



Hampshire and Isle of Wight
Partnership of Clinical Commissioning Groups

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Cllr Chris Attwell
Chair
Portsmouth Health Overview & Scrutiny Panel
Member Services
Civic Offices
Portsmouth PO1 2AL

Friday 4th September 2020

Dear Cllr Attwell,

Hampshire Partnership of Clinical Commissioning Groups: Update for Portsmouth Health Overview and Scrutiny Panel September 2020

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 (Fareham and Gosport, South Eastern Hampshire, North Hampshire and the Isle of Wight CCGs) and, in particular, the work that we do in the Portsmouth and South Eastern Hampshire area.

We have provided updates on a couple of items as requested but would be happy to provide further clarification if it is required. We are always happy to facilitate direct discussions if there are particular issues which are of interest.

1 How the Partnership operates

As you know, CCGs are changing the way they work and we recently wrote to update you as changes are planned to both what CCGs do, and how they do it.

Our aim is to overcome the complexity and fragmentation in the current commissioning arrangements, reduce duplication and to refresh the way CCGs work, so that together we can better support the health and care system in Hampshire and the Isle of Wight to improve population health outcomes and to improve the quality and performance of health and care services.

Our view is that the best way to deliver high quality sustainable care is through collaboration. In future we see the overwhelming majority of the work we do to be about understanding need, and planning and transforming services through collaboration with partners, through the Integrated Care System we are building together.

Our experience of working together during COVID-19 has demonstrated the benefits of doing things once, where there is a strong case for and demonstrable impact of doing so. Through a blend of working at scale and at place we hope to achieve the best possible outcomes.

In order to accelerate change, the Boards of six CCGs (North Hampshire CCG, West Hampshire CCG, South Eastern Hampshire CCG, Fareham & Gosport CCG, Isle of Wight CCG and Southampton City CCG) are developing a business case to merge, and create one new CCG for Hampshire, Southampton and Isle of Wight from April 2021.

The merged CCG will be organised with the flexibility to maintain a strong local focus as well as achieving the benefits of working at scale. There will be local teams with a local budget, responsibility for the local population and high levels of local decision-making authority, enabling the important work with primary care, local government and provider alliances to be effective.

Coming together as one organisation will allow us to build a more efficient and effective operating model, make better use of our resources for local residents, avoid duplication and achieve economies of scale.

Having a single Executive and a Hampshire, Southampton and Isle of Wight focus, will enable the new CCG to also streamline and simplify decision making for pan-system issues. The aim is to establish this new way of working by the Autumn in shadow form, aligned with the establishment of the ICS.

As you will be aware, Portsmouth CCG plans to remain a separate statutory body, delegating functions to Portsmouth City Council (to continue the Health and Care Portsmouth integrated approach) and to the Hampshire and Isle of Wight strategic commissioning function. We will of course continue to work closely with Portsmouth to enable us to speak as one voice across Hampshire and the Isle of Wight.

We would welcome your views and feedback on the proposals, which we will incorporate into our ongoing design.

2 Responding to COVID-19

Following the briefing provided in July 2020, we have attached a paper to this letter that provides an update on the impact to date of the pandemic; the health element of the Hampshire and Isle of Wight Local Resilience Forum response to Covid-19; and the NHS restoration and recovery work including seeking the views of key stakeholders and local people.

The paper also provides details of planning work being undertaken across Hampshire and the Isle of Wight (HIOW) for winter and a potential second wave of COVID-19.

3 Primary care update

a) Integrated Primary Care Service

The Integrated Primary Care Access Service (IPCAS) is provided by the Southern Hampshire Primary Care Alliance across Fareham, Gosport and south east Hampshire.

It was developed to bring together two services: the pilot GP Extended Access Service and the GP Out of Hours Service. The current contract runs until 2021 when Primary Care Networks will become responsible for providing extended access to their patients.

The combined IPCAS service has, since June 2019, enabled patients to be seen out of hours at a primary care hub of their choice, or choose to book a routine appointment at a hub at the weekend or in the evening if it suits them better. Appointments can be arranged through their surgery or by calling 111 when their surgery is closed.

