



SUPPLEMENTARY AGENDA

HEALTH OVERVIEW & SCRUTINY PANEL

THURSDAY, 21 SEPTEMBER 2023 AT 1.30 PM

VIRTUAL REMOTE MEETING

Telephone enquiries to Lisa Gallacher, Local Democracy Officer 02392 834056

Email: lisa.gallacher@portsmouthcc.gov.uk

Membership

Councillor Mark Jeffery (Chair)
Councillor Leonie Oliver (Vice-Chair)

Councillor Matthew Atkins
Councillor Stuart Brown
Councillor Graham Heaney
Councillor Judith Smyth
Councillor David Evans

Councillor Ann Briggs
Councillor Martin Pepper
Councillor Julie Richardson
Councillor Vivian Achwal
vacancy Fareham Borough Council

(NB This supplementary agenda should be retained for future reference with the main agenda and minutes of this meeting).

SUPPLEMENTARY AGENDA

8 Access to Primary Care (GP practices, dentistry and pharmacy) (Pages 3 - 16)

The enclosed report originally marked "to follow" was published on 14 September 2023.

Jo York, Managing Director Health and Care Portsmouth, will answer questions on the attached report.

9 ICB recovery support programme (Pages 17 - 20)

The enclosed report originally marked "to follow" was published on 14 September 2023.

Jo York, Managing Director Health and Care Portsmouth, will answer questions on the attached report.

This page is intentionally left blank

Agenda Item 8



Portsmouth Health Overview Scrutiny Panel

Health and Care Portsmouth report

September 2023

Accessing primary care

This report provides an overview of the work being undertaken in Portsmouth to improve access to primary care, incorporating general practice, community pharmacy, and dentistry.

The report is provided by Health and Care Portsmouth - a partnership of six organisations working together to improve health and social care in Portsmouth. The partners are:

- HIVE Portsmouth
- NHS Hampshire and Isle of Wight Integrated Care Board (ICB)
- Portsmouth City Council
- Portsmouth Hospitals University NHS Trust
- Portsmouth Primary Care Alliance
- Solent NHS Trust

1. GP practices

1.1. Introduction

1.1.1. General Practice Appointment Data (GPAD) is published nationally on a monthly basis and provides detailed data on appointment levels in General Practice, by mode, clinician category and timeframe. There are a number of caveats with GPAD which need to be considered.

1.1.2. Appointments with patients are one part of the workload of a GP, which will typically also include many other tasks such as paperwork, meetings and liaising with other health care professionals.

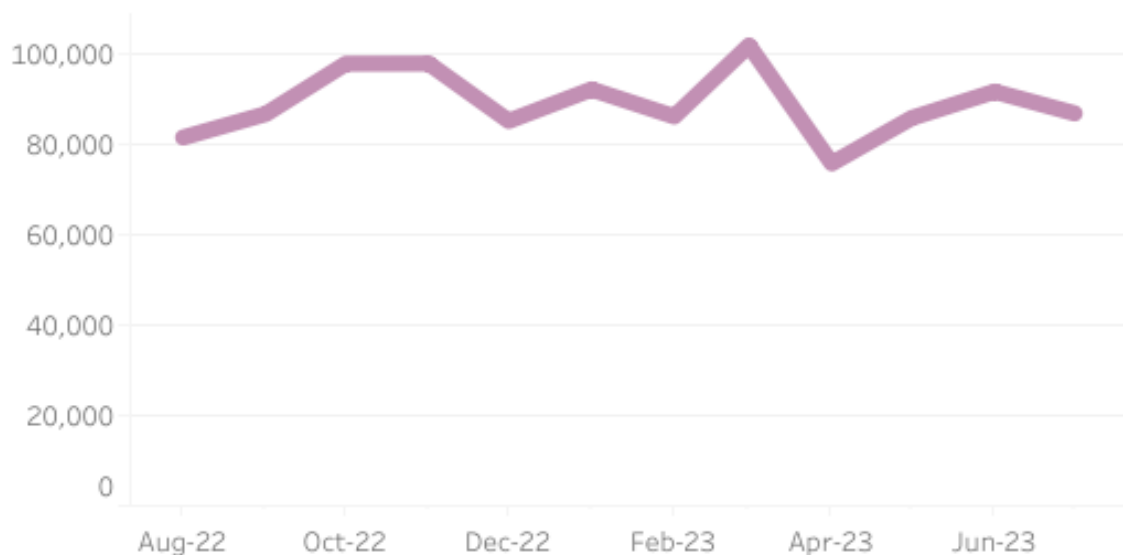
1.1.3. The number of appointments required can vary based on the needs of patients driven by a number of uncaptured factors. For example the age distribution in an

area or the prevalence of long-term illnesses.

