Public Document Pack Wolverhampton Clinical Commissioning Group

Meeting of the Primary Care Joint Commissioning Committee (Public) Tuesday 5th July 2016 2.00 pm Wolverhampton Science Park, Stephenson Room

AGENDA

1	Welcome and Introductions		
2	Apologies		
3	Declarations of Interest		
4	Minutes of the meeting held on 7 June 2016		1 - 6
5	Matters arising from the minutes		
6	Committee Action Points		7 - 8
7	NHS England Update	AM	9 - 18
8	NHS England Finance Update	СН	19 - 34
9	Wolverhampton CCG UpdateBetter Care Fund - Third Sector Organisations	MH SM	35 - 44
10	Primary Care Programme Board Update	MG	45 - 50
11	Primary Care Commissioning Operations Management Group Update	MH	51 - 54
12	Any other Business		
13	Date of Next Meeting		

Tuesday 2 August 2016 at 2.00pm in PC108, 1st Floor, Creative Industries Centre, Wolverhampton Science Park

For further information on this agenda or about the meeting generally, or to submit apologies for absence, please contact Laura Russell on laura.russell4@nhs.net or email

MEMBERSHIP				
Wolverhampton CCG Ms P Roberts (Chair)				
	Dr D Bush			
	Mrs M Garcha			
	Dr			
	Mr S Marshall			
	Dr A Sharma			
NHS England	Alastair McIntyre			
	Gill Shelley			
	Anna Nicholls			
Patient Representatives	Sarah Gaytten			
·	Jenny Spencer			
Invitees (Non-Voting) Donald McIntosh (Healthwatch				
	Clir Sandra Samuels (Health and			
	Wellbeing Board)			

WOLVERHAMPTON CLINICAL COMMISSIONING GROUP PRIMARY CARE JOINT COMMISSIONING COMMITTEE

Minutes of the Primary Care Joint Commissioning Committee Meeting
Held on Tuesday 7 June 2016
Commencing at 2.00 pm in the PC108 Room, Creative Industries Centre
Wolverhampton Science Park

MEMBERS ~

Wolverhampton CCG ~

		Present
Pat Roberts	Chair	Yes
Dr David Bush	Governing Body Member / GP	Yes
Dr Manjit Kainth	Locality Chair / GP	Yes
Dr S Reehana	Locality Chair / GP	Yes
Steven Marshall	Director of Strategy & Transformation	Yes
Manjeet Garcha	Executive Lead Nurse	Yes

NHS England ~

Alastair McIntyre	Locality Director	No
Gill Shelley	Senior Contract Manager (Primary Care)	Yes
Anna Nicholls	Contract Manager (Primary Care)	No
Emma Cox	Senior Finance Manager (Primary Care)	Yes

Independent Patient Representatives ~

Jenny Spencer	Independent Patient Representative	Yes
Sarah Gaytten	Independent Patient Representative	No

Non-Voting Observers ~

Ro Jervis	Service Director Public Health and Wellbeing	Yes
Donald McIntosh	Chief Officer – Wolverhampton Healthwatch	Yes
Dr Gurmit Mahay	Vice Chair – Wolverhampton LMC	No
Jeff Blankley	Chair - Wolverhampton LPC	No

In attendance ~

Mike Hastings	Associate Director of Operations (WCCG)	Yes
Peter McKenzie	Corporate Operations Manager (WCCG)	Yes
Jane Worton	Primary Care Liaison Manager (WCCG)	Yes
Dr Helen Hibbs	Chief Officer (WCCG)	No
Claire Skidmore	Chief Finance and Operating Officer (WCCG)	Yes
Darren Plant	Assistant Contracts Manager (NHS England)	Yes
Laura Russell	Primary Care PMO Administrator (Minutes Taker)	Yes

Welcome and Introductions

PCC107 Ms Roberts welcomed attendees to the meeting and introductions took place.

Ms Roberts took the opportunity to thank Cllr Samuels for her contributions to the Committee and welcomed Ros Jervis, Service Director Public Health and Wellbeing who would be replacing Cllr Samuels in the capacity of the statutory observer from the Health and Wellbeing Board.

