



Fareham and Gosport
and South Eastern Hampshire
Clinical Commissioning Groups

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Fareham
Hampshire
PO17 6AR**

Cllr J. Brent
Chair
Portsmouth Health Overview & Scrutiny Panel
Member Services
Civic Offices
Portsmouth PO1 2AL

4 March 2019

Dear Cllr Brent,

Hampshire Partnership of Clinical Commissioning Groups: Update for Portsmouth Health Overview and Scrutiny Panel

This letter is provided, as requested, to update you and the members of the Portsmouth Health Overview and Scrutiny Panel on the work of the Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups.

We have tried to address all the items you requested but would be happy to provide further clarification if it is required and we are always happy to facilitate direct discussions if there are particular issues which are of interest.

1 How the Partnership operates

The Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups (CCGs) serves an overall population of more than one million people and manages a budget of £1.4 billion. It comprises five clinical commissioning groups:

- Fareham and Gosport
- Isle of Wight
- North East Hampshire and Farnham
- North Hampshire
- South Eastern Hampshire

The clinical commissioning groups of Fareham and Gosport, North East Hampshire and Farnham, North Hampshire and South Eastern Hampshire established a formal partnership on April 1, 2017. The Isle of Wight CCG joined the Partnership in April 1, 2018. The CCGs in the Partnership have a single Chief Executive and executive team, with each area retaining a clinical chair and managing director.

The aim of the Partnership is to help accelerate improvements in patient care, be more effective and reduce duplication. By working together, we can share capacity and skills and operate with greater consistency with our partners for the benefit of patients. This also enables us to:

- ensure local people have access to timely and high quality care;
- work with patients and our health and care partners to integrate and improve services; and
- support and develop our clinicians and staff so they can deliver the best services and support for our communities.

Where it makes sense to do so, the Partnership will work at scale to ‘fast-track’ health improvements across a large area and implement them locally. By working at scale it ensures that we use our limited resources wisely, as well as learn from others who have already implemented an improved service/system.

However, our local communities remain our principal focus and so we will continue to work with our patients and partners in Fareham and Gosport and South Eastern Hampshire to design, develop and deliver services that our localities need. We will do this by ensuring that the objectives we set at a Partnership level form the basis for the priorities we identify in each local area.

| Partnership Objectives | |
|---------------------------------|---|
| Quality, performance and money | We will ensure that local people have consistent access to timely, high quality care, in line with the NHS constitution. We will improve efficiency and value for money so that we manage within the available budget. |
| Implementing models of care | We will achieve this by fully implementing models of care in all localities, working with patients and partners in order to improve outcomes and experience, and to make services sustainable. |
| People, systems and partnership | We will succeed by supporting the development of our workforce and member practices. We will reform the way we and the commissioning system work, planning and delivering care with our partners – locally, in integrated health and care systems, and at scale across the Partnership. |

In Fareham and Gosport and South Eastern Hampshire we have identified a number of priorities to help us meet the objectives described above and these focus on the areas which we, and our partners, believe need most attention locally.

These priorities reflect the work we need to do to deal with the challenges that we are seeking to resolve around urgent and primary care and establish new ways of providing out of hospital care and support that will mean people spend less time in hospital settings.

They include ensuring effective system resilience by redesigning urgent care services, and looking at how we can redesign certain elective care pathways through our work with our local partners. We want to be able to offer more support for people closer to home through the development of primary and community care (as described by the NHS Long Term Plan) with the overall aim of reducing unnecessary admission to hospital and ensuring timely discharge.

We will also seek to improve the resilience of general practice, again through the development of primary care networks and our local GP alliance. And, of course, we will ensure we have robust plans in place to manage our financial position in accordance with the requirements set for us by NHS England.

How we fit with the Portsmouth and South East Hampshire Integrated Care Partnership

One of the benefits of working within the CCG Partnership is the opportunity it affords to operate at scale, while enabling each constituent member CCG to draw on wider support in working in its local area as and when it needs to.