The impact of the COVID-19 pandemic, although challenging, has accelerated the pace of change and transformed the way in which primary care services are delivered, and this includes the way the IPCAS service operates.

Primary care services have remained open throughout the pandemic but the way in which services are delivered has fundamentally changed -to ensure patient safety, implement infection, prevention and control measures effectively, and ensure patients are cared for in the most appropriate setting.

This accelerated pace of change has led to new models of delivery supported through strong clinical leadership, greater partnership working and digital technology, including:

- Practices operating a **total triage model**, whereby patients are triaged either by phone or online to determine whether a follow-up face to face appointment, home visit or follow up phone or online contact is required.
- Strengthened working with **NHS 111**, with NHS 111 able to directly 'book' patients into a practice.
- Continued provision of **essential face-to-face** services (including home visits) through designation of 'hot' and 'cold' sites and teams to minimise the spread of infection. Hot and cold is essentially the separation of care for those with suspected COVID-19 and those not.
- Greater use of **Electronic Repeat Dispensing (ERD)** to reduce footfall within practices.

It was extremely important to ensure all primary care services operated in this way and therefore the IPCAS service was also aligned to this model.

As a result the sites of delivery were identified to align to the 'hot' service hubs set up across the patch so that the IPCAS service could focus on service provision that was absolutely critical and needed at this time (in line with national guidance). The sites identified were therefore:

Patients ring their practice to book an appointment (both routine and urgent) or NHS111 when their practice is closed for an urgent appointment	Site	Opening times
	Forton Medical Centre, Gosport	<ul style="list-style-type: none"> • Mon to Fri 6.30pm to 10.30pm • Sat and Sun 8am to 10.30pm
Waterlooville Health Centre	<ul style="list-style-type: none"> • Mon to Fri 6.30pm to 10.30pm • Sat and Sun 8am to 10.30pm 	

NHS England determined nationally which services were vital to continue throughout the pandemic phase and therefore 'cold' sites were also aligned in the IPCAS service to day time delivery to ensure safety for patients, these were as follows:

	Site	Opening times
Patients ring their practice to book an appointment (both routine and urgent) or NHS111 when their practice is closed for an urgent appointment	Portchester Health Centre	<ul style="list-style-type: none"> • Mon to Fri 6.30pm to 10.30pm • Sat and Sun 8am to 10.30pm
	Swan Surgery, Petersfield	<ul style="list-style-type: none"> • Mon to Fri 6.30pm to 9pm (from mid-September to increase to 10.30pm) • Sat and Sun 8am to 2pm

Given the likely pressure on services over the forthcoming winter period and the potential impact of any local outbreaks of COVID-19, it is proposed that this service model is continued until the IPCAS contract expires in March 2021.

There is a significant piece of work to be done to work with patients and the public to gain their views of the future of primary care services when the pandemic phase has passed. It is important that we use this as an opportunity to continue some of the innovations that have been introduced, but also ensure services respond to patient need.

All service providers, including primary care networks, as well as the CCG will need to take into account how we can effectively develop these services but also robustly ensure we recognise the vast feedback we have collectively received to date.

b) Stoke Road surgery/Willow

The impact of the COVID-19 pandemic on primary care means that the situation with Stoke Road surgery in Gosport, and the update we provided informally in mid-July, remains largely unchanged at this stage.

As previously described, the decision to reduce the opening times at Stoke Road to two days a week was taken in March due to a sudden reduction in GP workforce. This had an impact on the Willow Group being able to provide safe and effective services at the site on a daily basis, particularly given the difficulty experienced in recruiting and retaining GPs in the town, hence the decision that had to be made.

Clearly the ongoing pandemic, which followed within a matter of weeks of the decision, caused a broader review of the delivery of primary care services not just in Gosport but across the area. This led both to changes in the way appointments are delivered and other options that have added to the choice available for the way people can access care, and in terms of where people are referred if a face to face appointment was required.

These alternative arrangements remain in place for now but a broader piece of work is underway between the practice, the CCG, and other practices in the local primary care network that we hope will help steer the future for primary care in Gosport and the related estate on a longer term basis. This has included a recent workshop to identify how best we can support the development of the practice's strategy and this does include some further engagement work with the patients and public, which will be an important component in this approach.