1.1.4. Variations in working methods and recording between practices must be considered alongside the data quality issues below when interpreting practice level data.

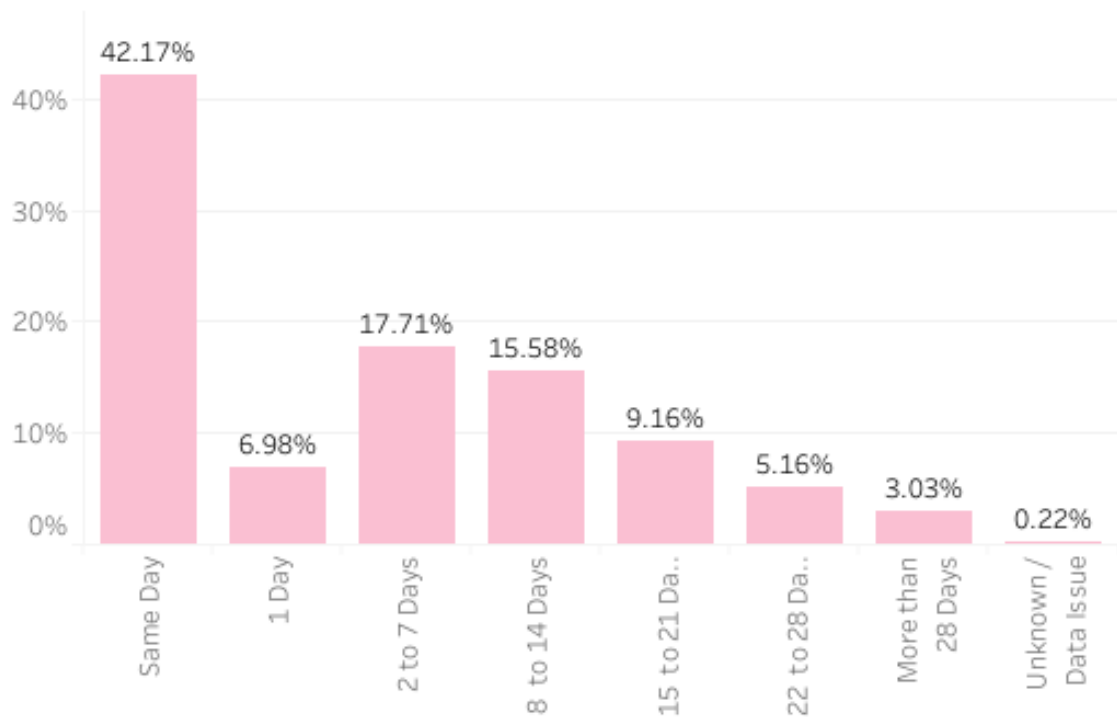
1.1.5. The latest data (from July 2023), shows 86,723 appointments took place across Portsmouth practices, down from 91,528 in June 2023, however, July had one less working day and the rate per working day was similar across the two months. There was a similar reduction in total appointments offered between June and July at both a national and ICB level.

