

Primary Care Summary

- Overall Primary Care broke even across H1 with prescribing overspends offset through the use of underspends across other primary care budgets.
- H1 income practice income for the majority of Locally Commissioned and Directed Enhanced service have been protected at pre-pandemic levels. Analysis and discussions are ongoing to review arrangements into H2.
- H2 plans are due to be submitted to NHS England 18th October to confirm total allocations available in 21/22. Following plan approval a budget alignment exercise will be carried out to assign budget against specific schemes.
- In depth forecasts of expenditure against ARRS funding are being developed following the submission of recruitment trajectories regionally. Initial reviews indicate the current plans are below the available allocation.
- Mental Health prescribing continues to present a cost pressure across the CCG. Whilst contributing towards the achievement of the MHIS in 21/22 the impact is not inline with the CCGs MH investment plans.



Primary Care Commissioning Committee

Title of Paper	Flu and COVID Vaccination Programmes update		
Agenda Item	6	Date of Meeting	24 November 2021
Director Lead	Simon Cooper, Director of Primary Care and Medicines Optimisation		
Authors	Lisa Stray, Executive Assistant		

Purpose	For Decision	<input type="checkbox"/>	Link to strategic objective	Ensure that our services are safe and focused on maintaining and improving quality
	To Ratify	<input type="checkbox"/>		
	To Discuss	<input type="checkbox"/>		
	To Note/Receive	<input checked="" type="checkbox"/>		

Executive Summary	
<p>Provide the Committee with an update on the current Flu and COVID Vaccination Programme position.</p>	
Recommendations	Committee members are requested to note the update.
Publication	Include on public website ✓

Please provide details on the impact of following aspects	
Equality and quality impact assessment	N/A
Patient and stakeholder engagement	N/A
Financial and resource implications/impact	N/A
Legal implications	N/A
Principal risk(s) relating to this paper	N/A
Key Committees/Groups where evidence supporting this paper has been considered	N/A

Primary Care Commissioning Committee

Title of Paper	Personal Medical Services (PMS) Contract Variations		
Agenda Item	7	Date of Meeting	24 th November 2021
Director Lead	Simon Cooper, Director of Primary Care and Medicines optimisation		
Authors	Victoria Smyth, Primary Care Commissioning Officer		

Purpose	For Decision	X
	To Ratify	
	To Discuss	
	To Note/Receive	

Link to strategic objective	Ensure that our services are safe and focused on maintaining and improving quality
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Executive Summary	
<p>To review the enclosed proposed GP partnership changes for PMS contracts and seek approval for variations to be issued.</p>	
Recommendations	Recommended for Approval
Publication	Include on public website ✓

Please provide details on the impact of following aspects	
Equality and quality impact assessment	N/A
Patient and stakeholder engagement	N/A
Financial and resource implications/impact	N/A
Legal implications	N/A
Principal risk(s) relating to this paper	N/A
Key Committees/Groups where evidence supporting this paper has been considered	N/A

Portsmouth PMS Practice Changes

Practice	Portsmouth Group Practice (PMS contract)	
Practice change	Dr Olarinde Babatolu is resigning from the partnership on 31/07/2021	<i>Practice list size as at June2021</i> 55,396
Total number of GP Partners after change	11	
Remaining WTE GP Partner after change	8.52	
Remaining WTE Salaried GP after change	9.27	
Total number of GPs after change	25	
Total WTE Clinical staff excl GP's/Partners	10.5	
Total WTE GP after change	17.79	
Total average patients per WTE GP Total average patients per WTE GP and additional workforce	This equates to 6502 patients per WTE GP Partner This equates to 3114 patients per WTE GP This equates to 1958 patients Per WTE GP and WTE additional workforce	

Practice	Portsmouth Group Practice (PMS contract)	
Practice change	Dr Simon Donhue is changing role from Salaried GP to GP Partner and joining the partnership on 01/08/2021	<i>Practice list size as at June2021</i> 55,396
Total number of GP Partners after change	12	
Remaining WTE GP Partner after change	9.52	
Remaining WTE Salaried GP after change	9.27	
Total number of GPs after change	26	
Total WTE Clinical staff excl GP's/Partners	10.50	
Total WTE GP after change	18.79	
Total average patients per WTE GP Total average patients per WTE GP and additional workforce	This equates to 5819 patients per WTE GP Partner This equates to 2948 patients per WTE GP This equates to 1891 patients Per WTE GP and WTE additional workforce	