Local leaders recognise that health and care services need to be planned and delivered at a number of different levels and both Fareham and Gosport and South Eastern Hampshire CCGs, whilst members of the broader CCG partnership, are committed to working as part of the more local Portsmouth and South East Hampshire integrated care partnership which will drive the transformation and change articulated in the NHS Long Term Plan.

This helps us to build on the close working relationship we have always had with Portsmouth CCG and our local provider trusts, and our intention is to continue, and further strengthen, these relationships as part of the integrated care partnership model.

It is evident, and beneficial, that the CCG Partnership and the Portsmouth and South East Hampshire Integrated Care Partnership share similar aims and objectives, placing an emphasis on care out of hospital, integrated approaches to urgent, primary, community and social care and the need to adopt common and coordinated approaches where it makes sense to do so.

The CCGs locally fully endorse this model and will play an active role in working with partners across Portsmouth and South East Hampshire to lead the transformation process and deliver improvement.

2 Performance and Finance

The Panel has requested information relating to financial and activity performance. The first meeting in public of the Hampshire and Isle of Wight Partnership of CCGs Board received a

report on the overall position regarding finance, performance and quality and this is available to view here:

<https://www.farehamandgosportccg.nhs.uk/Downloads/Partnership%20board%20meeting/8.%20Quality%20Performance%20and%20Finance%20Report.pdf>

In addition, details about the performance of the South Central Ambulance Service (SCAS) in relation to response times were requested. As this does not feature on the performance report presented to the Partnership Board, the latest information available, covering the Portsmouth and south east Hampshire area, is presented below.

| | Oct 18 | Nov 18 | Dec 18 |
|--|-----------|-----------|-----------|
| | Mins/secs | Mins/secs | Mins/secs |
| Category 1 – 7 minutes response time | 6.53 | 6.56 | 6.55 |
| Category 1 – 15 mins 90 th percentile response time | 12.45 | 12.49 | 12.26 |
| Category 2 – 18 minutes mean response time | 15.44 | 16.56 | 17.13 |
| Category 2 – 40 minutes 90 th percentile response time | 31.10 | 34.06 | 34.54 |
| Category 3 – 120 minutes 90 th percentile response time | 1hr 48.33 | 2hr 01.20 | 2hr 10.56 |
| Category 4 – 180 minutes 90 th percentile response time | 2hr 37.46 | 2hr 50.28 | 2hr 56.59 |

Note:

- *Category 1 Life threatening injuries and illnesses*
- *Category 2 Emergency calls*
- *Category 3 Urgent calls*
- *Category 4 Less urgent calls*
- *Percentile targets = these calls will be responded to at least 9 out of 10 times before the required time period.*

Overall, ambulance response times have remained relatively stable over the past few months but the impact of winter on performance levels is always closely monitored and this will continue to be the case.

We are aware that SCAS' performance rates against the NHS111 calls answered within 60 second standard has been low, particularly in December 2018 when performance was 67% against a target of 95%. Performance in January improved significantly to 82.24% but is still some way short of the target. The Trust has produced a recovery action plan to meet the target by June 2019 following intervention from the CCGs.

3 Primary care update

The Panel requested an update on the situations relating to the Willow Group and Brockhurst Medical Centre practices in Gosport.

Willow Group: Panel members may be aware of the temporary suspension on GP registrations in Gosport which was introduced to help GP practices stabilise after more than 2,100 patients transferred between a number of the practices in the town, not just the Willow Group.

It is not unusual for GP practices to sometimes close their lists to help them safely manage their services. Practices across an area do not normally do this at the same time but in this instance Fareham and Gosport CCG supported the practices in Gosport to take this temporary measure to help manage their services over the busy winter period.

We know there have been concerns about the Willow Group, particularly about telephone access and availability of routine appointments. The Group is doing a number of things to improve the situation and we are seeing an increase in positive feedback from patients. The key areas are:

- Significantly investing in a new telephone system
- Appointing locum GPs which means more appointments are available
- Trying to actively recruit GPs
- Recruiting a number of other health professionals including pharmacists and a mental health worker, with plans to appoint a physiotherapist, to offer access to the most appropriate professional
- Working with Portsmouth University to support their training programme which will include hosting a trainee Physician's Assistant from September as well as providing training placements for GPs and nurses.