The practice is engaging with its Patient Participation Group as things progress – and, in the meantime, it continues to support patients across the whole range of primary care services, including chronic disease reviews, phlebotomy, cancer screening, immunisations and wound care, and through a range of approaches, as it continues to take appropriate measures to protect staff and patients.

c) Emsworth Surgery move

Work is well under way to relocate Emsworth Surgery to its new home at the former Victoria Cottage Hospital in the town centre.

Contractors are currently on site as part of a £3.5m scheme to convert the building and although work had to be temporarily halted for a few weeks during the pandemic lockdown, progress is now restored and work is due to be completed early next year.

It is hoped that the new surgery could open its doors to its first patients in March 2021. For years GPs, staff and patients have struggled to cope on their cramped existing site a stone's throw away from the unused hospital.

The practice could not have coped much longer at its present site given that when it opened it catered for 2000 patients and that figure has grown to around 13000.

We are hoping that the new surgery, when open, will mean a positive outcome for those people who campaigned so strongly to keep the surgery in the heart of their community; for the GPs who wanted to provide modern and accessible premises with space to expand; and for patients as well.

4 The Clarence Unit – re-use of the former Woodcot nursing home

Based in Gosport, the Clarence Unit at Woodcot Lodge, has, since June, offered temporary 'step-down' accommodation, initially for up to 54 patients who no longer need acute care at Queen Alexandra Hospital but who are not yet ready to return to a care home or their own home. They are supported by a team of dedicated nurses, physiotherapists, occupational therapists, social workers and skilled care staff who will work with them to plan their rehabilitation, recovery and onward care arrangements.

It represents a unique collaboration between Hampshire County Council and local NHS partners, established rapidly during the coronavirus pandemic because of the increased need for facilities where people are able to isolate safely, and thus avoiding passing undue risk to other very hard pushed public and private care homes. This collaboration is an exciting new initiative and could, beyond the COVID-19 period, provide the blueprint for additional dedicated short-term nursing care facilities for the vulnerable across other hospital systems in Hampshire. It also complements work undertaken jointly between the NHS and Portsmouth City Council to establish a similar approach at Harry Sotnick House.

The approach provides the care and support patients need, in a safe environment, to help them recover and build up their strength after a stay in hospital.

It allows us to make best use of our combined health and social care skills and resources and so that we can provide care tailored to the need of each individual patient.

It is a positive example of what can be achieved by organisations working together effectively, at speed and with a shared purpose.

Around 75 patients have been admitted to the service at the time of writing, with an average length of stay of around 21 days. Stays can be up to a maximum of 28 days after which residents either return home, or will be transferred to the right longer term care setting.

Under current plans, the Clarence Unit is set to remain open until 31 March 2021, but this will be closely monitored and could become permanent, subject to demand levels and the availability of partner funding beyond 2020/21.

5 NHS 111 First programme

I understand that an update on progress with the NHS 111 First programme will be provided by our colleagues from Portsmouth Hospitals University NHS Trust at the meeting so I am not proposing to provide a detailed update here. However, as with the Clarence Unit development, the 111 First programme is another example of the Portsmouth and South Eastern Hampshire Health system working together to develop an enhanced service for local people in rapid time.

The programme is due to be in place across the country by the beginning of December and so the CCG partnership will be working with partners in other parts of Hampshire, Southampton and on the Isle of Wight to deliver schemes in these areas too.

6 Ongoing updates to the Panel

I trust that this update has been helpful. We would be happy to provide further updates as required and I also wanted to draw your attention to our two local annual reports which provide more information about the work of our two local CCGs over the past year. They can be found on our websites as follows:

Fareham and Gosport CCG: https://www.farehamandgosportccg.nhs.uk/about-us/information-about-us_2.htm

South Eastern Hampshire CCG: https://www.southeasternhampshireccg.nhs.uk/about-us/information-about-us_2.htm

Yours sincerely



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Hampshire and Isle of Wight Partnership of CCGs