Practice	Lake Road Practice (PMS contract)	
Practice change	Dr Natalie Devall has resigned from the Partnership on 31/07/2021	<i>Practice list size as at June2021</i> 20,949
Total number of GP Partners after change	5	
Remaining WTE GP Partner after change	4.9	
Remaining WTE Salaried GP after change	4.3	
Total number of GPs after change	11	
Total WTE Clinical staff excl GP's/Partners	2.5	
Total WTE GP after change	9.2	
Total average patients per WTE GP Total average patients per WTE GP and additional workforce	This equates to 4275 patients per WTE GP Partner This equates to 2277 patients per WTE GP This equates to 1790 patients Per WTE GP and WTE additional workforce	

Primary Care Commissioning Committee

Title of Paper	Afghan Relocations and Assistance – Primary Care Support		
Agenda Item	8	Date of Meeting	24 th November 2021
Director Lead	Simon Cooper, Director of Primary Care and Medicines optimisation		
Authors	Victoria Smyth, Primary Care Commissioning Facilitator		

Purpose	For Decision	
	To Ratify	X
	To Discuss	
	To Note/Receive	

Link to strategic objective	<ul style="list-style-type: none"> work with our partners to collaborate to deliver improvements in health outcomes invest in improving health and wellbeing
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Executive Summary	
<p>This paper provides an update for the Committee on the Afghan Relocations and Assistance Policy (ARAP) locally commissioned service that was agreed in principle at a previous committee meeting.</p>	
Recommendations	To agree implementation of the Locally Commissioned Service
Publication	Include on public website ✓

Please provide details on the impact of following aspects	
Equality and quality impact assessment	N/A
Patient and stakeholder engagement	N/A
Financial and resource implications/impact	Small amount of funding required, costs as yet unknown
Legal implications	N/A
Principal risk(s) relating to this paper	N/A
Key Committees/Groups where evidence supporting this paper has been considered	Primary Care Commissioning Committee – September 2021

Appendix 1 – final specification

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	10R-2021-22-13
Service	Afghan Relocations and Assistance – primary care support
Commissioner Lead	Steve McInnes, Head of Primary Care Commissioning
Provider Lead	
Period	1 September 2021 – 31 March 2022
Date of Review	By 31/12/2021

1. Population Needs

1.1 National/local context and evidence base

The Afghan Relocations and Assistance Policy (ARAP) was announced in December 2020, with the scheme launching from the 1st April 2021. Eligibility under the national scheme has four categories for assistance:

<u>Category</u>	<u>Cohort</u>	<u>Assistance offered</u>
Category 1	High risk / imminent threat	Urgent relocation
Category 2	Eligible for relocation by default	Routine relocation
Category 3	Not eligible for relocation	Other support offered
Category 4	Special cases	Case-by-case basis

Several thousand people are likely to arrive under ARAP in the UK in the summer of 2021 according to the latest government estimates. The majority of these are expected to be pre-school and primary school age children. People arriving to the UK under the ARAP will spend the first 10 days in managed quarantine services (MQS) with access to healthcare for acute health care needs.

A first dose of COVID-19 vaccination is being offered in some MQS hotels to eligible individuals, meaning a second dose may fall while in bridging accommodation.

Bridging hotels are being used following managed quarantine stay. The bridging hotels are unlikely to be in the local authority areas where families will be permanently relocated but LAs are to provide wrap-around support.

All families and individuals relocated under ARAP are legally entitled to access all NHS healthcare services under their 5 years 'Leave to Enter the UK' immigration status.

Portsmouth Clinical Commissioning Group (CCG) recognises that enhanced support is required for individuals arriving in the UK under ARAP. This scheme is designed specifically to support the practices in the city that sign up to this locally commissioned service to register patients arriving under this scheme.

