

CCG Headquarters
4th Floor
1 Guildhall Square
Portsmouth PO1 2GJ

Tel: 023 9289 9500

21 June 2017

Cllr Leo Madden
HOSP Chair
Portsmouth City Council
3rd Floor, Civic Offices
Guildhall Square
Portsmouth PO1 2AL

Dear Cllr Madden,

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 over the past few months.

This formal update is in addition to the regular informal meetings with you and your panel colleagues, and which, I hope, continue to be useful for all concerned.

Our website – www.portsmouthccg.nhs.uk – may provide some further details about what we do if members are interested, but of course we are always happy to facilitate direct discussions if there are particular issues which are of interest to the panel.

1 Changes to our clinical leadership

Since our last update in February, Dr Linda Collie, a GP with the East Shore Partnership in the city, has been confirmed as the CCG's new chief clinical officer. She joined the CCG in 2013 and succeeds Dr Jim Hogan, the current CCG chief clinical officer, who retired in May having held that role since the CCG was formed.

Dr Dapo Alalade has also stepped down from his clinical executive role with the CCG. To fill the vacancies created by the departures of Dr Hogan and Dr Alalade, Portsmouth GPs Dr Annie Eggins and Dr Nick Moore have been elected to the executive team.

2 Engagement Your Big Health Conversation

We mentioned in our last update in February that we were embarking on the first phase of a programme of engagement called ‘Your Big Health Conversation.’

Ultimately this engagement activity will support the development of new systems of NHS care both within Portsmouth, and across the wider local health economy. Our intention behind the initial phase was to do two, specific things. Firstly, to begin a ‘plain English’ conversation with local people about the challenges facing the NHS in this area and the likely consequences of those challenges, and secondly to start the process of gathering feedback about potential changes to services in the future.

This is very much the start of what we plan to be an ongoing, phased programme of engagement process, that can be built up over a period of time, rather than be a ‘means to an end’ for one specific proposal.

This first phase was conducted as a survey although we may use a range of different techniques to engage people in future. The survey was prominent on the websites of all three local CCGs and promoted via social media, and news media, and also through a network of contacts in the city – partner organisations, stakeholders, GP surgeries and Patient Participation Groups, and other patient and public representative groups.

The survey asked people their views on the greatest strengths, but also frustrations, of the NHS in this area, what could be done differently to improve patient care, and also sought responses to enquiries about access to GPs, mental health care, bed blocking and priorities for a seven day NHS.

We are still undertaking the detailed analysis of the 1950 responses we received (311 specifically from the Portsmouth PO1-PO6 area) but preliminary findings have been interesting and were reported to our Governing Board in May – the paper is available here:

[Big Conversation preliminary report](#)

Some points of interest to date are:

- 52.3% of Portsmouth respondents (64.7% overall) said that the NHS needed to change and that GPs and community care services should be the priority for this - only one in ten regarded hospital-based services as a priority;
- Most respondents (41.9%) believe that one way of improving access to primary care is for patients with minor problems to see another NHS professional rather than a GP; a further third thought that people should be encouraged to take more responsibility for minor health problems themselves;
- Two thirds felt that people could benefit more from larger specialist centres for some treatments even if they are further from home, with only one in five advocating a approach of ‘all services at all hospitals’;
- Nearly half of those who responded opted for improved care closer to home as the best means of tackling bed blocking, even if that resulted in fewer hospital beds overall;
- Seven day access to NHS services generated more of a mixed response with no clear, standout preferred answer – the three main preferences for the priority for

seven days services were: urgent care should be the priority for weekend services (36.6%); all NHS services should be available, every day – Saturdays and Sundays should be like any other day (29.7%) while 22.4% believed that there were already enough NHS services available at the weekend.

We need to stress that these are just a sample of preliminary findings to date and have come from us analysing the quantifiable data. Several of the questions also offered people the chance to share their views in free text form and this is what we are reviewing now. This will give us a richer supply of information and we can share the main findings of this with you in a future update if that would be helpful.

We anticipate being able to start Phase 2 of our engagement programme over the summer and the focus for this is likely to be exploring potential new models of primary care with people in Portsmouth.

3 CCG annual report/engagement report

We have recently published our annual report for 2016/17 on our website. The report effectively serves three purposes. It provides a detailed look at our financial accounts, provides assurance on our governance policies and processes but it also gives us the opportunity to review our year and look ahead to how things are likely to develop over the next few years, too.

You may also be interested in our annual engagement report which sits alongside our main annual report and summarises the patient experience, engagement and consultation work we have undertaken during the year, all of which helps us in commissioning and improving services.