Apologies for absence

PCC108 Apologies were submitted on behalf of Dr Helen Hibbs, Alastair McIntyre, Sarah Gaytten and Charmaine Hawker.

Declarations of Interest

PCC109 Dr Bush, Dr Reehana and Dr Kainth declared that, as GPs they had a standing interest in all items related to primary care.

Ms Spencer declared that, in her role as an employee of the University of Wolverhampton, she worked closely with practices to arrange placements for student nurses and therefore had a standing interest in items related to primary care.

As these declarations did not constitute a conflict of interest, all participants remained in the meeting whilst these items were discussed.

Minutes of the Meeting Held on 3 May 2016

PCC110 RESOLVED:

That the minutes of the previous meeting held on 3 May 2016 be approved as an accurate record.

Matters arising from the minutes

PCC111 RESOLVED:

That there were no matters arising to be discussed.

Committee Action Points

PCC112 Minute Number PCC19 Upcoming Issues for Provisional Work Programme
Ms Shelley reported she had raised the reporting template query with NHS
England and they no longer have this template. It was agreed to close the action.

Minute Number PCC38 West Midlands MOU for the Primary Care Hub Mr Hastings informed the Committee the MOU has now been signed off by Wolverhampton CCG Governing Body and has been submitted to NHS England. The Committee agreed to close the action.

Minute Number PCC100 GP Communication

Mr Hastings confirmed with the Committee it has been agreed that until the Wolverhampton Clinical Commissioning Group (WCCG) are full delegated all correspondence will continue to be distributed by NHS England.

Minute Number PCC101 PMS Premium Schemes

It was noted that the PMS Premium Schemes was included on the Private Primary Care Joint Commissioning Committee meeting agenda.

Minute Number PCC103 Protected Learning Time for GPs

Mr Marshall noted further discussions need to take place to determine the details and requirements for protected learning time for GPs. It was agreed a further update would be provided for the next meeting.

RESOLVED: That the above is noted.

Terms of Reference

PCC113 Mr McKenzie presented the Terms of Reference for the Primary Care Joint Commissioning Committee and noted it was a requirement of the Committee to review the Terms of Reference every April and September.

Mr McKenzie noted changes would need to be made to the Terms of Reference in line with statutory guidance on managing Conflicts of Interest for CCGs. This guidance required the CCG to recruit an additional lay member to sit on the Governing Body and that this additional member should sit on the Committee and take the Vice Chair.

Mr McIntosh queried what process would be followed to recruit the additional lay member. Ms Skidmore advised an internal process would be undertaken for this role, as the two independent lay representatives who sit on the Audit and Governance Committee, are qualified and have the relevant experience. If they are successful an external process would be undertaken to appoint for the vacant role on the Audit and Governance Committee.

The Committee agreed to review the Terms of Reference in September 2016.

RESOLVED: That the above is noted.

The Committee agreed to review the Terms of Reference in September 2016.

NHS England Update – Primary Care Update

PCC114 In Mr McIntyre's absence, Ms Shelley presented a report to update the Committee on latest developments in Primary Medical Care nationally and locally. The report included updates on the following;

- GP Forward View / Workforce 2020.
- Clinical Pharmacists in General Practice.
- Recommissioning of Community Pharmacy Seasonal Influenza Vaccination Advance Service 1016/17.
- Clinical Waste Contracts
- PMS Investment Plans
- DES settlement
- GMS Contract Changes

Dr Reehana and Dr Kainth joined the meeting.

Ms Skidmore asked in relation to the GP Forward View work streams around recruiting and retaining workforce how can WCCG be involved with work. Ms Shelley agreed to find out and report back to Ms Skidmore.

RESOLVED: That the above is noted.

Ms Shelley agreed to feedback to Ms Skidmore how the WCCG can be involved in the work around recruiting and retaining workforce.

NHS England Finance Update

PCC115 Ms Cox informed the Committee they are currently working on month 2 position and it is too early to provide a report, which Ms Skidmore agreed. The Committee will receive a detailed report on the month 2 position at the next meeting.