Appointments by Month

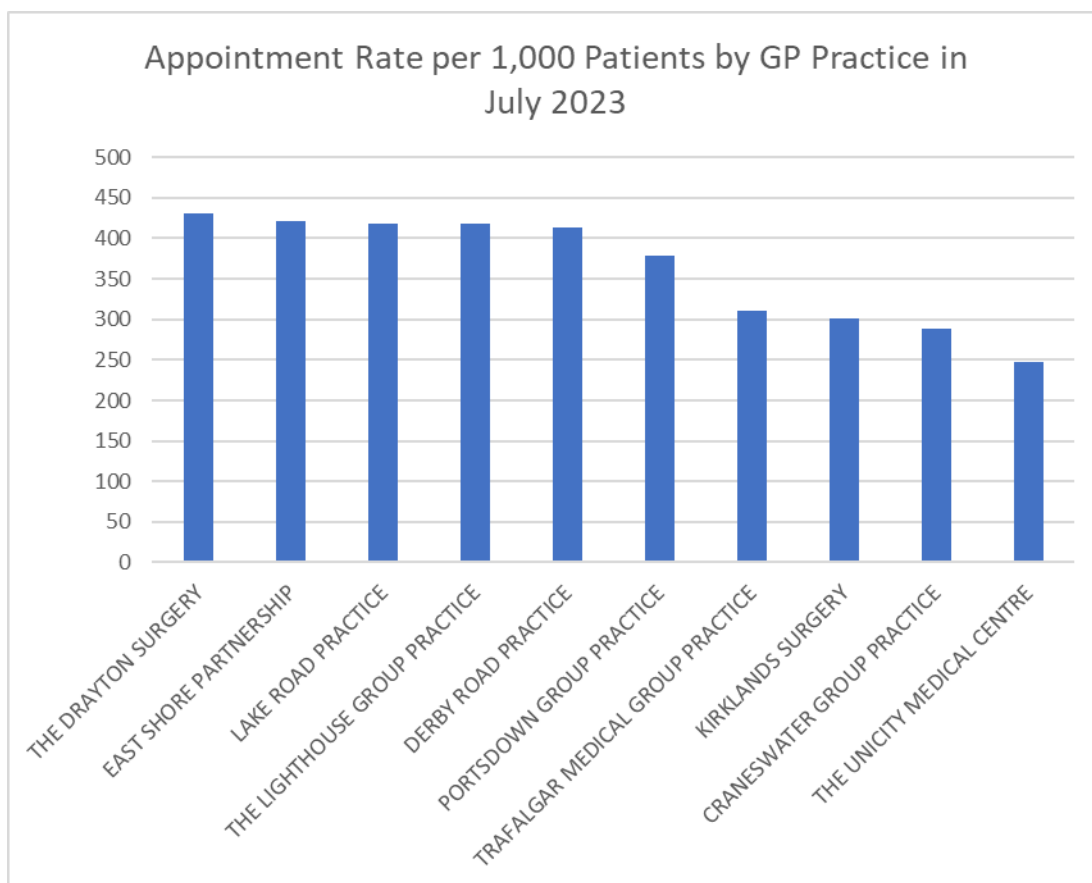


1.1.6. Of the 86,723 appointments, 42.17% were same day appointments, with a total of 82.44% taking place within two weeks of booking. Nationally, 43.6% of appointments were same day and 83.5% took place within two weeks of booking.

Time Waiting



- 1.1.7. The rate of appointments per 1,000 population ranged from 430 to 247 across the 10 practices. The national and ICB average rates per 1,000 population for July 2023 were 445 and 452 respectively. However, across the ICB, there was significant variation with rates ranging from 126 to 855.



1.2. Delivery Plan for recovering access to primary care

1.2.1. In May 2023, NHS England published the *Delivery plan for recovering access to primary care*. This document recognises that primary care is under significant pressure and sets out a national commitment to improving patient experience of accessing general practice. This plan seeks to support recovery by focusing this year on four areas:

- Empower patients to manage their own health including using the NHS App, self-referral pathways and through more services offered from community pharmacy. This will relieve pressure on general practice.
- Implement Modern General Practice Access to tackle the 8am rush, provide rapid assessment and response, and avoid asking patients to ring back another day to book an appointment.
- Build capacity to deliver more appointments from more staff than ever before and add flexibility to the types of staff recruited and how they are deployed.

- Cut bureaucracy and reduce the workload across the interface between primary and secondary care, and the burden of medical evidence requests so practices have more time to meet the clinical needs of their patients.
- 1.2.2. NHS Hampshire and the Isle of Wight Integrated Care Board (ICB) will report to public Board in November 2023 on the local response to the *Delivery plan for recovering access to primary care* and progress made to date.
- 1.2.3. One element of the *Delivery plan for access to primary care* requires Primary Care Networks (PCNs) to develop *Capacity and Access Improvement Plans* for 23/24 which set out the actions they are taking locally to improve patient experience of access, in line with the *Delivery plan for recovering access*. All Portsmouth PCNs have developed these plans and they have been approved by the ICB. The ICB will work with PCNs to regularly review progress made against these *Capacity and Access Improvement Plans*.
- 1.2.4. Whilst there is local nuance between the plans, there are a number of themes which have come up across the city where PCNs are looking to make improvements. These are:
- Telephony: Practices to work on improving access to GP Practice on the phone by identifying ways to reduce demand of phone systems for example by encouraging use of community pharmacy consultation services, online consultations, and utilising the NHS app.
 - Website: All practice websites will be audited for usability and accessibility and an action plan to address the findings of this audit will be developed.
 - Online Consultations: Increase the use and availability of online consultations.
 - DNA: Practices to develop plans to improve *did not attend* rates, saving in lost appointments.
 - Patient feedback: Practices will work on improving the coverage of the Friends & Family Test and use local surveys to gather patient feedback. Practices and PCNs will also develop processes to analyse and act on feedback. Engage with the Patient Participation Groups and relaunch these where not currently established.
 - Better managing practice workload:

- Maximising recruitment to and use of additional roles in primary care to ensure patients see the most appropriate professional for their need (in line with our recent *It Takes a Team* campaign).
 - Enhance social prescribing teams and promote the role both internally and externally so that patients have a better understanding of what the social prescribing service can offer.
 - Care Navigation: Train new reception staff on care navigation to ensure patients are directed to the correct services. Review care navigation processes to ensure that all navigating staff are fully up to date and aware of patient pathways.
- Understand demand and capacity to identify and inform areas for improvement and drive actions to do this.

1.3. Cloud Telephony

- 1.3.1. One key requirement of the *Delivery plan for recovering access to primary care* was for Practices to move away from analogue phone systems to modern digital cloud telephony systems. In 2022/23, Hampshire and the Isle of Wight ICB supported all practices to make this move where it had not already happened and so all Portsmouth practices are already making use of these systems. Some practices are also already using the call back technology features which enable patients to maintain the position in a call queue without needing to hang on the telephone line.

1.4. Primary Care Medical Estates Updates

1.4.1. Handleys Corner – Trafalgar Medical Group Practice relocation from Osbourne Road

- 1.4.1.1. The Handleys Corner scheme has been a priority within Portsmouth since May 2020 when approved to proceed to Outline Business Case by Portsmouth Primary Care Commissioning Committee (PCCC). Prior to this it was recognised in the Portsmouth CCG Local Estate Strategy 2015-2020 that there was a need to look at the Osbourne Road (current site) which is in old housing stock and had been further pressured by two Practice mergers.
- 1.4.1.2. The Handleys Corner scheme became available as a result of availability and scope of the proposed redevelopment of Handley's Corner, Palmerston Road, a unique and rarely available opportunity for the development of Primary Care Services in Portsmouth which is very densely populated and where land

opportunities are scarce.

- 1.4.1.3. After rigorous review and questioning, including comment from Star Chamber the Portsmouth CCG Primary Care Committee supported and approved Trafalgar Medical Group Practice Full Business Case application for rent reimbursement for a new premise at Handley's Corner on the 11 May 2022.
- 1.4.1.4. The development has significant Local Councillor and Portsmouth City Council support and is hoped to be part of the regeneration of the Palmerston Road shopping area. The development will also include 134 apartment dwellings which is expected to increase the practice population.
- 1.4.1.5. The scheme was unfortunately paused for several months while some issues with the land sale were concluded. These have now been concluded and completion of the scheme is expected in the summer of 2024.
- 1.4.2. **Highclere scheme – The Drayton Surgery**
- 1.4.2.1. This scheme has had support for a number of years as part of Wave 4 funded projects both from Portsmouth CCG and from NHS England.
- 1.4.2.2. Originally the scheme was to relocate the North Harbour Medical Practice from Cosham Health Centre to the new location at Highclere. This development will provide additional facilities to The Drayton Surgery to support their expanded patient numbers following the closure of North Harbour Medical Practice.
- 1.4.2.3. Planning permission was submitted in April 2022 and the Full Business Case has been with NHS England for some time while questions regarding Modern Methods of Construction (MMC) were resolved.
- 1.4.2.4. NHS England have given approval for the scheme and Solent NHS Trust, who are developing the scheme will take re-tendering forward in the coming months.
- 1.4.2.5. It is expected that the build will take 18 months with an expected completion during March 2025.
- 1.4.3 **Bransbury Park**
- 1.4.3.1 This project supports the relocation of The Lighthouse Group Practice branch surgery from Devonshire Avenue to the new Bransbury Park Leisure development, with associated increase in space.
- 1.4.3.2 This scheme is a unique opportunity to be part of the Council's leisure development. It is a high priority due to its city location, as there are not many

opportunities that arise due to lack of available land.

