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21st January 2015

Cllr. David Horne
Chair of HOSP
Member Services
The Civic Offices, Guildhall Square
Portsmouth
PO1 2AL

Dear Cllr Horne

CCG update for Portsmouth Health Overview and Scrutiny Panel

This letter is intended to update you and the members of the Portsmouth Health Overview and Scrutiny Panel on some of the work the Clinical Commissioning Group has been involved with since our last update in November.

I have set out a brief summary of a few key issues within this letter but please do contact me if you need more information about any of these.

1 Five-year 'Forward View' for the NHS

It is worth noting that NHS England published its 'Five Year Forward View' towards the end of last year. This sets out a vision for how the NHS should evolve over the next few years and will therefore be influential in the way that local services are planned and developed. It describes various models of care which could be provided in the future, defining the actions required at local and national level to support delivery.

2 Member practice elections

Two Clinical Executive members have recently been re-elected to our Governing Board as part of a process designed to ensure that we have an effective succession planning structure in place in line with the CCG's Constitution, Standing Orders and Statement to Member Practices.

Two positions on the Governing Board were put forward for election at the end of last year with the remaining three to follow later in 2015. Existing members of the Clinical Executive are able to stand for re-election but nominations are also accepted from our wider practice membership. The process is administered for us independently by the Local Medical Committee (LMC.)

We are delighted to inform you that Dr Dapo Alalade and Dr Elizabeth Fellows have both been re-elected by member practices for a further three years commencing 1 April 2015 as

Clinical Executives. They have both made a significant contribution to the CCG since its inception and it is good news that we will be able to retain their knowledge, experience and enthusiasm for a further term.

3 Primary care co-commissioning

In May last year, NHS England invited CCGs to put forward expressions of interest to take on an increased role in the commissioning of primary care services. The intention behind this is to enable CCGs to improve primary care services locally for the benefit of patients and local communities. Responsibility for the commissioning of primary care services has resided with NHS England since 2013.

Following careful consideration of risks and benefits, and after taking on board the views of our member practices, we have submitted an application for delegated commissioning.

This essentially would allow us to have much greater levels of control over factors including:

- monitoring local GP practices;
- designing and influencing the additional services GP practices might take on, over and above their core responsibilities, linked to national or local priorities; and
- the ability to establish new practices in the area, approve mergers or changes to practice premises or boundaries.

We believe there will be a number of local benefits arising from delegation of primary care commissioning including:

- an opportunity for joined up commissioning, bringing primary care into our integrated care strategy with the ability to innovate, challenge and change models;
- greater opportunity to work with primary care in redesigning and improving services locally, including urgent care;
- the ability to support, encourage and enable faster pace of change within primary care;
- addressing the current separation of commissioning across organisations would lead to better understanding for commissioners, providers, their patients and the public.

The NHS England Wessex Area Team are required to assure themselves that CCGs have everything in place for arrangements to be implemented (including the necessary capacity and capability) and that the CCG has undertaken a robust risk assessment. We will also be talking further with our GP colleagues ahead of any proposed changes to ensure that they remain engaged in the process as it moves forward.

If approval is granted the changes will take place from 1st April 2015.

4 In-Vitro Fertilisation (IVF)

As we highlighted in our previous update to the Panel, Clinical Commissioning Groups from across Southampton, Hampshire, the Isle of Wight and Portsmouth have been asking their local residents for views about providing In-Vitro Fertilisation (IVF) in the future.

In February 2013 the National Institute for Health and Care Excellence (NICE) published updated clinical guidelines in relation to fertility services. As a result the NHS in the area

asked public health specialists to review the most recent evidence of clinical and cost effectiveness for IVF, and Intra-Cytoplasmic Sperm Injection (ICSI).

As part of that review process the CCGs also sought views from local people, their representatives, GPs and interest groups. That feedback has been considered alongside the recommendations of clinicians, with each CCG then making a decision about funding of, and eligibility for, NHS assisted conception services.

As a result of both the clinical evidence and cost modelling data, the Priorities Committee has recommended a change to the current SHIP access criteria. Currently, the local NHS only funds one fresh embryo transfer, whereas the recommendation of the Priorities Committee is that this be amended to cover up to two embryo transfers. The proposed access criteria therefore is:

One cycle of IVF treatment is defined as one cycle of ovarian stimulation, egg retrieval and fertilisation and up to 2 separate embryo transfers (fresh/frozen or frozen/frozen as clinically indicated). It includes appropriate diagnostic tests, scans and pharmacological therapy. It is anticipated that, rarely, patients who are not eligible for treatment because they do not fulfil these criteria may, by virtue of their personal circumstances, be considered an exceptional case for NHS funding. If this is thought to be applicable, the patients' GP or Hospital Consultant may contact the relevant CCG IFR panel which is responsible for considering funding for individual cases.