RESOLVED: That the above is noted.

Wolverhampton CCG Update

PCC116 Mr Marshall provided an update on the WCCG in relation to Primary Care and the following was reported for assurance;

- GP Forward View has been announced and WCCG are working upon their organisational response. It was agreed to bring back an update to the August Meeting.
- Ms Sarah Southall has been appointed to the Head of Primary Care and will start in her role on the 5 July 2016. Ms Southall will be working to deliver the Primary Care Strategy Implementation Plan.
- The first Primary Care Strategy Implementation Working Group is taking place this week.
- A Clinical Reference Group has been established to review re-pricing and re-specifying of a number of services ensuring close working with the LMC.
- The Locality Group meetings have changed in line with the Primary Care Strategy and will meeting on a quarterly basis.

Ms Roberts queried if there was an update in relation to Public Health. Mr Marshall noted Migrant Health Checks Specification is now in a position to share with the LMC. In addition the Public Health Team have now been embedded with the WCCG.

Discussions took place in relation to the third sector bidding process, which has now been finalised and successful bids have been notified. PR asked if a model on how this will link into Primary Care Services could be developed and shared.

RESOLVED: That the above is noted.

Mr Marshall agreed to bring back to the August Meeting an update on the WWCG response to the GP Forward View.

Mr Marshall agreed to develop and share a model of how the third sector organisations and other groups will link into Primary Care Services.

Primary Care Programme Board Update

PC117 Ms M Garcha presented an update on the delivery of the work being undertaken by the Primary Care Programme Board.

It was noted that the WCCG are looking to re-procure the Community Equipment services. The Local Authority have approached the WCCG to ask if they can jointly commission these services.

A meeting has taken place to determine the impact of undertaking a joint procurement and what this will have on the procurement timescales. If WCCG undertake a joint procurement with the Local Authority there will be a 6 month

delay due to their internal decision making processes. Due to this the WCCG have agreed to review other market providers, in order for the WCCG to be in a good position on whether to re-procure with or without the Local Authority.

RESOLVED: That the above is noted.

Primary Care Operations Management Group Update

PCC118 Mr Hastings provided an overview of the key areas covered at the Primary Care Operational Management Group meeting, which took place on Tuesday 24 May 2016.

Dr Bush asked once the WCCG are fully delegated will they have an influence on contractual requirements for GPs, in particular of data collection mechanisms such as Friends and Family Test. It was highlighted that national contractual requirements will remain. Discussions followed around a proposal of setting up a steering working group to review how patient experience data collection mechanisms could be improved, in which Healthwatch expressed an interest to be involved.

Any Other Business

PCC105 There were no other items raised for discussion.

RESOLVED: That the above is noted.

Date, Time & Venue of Next Committee Meeting

PCC106 Tuesday 5 July 2016 at 2.00 pm, in the Stephenson Room, Technology Centre, Wolverhampton Science Park

Primary Care Joint Commissioning Committee Actions Log

Open Items

Action No	Date of meeting	Minute Number	Item	By When	By Whom	Action Update
26	03.05.16	PCC103	Protected Learning Time for GPs That the CCG will explore protected learning time options for GPs and update the Committee.	June 2016	Mike Hastings / Steven Marshall	07.06.016 - Mr Marshall noted further discussions need to take place to determine the details and requirements for protected learning time for GPs. It was agreed a further update would be provided for the next meeting.
27	07.06.16	PC113	Terms of Reference The Committee agreed to review the Terms of Reference in September 2016	September 2016	Peter McKenzie	
28	07.06.16	PC114	NHS England Update – Primary Care Update Ms Shelley agreed to feedback to Ms Skidmore how the WCCG can be involved in the work around recruiting and retaining workforce.	July 2016	Gill Shelley	T age
29	07.06.16	PC116	Wolverhampton CCG Update Mr Marshall agreed to bring back to the August Meeting an update on the WWCG response to the GP Forward View.	August 2016	Steven Marshall) (
			Mr Marshall agreed to develop and share a model of how the third sector organisations and other providers will link into Primary Care Services.	July 2016	Steven Marshall	Agenda lei