Whilst we are pleased that the practice is making these improvements we are also closely monitoring the situation by regularly meeting with clinical and managerial staff from the practice and seeking feedback from surrounding practices and local patient groups. The practice has also reassured us that their staffing situation is improving.

The registration suspension will remain in place until March 31st. All practices in Gosport offer patient online services, and eConsult. Therefore, where patients are struggling to get an appointment these might be other avenues to try. Practices are also offering a range of appointment times for routine (pre-booked) and same-day appointments, in the evenings and at weekends.

Brockhurst Medical Centre: the situation with regard to the ongoing leasing arrangements for the Brockhurst Medical Centre is, we hope, nearing resolution. The local NHS is continuing to work with the District Valuer to speed up the process by which Brockhurst Medical Centre can secure its future by signing the lease on its building in Brockhurst Road.

The CCG, which reimburses all its practices for the cost of their rent, has a duty on it to ensure that the valuation put on the building is a fair one and represents value for money – not only to protect NHS funding but to safeguard the practice too.

We continue to support the practice with some complex legal issues regarding the lease and we remain fully committed to seeing this through to enable the practice to stay where it is in its preferred building of choice.

Emsworth Surgery: The GPs at Emsworth Surgery have been considering relocating to a new site to ensure long-term sustainability and to help meet the increasing health needs of a growing population.

An Outline Business Case has been submitted to NHS England and this recommends that the Emsworth Victoria Cottage Hospital be refurbished and becomes the new home for the GPs. The Westbourne branch surgery would be retained. The business case is now progressing through the required approvals process. It is not clear when it will be finally approved, but it is hoped that this will happen before the end of April 2019.

In parallel with the Outline Business Case, work has already started on preparing the Full Business Case. This requires preparing detailed designs for the refurbishment, producing a complete specification of the required work, obtaining tendered costs from contractors and securing full planning permission. Architects have already been appointed and are working closely with the GPs to ensure that the refurbishment meets their requirements and also adheres to strict NHS building standards and regulations.

While there remain several issues that need to be managed, it is hoped that the Full Business Case will be completed by mid-autumn. It will then need to be approved by the CCG and NHS England, with the aim that work on the refurbishment could commence towards the end of 2019 and complete by late 2020/early 2021. However, this timetable is only indicative and will become clearer once the Outline Business Case is formally approved by NHS England.

4 Ongoing updates to the Panel

The publication of the NHS Long Term Plan will naturally have an influence on how local health services are organised, commissioned and provided over the next few years. In keeping with this it will be important to ensure that we continue to engage people locally on long term plans for health services in this area and the steps we may need to take in the short term to ensure new ways of providing health and care services can be implemented appropriately.

As Panel Members will be aware, we have used our Big Health Conversation engagement programme across Portsmouth and South East Hampshire as a key means of supporting us to engage with people locally, working with Portsmouth CCG. This is an important element of our overall approach to engagement and we will continue to use this, alongside specific, service-related engagement activity where it is needed, to support our work.

We are well aware that this activity is something that needs to be shared with the Panel on a regular basis, to satisfy Members that we are meeting our statutory requirements to engage. As CCGs we feel it is vital that our patients, local residents and partners are able to share their views on the design, development and delivery of services and we employ a range of different approaches to try and encourage this. However, we are also mindful that the way

engagement is carried out in future may change, as we work as part of a more integrated partnership across Portsmouth and South East Hampshire, and so discussions about the most appropriate way to keep the Panel updated would be welcomed.

I trust that this update has been helpful.

Yours Sincerely

A handwritten signature in black ink, appearing to be 'S. Tiller', with a long, sweeping horizontal stroke at the end.

Sara Tiller

Managing Director South Eastern Hampshire and Fareham and Gosport CCGs
Hampshire and Isle of Wight Partnership of CCGs