This would require an anticipated additional recurrent annual investment of £36,000 for Portsmouth CCG which could be expected to result in between five or six additional live births for the local population.

5 Urgent care

Performance within urgent care remains a central focus for the CCG and all partners across the local health system and Panel members will be aware that the topic has attracted considerable media interest both locally and nationally.

The situation locally is very much in line with the position nationally, with Trusts in all regions reporting difficulties reaching access targets, and enacting resilience plans to ensure the continued delivery of safe care.

Local health and social care organisations have been co-ordinating efforts to ensure safe care can continue to be delivered to those who need it most and particularly in urgent care situations. There have already been a series of actions and investment of additional funding, to ensure the resilience of the local health system throughout the winter months, and beyond.

These actions have included: the opening of additional community beds; opening escalation areas at QA Hospital; ensuring that nursing staff employed in non-clinical roles are available for clinical duties; the deployment of staff to facilitate effective handovers between ambulance crews and ED staff; primary care staff supporting ambulance crews to keep patients at home rather than taking them to ED; improved systems for the discharge of inpatients; and the deployment of new community-based teams to help both with admission avoidance, and timely discharge.

In addition all patients attending ED are now being reviewed by a senior doctor soon after arrival to assess whether they could be treated appropriately elsewhere, such as at the Urgent Care Centre, a minor injuries unit, or by their own GP.

We are also continuing to promote the range of urgent care alternatives looking to broaden the range of formats we use to try and get important messages about urgent care choices out to people in Portsmouth. These have included a series of short animated videos featuring 'Ed', a character who explores alternative options to the Emergency Department including self-care, pharmacy, NHS111 and minor injuries units. To date the videos have attracted well over 3500 views through the Urgent Care Pompey Facebook page, which, in itself is also proving to be a helpful resource in helping us promote urgent care messages using a less formal approach (www.facebook.com/urgentcarepompey)

The Facebook page, which operates across the local health system, is being used alongside our websites to promote specific information about urgent care, including the videos and our local Urgent Care guide. We have also been working on a month long campaign, teaming up with Wave 105FM, that runs from mid-January to mid-February and features a series of radio and video interviews with local staff promoting urgent care services as alternatives to ED, alongside other interactive content.

6 Investment in health proposals from the not for profit sector

We have once again been running an investment programme that invites not for profit organisations to bid for allocations from a non-recurring allocation we set aside to support innovative projects that help address local health priorities.

We were delighted with last year's response and the success of many of the schemes so we have repeated the exercise this year - with the result that 13 voluntary groups, supporting some of Portsmouth's most vulnerable people, are set to receive funds for new health-related schemes totalling some £260,000.

In fact, we increased the original sum we set aside as some of the bids were so good we really did not want to turn them down, as these are projects that could make a huge difference to the lives of so many people in Portsmouth.

Organisations could bid for funding up to £30,000 and successful schemes this time include:

- a counselling service for potentially marginalised individuals in Portsmouth;
- a scheme to survey the specific health needs and requirements of veterans and their families in the city;
- a cancer support centre for anyone with the illness regardless of age, stage of illness or type of cancer;
- a programme to support older people with low physical activity levels to improve their health;
- an innovative new reminiscence programme using Portsmouth FC memories linked to physical activity to enhance the quality of life for local people with dementia or who are lonely, isolated and vulnerable; and

- an awareness raising and engagement project working with black/Asian minority ethnic community groups, particularly those where there is a high level of male participation, to develop an increased understanding of health and wellbeing issues, the NHS and its services.

7 Diabetes care

We were pleased that local diabetes care has been recognised in a Kings Fund report published at the end of October. The Kings Fund has published six case studies of 'specialists in out-of-hospital settings' and included the Portsmouth and South East Hampshire Diabetes service as one of these.

They recognised the work that has been undertaken to move much of the care for diabetes patients out into the community and primary care with the identification of the 'super six' patient groups who should continue to be managed in hospital, with the ongoing support for other patients with diabetes discharged to primary care.

The results of the six case studies have been used to establish some key findings for others to learn from and build upon and revealed huge potential in consultants working with primary, community and social care colleagues to improve the diagnosis and treatment of patients outside hospital.

Well-designed services of this type can help patients better manage their chronic conditions and can improve patient experience, care co-ordination, and waiting times. The benefits relate mainly to the quality of care rather than cost.

Yours sincerely



Dr Jim Hogan

Chief Clinical Officer and Clinical Leader, NHS Portsmouth CCG