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NHS England (West Midlands) Primary Care Update – June 2016

GPFV

NHS England published the General Practice Forward View (GPFV) on 21 April 2016. It was developed with Health Education England and in discussion with the RCGP and other GP representatives. It sets out national commitments to stabilise and transform general practice, improving services for patients and investing in new ways of providing general practice services

The document openly acknowledges the pressures that general practice is facing and makes a commitment to increasing the proportion of investment going into general practice services in the longer term. It also sets out a number of one-off measures to address immediate problems whilst funding comes on stream, which also supports transformation.

The overall new investment to support general practice is a minimum extra £2.4 billion a year by 2020-21:

- Investment will rise from £9.6 billion pounds a year in 2015-16 to over £12 billion a year by 2020-21 over 10 percent of NHS England healthcare budget. This could be increased further at local level, depending on the pace of change at which care and resources shift from hospitals to community and primary care settings.
- Represents a 14 percent real terms increase, almost double the 8 percent real terms increase for the rest of the NHS.
- A one off Sustainability and Transformation package of investments, totalling over half a billion pounds over next five years.
- We'll continue to make capital investments, with estimated likely capital investment over the next five years to reach over £900m.
- Achieve more joined up, high quality GP services, supporting practices to deliver new models of care.

Since NHS England and Health Education England launched the 10 point plan, it has:

- Offered incentive of up to £20,000 for GP trainees in 109 areas where there has been a shortage of GPs.
- Established new post-CCT fellowships to provide exciting further training opportunities in areas of poorest GP recruitment encouraging new CCT holders to work as GPs there.
- Committed to invest £3.5 million in new multi-disciplinary training hubs across country.
- Created national induction and returner scheme, offering new £2,300 bursary to doctors looking to return to general practice to help with costs and improve entry routes.
- Major £31 million scheme to pilot the deployment of over 470 clinical pharmacists in just over 700 practices.

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But we recognise that more is needed.

 NHS England and HEE have set ambitious targets to expand the workforce, backed with an extra £206 million as part of the Sustainability and Transformation package. We will also support the development of capability within the current workforce and support the health and wellbeing of staff.

Workload is the number one issue raised by practices. Action needs to be taken nationally to reduce bureaucracy, and there needs to be local support to help practices manage demand in different ways.

- New standards for outpatient appointments and interactions with other providers – reduce the burden of hospital correspondence and GPs having to manage tasks for patients under the care of the hospital. Improving the interface between hospitals and general practice will begin with changes to the NHS Standard Contract from April 2016
- Accelerating paper free at the point of care within general practice assisting primary care organisations to become 'paper free' not just within practices but across the wider health care system through interoperable systems
- Promoting best practice NHS England has begun developing resources including case studies and practical implementation resources, spreading the existing innovations benefitting some practices but unknown to others. A new audit tool for all practices to identify ways they could reduce appointment demand.
- Mandatory training NHS England will work with relevant bodies to review and reduce these requirements to ensure a far more proportionate approach is taken. We will also keep in mind the impact of appraisal and revalidation requirements in the analysis
- Support for more integration across the wider health and care system social support, leadership support and work and health for primary care staff
- Support for a move to a maximum interval of five yearly CQC inspections for good and outstanding practices (by December 2015, CQC had inspected almost a third of practices, finding the vast majority (86 percent) are providing care that is good or outstanding)
- Building practice resilience: £10 million investment to support most vulnerable GP practices is now supplemented with the introduction of a new three year £40 million practice resilience programme – moving away from 'struggling practices' to practice resilience
- Improving and simplifying transparency of information: A set of key 'sentinel' indicators will be published on My NHS in July 2016.
- NHS England has agreed to undertake a review of QOF and the AUA DES with the GPC in the coming year
- Streamlining payments, reporting requirements and information —
 Reporting requirements and information, and streamlining the payment
 system. We will introduce a simplified system for how GP data and
 information is requested and shared across NHS England, CQC and GMC.
 This will be backed by a programme of work to cut the bureaucratic burden of
 oversight.