These practices will need provide flexible approaches and adopt different ways of working to give these patients the best chance of achieving good health outcomes.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	√
Domain 2	Enhancing quality of life for people with LTC	√
Domain 3	Helping people to recover from episodes of ill-health or following injury	
Domain 4	Ensuring people have a positive experience of care	√
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	√

2.2 Local defined outcomes

The key outcomes that the service will deliver are:

- a convenient, accessible, timely and equitable service to all patients on the ARAP scheme
- a safe service in safe environment close to the patient's residence
- improvements in health-related outcomes
- in addition, specifically those outcomes that may be listed under Schedule 4, parts A-D, of the associated NHS Standard Contract
- Registration of patients under ARAP;
- Screening and immunisations of patients registered under ARAP
- Onward follow up consultations for patients who require further treatment.

3. Scope

3.1 Aims and objectives of service

To ensure people within the ARAP are safely and promptly registered with a GP practice and offer the appropriate health care checks and interventions.

3.2 Service description/care pathway

The registering practice will ensure that patients arriving under the ARAP are able to receive the following:

Initial registration of Patients on ARAP and new patient health check:

Patient initial registration process:

No proof of ID, address documentation or confirmation of immigration status will be required by practices to register the patients on the ARAP. Permanent registration of the patients is advised, noting PCSE will not accept a hotel address and will reject the registration. The surgery registering the patient will need to use the practice address as the patient's home address.

National Guidance is available on [assessing new patients from overseas](#), which contains a checklist for assessing new migrant patients, including supplemental checklists about [children's health](#) and [oral/dental health](#), and information about [women's health](#).

Interpreter Services

As part of registration and follow up appointments for the patient an interpreter may be required. It is preferable that a commissioned professional interpreter is offered as part of any appointment with the patient. The main languages spoken in Afghanistan are: Afghan Persian or Dari (majority), Pashto, Uzbek, Turkmen, Urdu, Pashayi, Nuristani, Arabic and Balochi.

NHS England commission interpreter services. At present the commissioned providers are: Prestige has been the interpreter service provider and Sonus for BSL services

Health Check:

Patients should be offered a health check as part of the registration process, considering additional supplementary checklists as detailed above and in the reference list. Patients under the ARAP should be considered for several screening and immunisation checks as detailed below.

Safeguarding:

Assess for any safeguarding concerns and take appropriate actions to prevent harm.

Mental health:

- The Patients mental health and wellbeing should be assessed,
- Use trauma-informed approaches to care provision.
- Where appropriate, refer to specialist services through the IAPT or local voluntary-sector service providers.

Nutritional and metabolic concerns:

- There is a high risk of anaemia in preschool-aged children and moderate risk of anaemia in adults from Afghanistan; testing for anaemia should be done as clinically indicated.
- There is a high risk of vitamin A deficiency in Afghanistan. If you suspect vitamin A deficiency, seek advice on appropriate diagnosis and treatment from local endocrinology or paediatric team.
- Vitamin D deficiency may also be possible, particularly for individuals who cover their body for cultural or religious reasons, or have darker skin colour. Refer to NICE guidelines to determine which individuals should be tested.

Non-communicable diseases:

- The burden of non-communicable diseases is rising in Afghanistan, including cardiovascular disease, diabetes, respiratory disease and cancer
- While data is limited, there is evidence suggesting smoking is prevalent in Afghanistan. Consider signposting new arrivals to stop smoking services where applicable. Where applicable, provide information about the risks of other tobacco products like pann (betel).

Maternal health:

- Access to antenatal care in Afghanistan is often limited
- Pregnant women and women of childbearing age from Afghanistan may not be aware of the importance of antenatal care and how antenatal services work in the UK. Explain these services to women, refer them to useful women's health resources, and link them in with antenatal and postnatal services where appropriate.
- Explain how Continuity of Carer services work

Other health concerns:

- Consider the possibility of female genital mutilation which is practiced in Afghanistan
- As male circumcision is highly prevalent in Afghanistan, ensure individuals know how to seek advice and understand the appropriate procedures for men and boys in the UK [The Afghanistan page](#) of the Migrant Health Guide provides more information about these topics, reproductive health indicators and other country profile information.

Vaccinations:

Ensure individuals are [aligned with the UK vaccination schedule](#),

particularly [polio](#) which is endemic in Afghanistan. Further to this please consider the following,

Tuberculosis:

Check with the individual if they have been screened for active pulmonary TB, and offer screening as soon as possible to those who have not yet received it.