4 New approach to contracting arrangements with Portsmouth Hospitals NHS Trust

Our NHS contract with Portsmouth Hospitals NHS Trust is reviewed annually and the current contract has been agreed for two years from April 2017 – March 2019. The financial terms of the Standard NHS Contract are based on national tariff prices in accordance with 'Payment by Results' (PbR). Essentially this is the payment system in England under which commissioners pay healthcare providers for each patient seen or treated, taking into account the complexity of the patient's healthcare needs

Payment by Results has been in place for many years and was introduced at a time when the NHS needed to create additional capacity to radically reduce waiting times in elective care. The needs of the NHS have changed since this time, and locally it has been agreed that the PbR arrangements do not fit well with the current challenges facing us, including unscheduled care demands, and the need to radically transform services and improve efficiency.

So, with the Trust, we have been exploring effective alternative payment mechanisms that would give the Trust some certainty of income whilst aligning financial incentives to enable them to undertake the clinical service transformation required and to focus on opportunities for efficiencies and cost reduction.

This has resulted in what is known as an 'Aligned Incentive Contract', which has been introduced elsewhere in the NHS but is a new approach for this area.

The new arrangements place the focus on working together in partnership to address the challenges we face, taking a holistic view of how best we utilise our resources to achieve the best outcomes for our patients. Rather than focusing on transactional tariff based financial payments, we will instead focus on value – cost, efficiency, effectiveness and quality.

This should provide much more support and freedom for clinicians to do the right thing for patients. This change only affects the financial arrangements, the other terms and conditions of the NHS Standard Contract remain. The new arrangement came into effect from 1 April 2017.

5 Surgery moves and changes

Queens Road Surgery closure

On December 30th 2016, the CCG was advised by the two GP partners at the Queens Road surgery that they wished to give notice on their GP contract with effect from June 30th 2017.

The CCG's responsibility is to secure the ongoing provision of GP services for patients who were registered with the practice. We investigated a range of options including potential merger with another practice, identification of another provider to take over the practice, and automatic transfer to one or more practices.

Unfortunately none of these options were possible, and so we looked at the capacity of other existing practices in the city to provide GP services for these patients and took the decision to write to all patients, and issue a media release, explaining that the practice was closing and asking them to register with an alternative practice of their choice.

We have been continuing to work with staff at Queens Road practice to ensure that the more vulnerable patients on their list are supported to register with another practice. We are monitoring the rate of re-registrations and has issued a further press release and Queens Road practice have sent text messages to patients reminding them of the need to re-register.

Any patient who has not re-registered by 1st July will be automatically transferred to one of the two closest practices in the city.

Changes to the opening hours at Guildhall Walk Healthcare Centre

Following the review of Guildhall Walk Healthcare Centre, the CCG put a contract in place for the provision of GP services for registered patients from July last year. There are currently 7228 patients registered with the surgery who benefit from longer opening hours than most other practices, in that the practice is open until 8pm on two days week and from 08.00 to 12.00 Saturdays and Sundays.

We have reviewed the activity and utilisation of the service at weekends with the practice and activity on a Sunday is particularly low. The practice is not able to offer the same multidisciplinary mix of staff as provided during the rest of the week. The Sunday service is also not very “resilient” as it is dependent on availability of GP locums.

The CCG and the practice have therefore agreed that the Sunday service, which is only available for patients registered at Guildhall Walk, will stop with effect from July 31st. We are currently working with the practice to communicate this change to patients and other stakeholders. The patients registered at Guildhall Walk Healthcare Centre will continue to benefit from a full service on Saturday morning and two late evenings a week for both pre-bookable and walk- in appointments.

As noted above, as part of the current national commitment to deliver improved GP access on weekdays and at weekend to all patients in the city, the CCG has a well-developed plan to gradually extend access for all of the patients in Portsmouth, by GPs collaborating and working at scale across the whole city.

I will, of course, be happy to provide clarification on any of the above updates either before, or at, your June meeting.

‘Winter pressures’ scheme to be extended

In December we launched a GP ‘Winter Pressures’ Scheme to help relieve pressure on urgent care services whilst allowing us to test new collaborative methods of delivering city-wide primary medical care services, in preparation for the challenge of meeting the government’s plans for us to deliver seven day primary care services by 2019/20.

The scheme is being delivered by the Portsmouth Primary Care Alliance (an alliance of GP practices working across the city) on behalf of the CCG. The scheme went live a fortnight before Christmas and was initially due to run until April to cover the winter period.

More than 400 patients were contacted by the service in its first six weeks of operation, which resulted in more than 180 patients seeing a GP at the weekend.

Under the scheme, people in Portsmouth who call NHS 111 on during the day on a Saturday, and are deemed to need urgent primary medical care, receive a telephone call from a local GP who will then either manage their condition on the phone or book them in to a Portsmouth GP practice that day to be seen face-to-face. This service supplements the existing Out of Hours GP provision and means that those who need urgent primary care advice can access a local GP when they call on a Saturday.

Although initially set up just to cover the winter months, the service has been retained and will continue to operate, and there is a plan to extend this further over the next two years to meet the government commitment of extending access to GP services.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'E. Fellows', with a small comma at the end.

Dr Elizabeth Fellows
Chair of the Governing Board