If we are to transform the way care is delivered, we have to improve our estate and infrastructure faster. We will provide support in a variety of different ways:

- Estimated £900m public sector capital over next five years, backed with measures to speed up delivery
- New rules on premises costs to be introduced in September 2016 to enable 100 percent reimbursement of premises costs
- New offer for practices who are tenants of NHS Property Services for NHS England to fund Stamp Duty Land Tax for practices signing leases from May 2016 until the end of October 2017, and compensate VAT where the ultimate landlord has chosen to charge VAT.
- Transitional funding support for practices seeing significant rises in facilities management costs in next 18 months
- Over 18 percent increase in allocations to CCGs for provision of IT services and technology for general practice.
- Our ambition is to support the adoption and design of technology which:
 - enables self-care and self management for patients;
 - helps to reduce workload in practices;
 - helps practices who want to work together to operate at scale; and
 - · supports greater efficiency across the whole system.
- £45 million national programme to stimulate uptake of online consultations systems for every practice.
- Online access for patients to accredited clinical triage systems to help patients when they feel unwell.
- Development of an approved Apps library to support clinicians and patients.
- Actions to support practices offer patients more online self-care and self-management services.
- Actions to make it easier for practices to work collaboratively, including achievement of **full interoperability across IT systems**.
- Wi-Fi services in GP practices for staff and patients. Funding will be made available to cover the hardware, implementation and service costs from April 2017.
- A nationally accredited catalogue and buying framework for IT products and services, supported by a network of local procurement hubs offering advice and guidance
- Work with the supplier market to create a wider and more innovative choice of digital services for general practice.
- Completion of the roll out of access to the summary care record to community pharmacy, by March 2017.
- We will launch a new national three year £30m 'Releasing Time for Patients' development programme to reach every practice in the country to help improve value for patients and build more sustainable practices.

Building on the NHS England and BMA roadshows, the 'Releasing Time for Patients' programme will help practices release capacity through:



- Innovation spread: a national programme to gather and disseminate successful examples and measure impact. This will include support on implementation of the Ten High Impact Actions, and a specific focus on addressing inequalities in the experience of accessing services, where there are national trends.
- Service redesign: locally hosted action learning programmes with expert input, supporting practices and federations to implement high impact innovations which
- release capacity and improve patient care.
- Capability building: investment and practical support to build change leadership capabilities in practices and federations, enabling providers to improve quality, introduce care innovations and establish new arrangements for the future.

DES Sign up

The deadline for sign up to Directed Enhanced Services is 30th June 2016. Practice need to ensure their forms are submitted on time – we will be sending out lists to CCGs as soon as they have been processed.

Clinical Waste

We are undertaking a data gathering exercise as part of clinical waste provider procurement exercise – we may approach practices directly.

As part of national framework agreement, we will be moving onto new contracts at some point in the autumn.

We will be writing out to all CCGs formally to agree the process.

For any queries, practices can email england.clinicalwastewm@nhs.net

PCSE

We continue to monitor and receive reports of issues with the new PCSE service. Whilst a number of areas of service have improved, there are improvement plans in place for medical records and supplies.

The team have produced a guide for CCGs and NHS England teams on how best to contact the PCSE service (enclosed).



GMS Contract Changes

Practice	Variation	Status
MGS Medical Practice (Drs Bagary	Addition of new partner: Dr Harvinder Singh Sidhu	Completed 28/6/26







Contacting Primary Care Support England

A Guide for NHS England Regional Local Teams and CCGs

June 2016

Background

On 1 September 2015, Primary Care Support England (PCSE) took on responsibility for the delivery of NHS England's primary care support services.

PCSE's priority is to continue delivering the support services provided today to GP Practices, Dentists, Opticians and Pharmacies. But we'll also introduce new arrangements to help us create national, consistent services, which replace the range of diverse current local arrangements.