- 1.4.3.3 Following the presentation of the Business Case on 14 June 2023 the H10W ICB Primary Care Committee was in principle, positive and in support of this initiative but were unable to approve as further work was requested in terms of additional information.
- 1.4.3.4 Due to the critical timescales with Portsmouth City Council, the Business Case for this scheme was presented to the ICB Executive Management Group on 11 July 2023 where support for the scheme was given. The ICB Primary Care Committee also supported the scheme at its meeting 19 July 2023.
- 1.4.3.5 The scheme is expected to be completed in January 2026.

1.5. Specialist pharmacists in general practice

- 1.5.1. Portsmouth medicines optimisation team have established a new team of seven Specialist Clinical Pharmacists to work at a city-wide level. With an increasing number of patients living with multiple long-term conditions and being prescribed complex medication regimens in primary care there is a need to have specialists working in primary care. The specialist pharmacist team are supporting patients in a number of ways including conducting structured medication reviews, and improving patient safety, outcomes and value through a person-centred approach.
- 1.5.2. The specialities covered by the team are frailty, endocrinology, cardiovascular disease, respiratory disease, pain management, mental health, and learning disabilities. The specialities are both local and national priorities for areas to improve health care.
- 1.5.3. The team is now working across all PCNs in the city providing specialist support and increasing access to primary care for our residents.
- 1.5.4. There are multiple examples of the work being delivered by the team including:
 - Reviewing people with dementia or learning disabilities who are prescribed antipsychotics for challenging behaviour with a view to reduce or stop this medication.
 - Being an ambassador for change at community events, with our learning disabilities pharmacist highlighting the importance of STOMP (stopping overmedication of people with a learning disability, autism or both with psychotropic medicines) at a Positive Behaviour Support Conference

planned in the centre of Portsmouth in October.

- Our respiratory pharmacist has a joint post with secondary care so has the opportunity to discuss poorly controlled asthma/COPD patients with consultants at PHU, providing early specialist input to prevent patients deteriorating and requiring a hospital admission.
- Additionally offering more flexibility to respiratory patients by offering appointments at the surgery most convenient for them has meant patients have been able to access a face-to-face appointment who would have otherwise been reviewed over the phone. This has been crucial for ensuring that patients inhaler technique is reviewed and optimised.
- Working collaboratively with public health and the University of Portsmouth, a new pharmacy led pathway for detection of high blood pressure for patients in community settings who are unlikely to access healthcare services has been designed. Pharmacy undergraduates will check individuals blood pressure under the supervision of the cardiovascular pharmacist who will discuss any abnormal readings and refer the patient for ambulatory monitoring via the national community pharmacy service. Any individual diagnosed with hypertension will be referred to the cardiovascular pharmacist for initiation of treatment, any required tests and monitoring.
- Ensuring patients on the severe mental illness register are having their medication discussed with them and reviewed at the time of their physical health check.