Afghanistan has a very high incidence of TB and all individuals should be screened for active pulmonary TB as soon as possible after arrival to the UK. This includes a chest X-ray for non-pregnant individuals aged 11 years and above and TB symptom check as per pre entry visa requirements. Individuals should be screened for latent tuberculosis once registered in primary care as per NICE guidance and the national latent TB infection (LTBI) testing and treatment programme. Individuals who are positive for LTBI should be treated by the local TB service.

COVID-19:

Refer to official government policy on COVID-19 risk. Ensure individuals are offered COVID-19 vaccination as appropriate upon registration.

Hepatitis B:

Hepatitis B incidence is intermediate in Afghanistan and screening should be considered. Offer screening to pregnant women and ensure postexposure immunisation is provided to infants born to hepatitis B infected mothers.

Typhoid:

Enteric fever should be considered in the differential diagnosis of any illness following arrival into the UK. Severity of disease is variable, although most individuals experience fever and headache. Young children may experience a mild illness and should be investigated with blood cultures, if suspected, clearly labelled to highlight travel history. Following recovery, convalescing patients may continue to excrete S.Typhi in their faeces and chronic carriers require prolonged courses of antibiotics to clear the organism.

Malaria:

Risk varies based on altitude. For the main populated areas, the risk is low For mountainous areas above 2,000m, there is no risk. Advice is to test individuals who are unwell and from affected areas of Afghanistan.

Helminths:

Consider requesting Strongyloides serology and refer to guidance for testing.

Outcomes for the patient may be as follows:

1. Advice and support provided during the registration and Health Check appointment(s);
2. Screening and immunisations for the patients
3. Referral to specialist services where patient requires

Evaluation

Regular contact between Practice Managers, CCG Primary Care Team and the Local Authority Public Health team

Key performance criteria:

- Registration of patients under ARAP;
- Screening and immunisations of patients registered under ARAP
- Onward follow up consultations for patients who require further treatment.

References

1. Gov UK Guidance published Afghan Relocations and Assistance Policy: further information on eligibility criteria, offer details and how to apply,

<https://www.gov.uk/government/publications/afghan-relocations-and-assistance-policy/afghan-relocations-and-assistance-policy-information-and-guidance>

2. Gov UK, Guidance on assessing new patients from overseas
<https://www.gov.uk/guidance/assessing-new-patients-from-overseas-migrant-health-guide#checklist-for-assessing-migrant-patients>
3. Gov UK, Children's health checklist <https://www.gov.uk/guidance/childrens-health-migrant-health-guide>
4. Gov UK, Oral/ dental health checklist, <https://www.gov.uk/guidance/dental-health-migrant-health-guide#advice-for-healthcare-professionals>
5. Gov UK, Women's health checklist, <https://www.gov.uk/guidance/womens-health-migrant-health-guide>
6. Gov UK, Afghanistan: migrant health guide,
<https://www.gov.uk/guidance/afghanistan-migrant-health-guide>
7. Gov UK vaccination schedule, <https://www.gov.uk/guidance/immunisation-migrant-health-guide>
8. Gov UK Guidance on Polio, <https://www.gov.uk/guidance/poliomyelitis-and-post-polio-syndrome-migrant-health-guide>

3.3 Population covered

This scheme covers all patients on the Afghan Relocations and Assistance Programme.

3.4 Any acceptance and exclusion criteria and thresholds

Acceptance is only available to patients under the Afghan Relocations and Assistance Programme.

3.5 Interdependence with other services/providers

Local Screening and immunisation teams, Local Safeguarding teams; Interpreter services; Child Health Information Services; Well-being services

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

Included but not limited to:

- Covid 19 NICE Guidelines
- Tuberculosis NICE Guidelines
- Hepatitis B NICE Guidelines

4.2 Applicable standards set out in Guidance and/or issued by a competent body

N/A

4.3 Applicable local standards

N/A

5. Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements (See Schedule 4 Parts A-D)

Refer to Schedule 4 of NHS Standard Contract

5.2 Applicable CQUIN goals (See Schedule 4 Part E)

N/A

6. Location of Provider Premises

The service should be provided from the main provider site and any branch sites where applicable.

7. Prices and costs

£120 Per patient