Services provided by PCSE include:

- Medical records movement
- NHS supplies ordering and delivery
- Administration of some screening programmes
- · Administration of payments to GPs, opticians and pharmacies
- Administration of the pharmacy Market Entry process
- Administration of the Performer's List process

Through this contract, NHS England's vision is to create modern, efficient, easy to use support services. To help achieve this vision, PCSE is putting a transformation programme in place which involves:

- Moving the delivery of all services from over 40 PCSE offices across England to three sites - Leeds, Preston and Clacton;
- Opening a national customer support centre based in Leeds for all customer queries;
- Introducing an online portal to provide easy access to many PCSE services;
- Replacing the Exeter system;
- Using one national courier firm to provide a more secure system for moving medical records and delivering supplies;
- Standardising processes to bring consistency to the delivery of all services.

For a summary of the main changes that will take place and when, please take a look at the <u>Proposed timescales for introducing services</u> on our website.



Contacting PCSE

PCSE, NHS England Regional Local Teams and CCGs regularly need to work together to deliver primary care support services.

Your main point of contact for PCSE is your current local PCSE office, or once your local office has closed, the Customer Support Centre.

Services will move from local offices to one of the three sites in phases. As services move, contact will move to the Customer Support Centre.

Please see the <u>Services Contacts page</u> on our website for details on when contact will move from a local PCSE office to the national Customer Support Centre, and the current contact details for each office.

The Customer Support Centre

The contact details for our Customer Support Centre are:

Email: PCSE.enquiries@nhs.net

Phone: 0333 014 2884Web: pcse.england.nhs.uk/

PO Box: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

Front and back office staff within the Customer Support Centre have now combined to create specialist teams. This means that when you speak to a front line agent, they will have ready access to the detailed back office work, and are equipped to deal with queries from service users, NHS England and CCG colleagues about day to day operational matters.

When you call the Customer Support Centre, you'll be asked to select from the following options to direct your call to the correct specialist team:

- 1. Medical records movements
- 2. Supplies and Portal
- 3. Payments
- 4. Market Entry and Performer Lists
- 5. Screening
- 6. Patient services and Open Exeter
- 7. General enquiries

Emails sent to PCSE.enquiries@nhs.net are also routed to the correct team. Please put the team name (one of the seven options above) in the email subject line to help us direct your query as efficiently as possible.

The one telephone number and email address are replacing any numbers or emails you may have for individuals within PCSE. This enables all correspondence to be properly logged and directed to the correct team, and for those teams to prioritise and allocate work between individuals most appropriately.



Additional support contacts

We recognise that delivering this amount of change means that at times there may be a need for you to escalate questions and issues.

Whilst daily contact is with our local offices / the CSC, the table below provides the name and contact details of the lead service specialist, who can provide additional support around specific service areas, if and when you feel the need to escalate a question or issue.

Service	Service specialist name	Service specialist contact	
Screening	Karen Burgess	karenburgess@nhs.net	
Medical records and SARs	Elaine Jones	elaine.jones17@nhs.net	
Registrations and SARs	Elaine Jones	elaine.jones17@nhs.net	
Urgent medical records	Elaine Jones	elaine.jones17@nhs.net	
Supplies	TBD	TBD	
GP payments and	Cheryl Watson	cheryl.watson@nhs.net	
pensions			
Market Entry	Christine Smith	smithchristine@nhs.net	
Performer Lists	Christine Smith	smithchristine@nhs.net	
Ophthalmic payments	Debbie Allen	debbie.allen@nhs.net	
Pharmacy payments	Cheryl Watson	cheryl.watson@nhs.net	
DMS	Elaine Jones	elaine.jones17@nhs.net	

The service specialist contacts are for NHS England Regional Local Teams and CCGs only and should not be circulated more broadly to service users or other stakeholders.

The National Engagement Team (NET)

NET is a team of regional and local managers who have been put in place, to provide hands-on support as we introduce new arrangements for accessing primary care support services.

You should contact your local NET representative:

- If you have any questions on the changes being introduced that cannot easily be answered by your local office / the Customer Support Centre
- If you have come across issues that potentially affect a wide group of service users

Our <u>website</u> provides further information on the work of the NET team and their contact details.