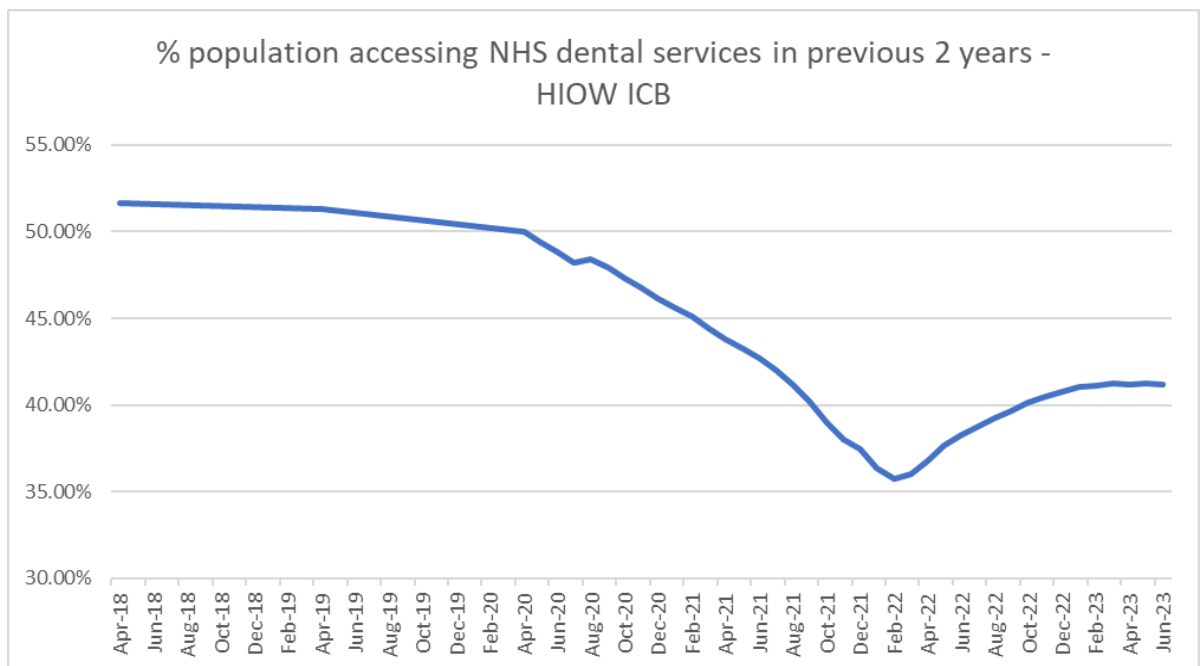
2. Dentistry

2.1. Introduction

- 2.1.1. On 1 July 2022 Hampshire and the Isle of Wight (HIOW) Integrated Care Board (ICB) took on delegated responsibility for Dentistry, alongside Pharmacy and Optometry. ICBs have an explicit purpose to improve health outcomes for their whole population and the delegation allows the ICB to integrate services to enable decisions to be taken as close as possible to their residents. The ICB is working to ensure their residents can experience joined up care, with an increased focus on prevention, addressing inequalities and achieve better access to dental care and advice.

2.2. Primary care

- 2.2.1. In April 2018, 938,883 people (51.64% of the population) accessed NHS dental services in the previous 2 year period. In April 2019, prior to the pandemic 933,361 people (51.34% of the population) accessed an NHS Dentist attendance within a 2-year period. This is based on the recorded population of 1,831,473 living in Hampshire.



- 2.2.2. However, this fell significantly during the pandemic where practices had to close for 3 months between March and June 2020 and operated at reduced capacity until July 2022. In early 2022 the percentage of patients attending dental practices fell to 35.74% in February 2022. Access has however started to improve with 41.21% of the population (754,33 people) attending by June 2023.
- 2.2.3. Dental practices have been recalling patients, but many have had increased treatment needs due to longer gaps between attendances. This means that treatment plans take longer to complete. Dentists deliver services within cash limited budgets. This means that if it is taking longer to complete treatments for some patients it is more difficult for other patients to access care, so backlogs are still a challenge.
- 2.2.4. Whilst access to primary care is improving there are on-going challenges. These have been detailed within this section and the challenges are being compounded by workforce challenges in the service. Dental practices have found it difficult to maintain their workforce to deliver NHS services. Many Dentists prefer to work fewer days on the NHS and therefore deliver less activity. This would enable them to focus more of their time on private work and in some cases, Dentists are

either leaving the NHS or opting not to join at the start of their career.

2.2.5. Dentists and practices are citing several reasons for leaving the NHS. These include:

- The focus on treatment with limited focus on oral health improvement, with implications this has on time to be made available to patients
- Delays in proposed changes to the contract at national level
- The level of nationally implemented annual financial uplifts to the contracts when compared to the costs of running their services
- The limited flexibility within the contract to use greater skill mix to deliver care
- The extent of patient dissatisfaction with access to care

2.2.6. This has impacted on the ability of practices to deliver their contracts, which means they may seek to reduce their NHS commitment or leave the NHS altogether. The table below details the number of contracts handed back since 2021-22 across the South-East:

ICB	Total practices	Contracts handed back 2021-22 to 2023-24
Buckinghamshire, Oxfordshire and Berkshire West (BOB)	15	70,522
<i>Frimley</i>	<i>1</i>	<i>13,782</i>
Hampshire and the Isle of Wight	16	117,508
Kent and Medway	16	111,896
Surrey Heartlands	9	61,815
Sussex	17	132,233
Total	74	507,756

2.2.7. When practices hand back their contracts, arrangements are put in place to commission services from local practices to cover this loss on a temporary basis prior to a procurement exercise to find a replacement. These arrangements were in place across Hampshire whilst recommissioning of services took place across the locality. In total the dental team identified to replace lost activity and increase activity by procuring 222,000 UDAs in 2022/23 across Hampshire. Of the 222,000 UDAs that went out to procurement, 104,000 were procured

successfully within Portsmouth; 78,000 UDAs are now live, with an additional 26,000 to commence in Portsmouth shortly. These have been delayed as the original successful bidders did not progress to contract start and a second bidder was awarded the contracts.

- 2.2.8. It is however unfortunate that since this procurement the number of contracts which have been handed back and also the request to permanently reduce contract activity, remains a concerning issue, with the inability to recruit dentists and support staff a large factor in the reduction of dental access. Recruitment remains a national issue although it is felt more towards the coastal and rural localities.

2.3. Access sessions

- 2.3.1. Since 2020, the NHS in the South-East has commissioned Additional Access sessions from practices to deliver sessions above the levels normally commissioned to help patients access care if they have an urgent treatment need. There are 3 practices taking part in this scheme in Hampshire based in Eastleigh, Gosport and Portsmouth.

2.4. Flexible Commissioning

- 2.4.1. In some parts of the country, ICBs are implementing Flexible Commissioning arrangements whereby practices can convert up to 10% of their contract value from delivery activity targets to the provision of access sessions. These sessions are used to provide access for patients who have faced challenges accessing care and to more vulnerable patient groups. H10W ICB is monitoring the impact of these schemes as part of consideration of local adoption.
- 2.4.2. We are continuing to develop innovative and flexible commissioning solutions to improve access which includes a 'dental bus' which is in the early stages of development.

2.5. Big Dental Discussion event - Tuesday 8 June

- 2.5.1. 38 attendees attended the event from across the ICS to discuss the challenges associated with: Routine and Urgent Access, Health Inequalities, Prevention and Workforce. The discussion have been summarised into a report which has been shared with stakeholders. Advisory task and finish groups, based on the days themes, will be established in Oct 23 with dental stakeholders to co design solutions.

2.6. HIOW ICB Dental Strategy

- 2.6.1. We have created a draft dental strategy to articulate our vision for HIOW dentistry and outline how we will achieve it. To create the strategy we used Dentistry: Big Conversation discussion, relevant national and local documents plus the feedback we received from stakeholders such as Healthwatch. We will be consulting with our stakeholders, offering the opportunity to review and comment.

2.7. Oral Health Promotion

- 2.7.1. Public Health in Portsmouth City Council have funded the University of Portsmouth Dental Academy and Solent NHS Trust Specialist Dental Service to work in partnership to deliver oral health promotion to key populations in Portsmouth. The programme starts in the Autumn and delivers in two parts, firstly using the 'saving smiles' award scheme concentrating in Early Years school settings. They will be offering the programme in 10 early years settings and 18 primary schools in our most deprived wards in Portsmouth. This will include a staff training offer; healthy lunch boxes and water only offer and further training for Health Visitors and School Nurses. Each school will be encouraged to identify an oral health champion to ensure sustainability in the work between visits. The second part of the programme offers a digital oral health promotion offer to broaden the spread of oral health promotion in care homes and within our homeless population.

3. Community pharmacy

3.1. Introduction

- 3.1.1. As previously reported, there is a high demand for Pharmacists which is partly responsible for an increase in locum rates. In addition to this, pharmacy running costs are rising but nationally the community pharmacy budget has decreased by 0.22 in 2020-2021. There has been an increase in patients using distance selling pharmacies, reducing income for local pharmacies. These circumstances have resulted in increased cost pressures for contractors which, in addition to the cost-of-living crisis, has resulted in unplanned closures.

3.2. Community Pharmacy Pathfinder Programme

- 3.2.1. Hampshire and Isle of Wight Integrated Care Board (ICB) have been successful in a bid to pilot pharmacist prescribing in community pharmacies across Portsmouth providing contraceptive services.

- 3.2.2. NHS England is developing a programme of pilot sites, referred to as 'pathfinder' sites, enabling a community pharmacist prescriber to support primary care clinical services. This presents an opportunity for ICBs and community pharmacy to redesign current pathways and for the pharmacies to play an increasing role in delivering clinical services in primary care. The ambition is to establish a framework for the future commissioning of clinical services incorporating prescribing pharmacists in community pharmacy.
- 3.2.3. NHS England funding is being provided to the ICB for project management, evaluation, and professional support. Funding for up to six pharmacy sites in Portsmouth will cover the cost of up to 24 four-hour sessions per month of a prescribing pharmacist in addition to core set up fees.
- 3.2.4. Expressions of interest are currently being sought from community pharmacies across Portsmouth with a deadline of Tuesday 12 September. It is proposed that sites will be up and running in October/November 2023.

3.3. Community Pharmacy Roundtable and Summit

- 3.3.1. Following the closure and consolidation of several community pharmacies in Portsmouth over the last year or so, a community pharmacy roundtable discussion and summit has been proposed by Portsmouth City Council this autumn.
- 3.3.2. Cllr Matthew Winnington, Cabinet Member for Community Wellbeing, Health and Care, has invited all community pharmacists to a roundtable discussion at the Civic Offices on Thursday 28 September, 6.30-8.30pm.
- 3.3.3. The roundtable discussion is being convened as the beginning of a two-way dialogue between the council and community pharmacists in order to better understand the challenges which local community pharmacists are facing and offer support.
- 3.3.4. The roundtable discussion will then help to inform a Community Pharmacy Summit, expected to take place in November with a wider group of partners and stakeholders. It is hoped that at the summit, we can draw together a vision for community pharmacy in Portsmouth.



Portsmouth Health Overview Scrutiny Panel

NHS Hampshire and Isle of Wight Integrated Care Board report September 2023

ICB Recovery Support Programme

1. When the Integrated Care Board was established in July 2022 it became the statutory organisation responsible for setting the strategic plan for the NHS to deliver its part of the health and care strategy, allocating NHS resources and working through our places and transformation programmes to ensure the right services are delivered to people in our communities.
2. The Integrated Care Board sits within our Integrated Care System, in which partners continue to work closely to together to better join up health and care services to improve the health and wellbeing of people in the communities we serve.
3. Health and care partners across Hampshire and Isle of Wight have a long history of working together and with our population. We are determined to ensure this continues and is strengthened further to enable people in our communities to live healthier, longer lives.
4. While we can be proud of what we have achieved to date, there is more to do. We face some significant challenges including complicated service pathways and unacceptable variation of services in some areas and we are not in financial balance. We are working hard, with local health and care partners, to address these challenges.
5. A major priority for our organisation over the coming months is addressing our system-wide deficit, bringing our system back into balance and ensuring that collectively we live within our means. There are many aspects to the explanation for our deficit, including:
 - a. A larger than average number of older people with multiple health conditions and complex health needs

- b. Increasing workforce pressures
 - c. The costly duplication of some of our services
 - d. Significant fragmented service provision
6. The Integrated Care Board is taking a lead in cutting the system-wide deficit by making its own efficiency savings in each of the next two years. Our people are working differently, including working in even more close partnership with our partners across the local system.
7. Colleagues in NHS England at regional and national level are thoroughly supportive and we have recently sought assistance from the national Recovery Support Programme. This offers an experienced system improvement director who can draw on an expert multidisciplinary team to give focused support to NHS organisations facing complex challenges. It helps to embed improvement by addressing the underlying drivers of the problems in those parts of the system that hold the key to improvement. It also provides knowledge and skills transfer that ensures long-term sustainable capability within the system.
8. The drive for efficient, high-quality services means:
- a. We are continuing to reduce inequalities to improve outcomes and enable people to live longer, healthier lives
 - b. We are continuing to work in partnership to reduce the demand for urgent care by increasing our focus on avoiding unnecessary hospital admissions
 - c. We need to get people into hospital quickly when they really need hospital treatment
 - d. And we need to get them home again as soon as they are ready to go home
9. The ICS began this financial year with a significant deficit. Four months in and the deficit is £107million.
10. The drivers of the deficit include a larger than average number of older people with multiple health conditions and complex health needs, increasing workforce pressures, the costly duplication of some of our services, significant fragmented service provision and the premium cost of providing healthcare on the Isle of Wight.
11. Other contributing factors within this year are the extra costs around “no criteria to reside patients” – patients in hospital whose discharge is delayed; industrial action reducing elective activity and therefore the income trusts can generate; and specific

pressures relating to the NHS pay award.

12. In addition, the System Savings plans have not yet delivered as planned. During the same period the Integrated Care Board has improved its monthly run-rate performance although overall it is currently £5.8m off plan. This is due to extra prescribing costs, as well as an overspend in month on our Continuing Health Care budget. The upcoming August and September results are important predictors of the year end position.
13. Everyone in our local NHS, supported by colleagues in social care and other partners, has a role to play and collective responsibility to make a real and lasting difference to how efficiently NHS services are provided today, tomorrow and into the future, for the patients that rely on us.

This page is intentionally left blank