Open Exeter queries

For Open Exeter queries NHS England and CCG colleagues should contact the Access Control Manager relevant to your area. This can be found by visiting the Open Exeter web site, and clicking on the blue box titled 'access control managers' which lists the ACMs by geography: https://nww.openexeter.nhs.uk/nhsia/index.jsp

Contacts for Service Users

The first point of contact for our services users should always be their local PCSE office, or once their local office has closed, the Customer Support Centre. Contact details for all of our offices can be found here.

Please note that users should contact the PCSE Customer Support Centre, and not the HSCIC 'Exeter' Helpdesk, for primary care support service related issues.

If a customer feels the need to complain, they can:

- Email us at: PCSE.complaints@nhs.net
- Call us on: 0333 014 2884
- Complete the feedback form on: www.pcse.england.nhs.uk/contact/

We have defined a complaint as 'an expression of dissatisfaction or concern towards any aspect of a primary care support services which cannot be resolved by the Customer Support Centre within 24 hours'.

Subject Access Requests (SARs)

Patients and the public should visit: http://pcse.england.nhs.uk/recordsrequests/ to locate the office to which they should submit their request.



WOLVERHAMPTON CCG

PRIMARY CARE JOINT COMMISSIONING COMMITTEE 5th July 2016

Title of Report:	Wolverhampton CCG 2016/17 GP Services Month 2 Finance Report
Report of:	Charmaine Hawker
Contact:	Charmaine Hawker
Primary Care Joint Commissioning Committee Action Required:	For Noting
Purpose of Report:	To outline the Month 2 position for Wolverhampton GP Services 2016/17 budget
Public or Private:	This Report is intended for the public domain
Relevance to CCG Priority:	
Relevance to Board Assurance Framework (BAF):	Domain 3 – Financial Management
Domain 1: A Well Led Organisation	
Domain 2a: Performance – delivery of commitments and improved outcomes	
Domain 2b: Quality (Improved Outcomes)	
Domain 3: Financial Management	This report provides information on the 2016/17 GP Services Month 2 Position.
Domain 4: Planning (Long Term and Short Term)	

Primary Care Joint Commissioning Committee (5 July 2016)





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		NH5
	Wolverhan	npton
Clinical	Commissioning	Group

Domain 5: Delegated	
Functions	

ATTACHED:

Wolverhampton CCG 2016/17 GP Services Month 2 Finance Report

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Wolverhampton Clinical Commissioning Group REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	N/A	
Public/ Patient View	N/A	
Finance Implications discussed with Finance Team	N/A	
Quality Implications discussed with Quality and Risk	N/A	
Team		
Medicines Management Implications discussed with	N/A	
Medicines Management team		
Equality Implications discussed with CSU Equality and	N/A	
Inclusion Service		
Information Governance implications discussed with IG	N/A	
Support Officer		
Legal/ Policy implications discussed with Corporate	N/A	
Operations Manager		
Signed off by Report Owner (Must be completed)	Charmaine Hawker	21/06/2016

Primary Care Joint Commissioning Committee (5 July 2016)

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Wolverhampton CCG GP Services Budget

Month 2 2016/17

Version number: 1

First published: 21.06.2016

Prepared by: Emma Cox, NHS England West Midlands

The National Health Service Commissioning Board was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the National Health Service Commissioning Board has used the name NHS England for operational purposes.

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1 2016/17 GP Services

The allocation to fund GP Services relating to Wolverhampton CCG for 2016/17 is £34.1m. The forecast outturn is £34.1m delivering a breakeven position.

The planning metrics for 2016/17 are as follows;

- Contingency delivered across all expenditure areas of 0.5%
- Non Recurrent Transformation Fund of 1%

The CCG are not required to deliver a surplus of 1% on their GP Services Allocations, this remains with NHS England West Midlands.

A full forecast review has been carried out in Month 2 in relation to GP Forecasts including;

- Calculation of Global Sum payments based on April 2016 list sizes including the revised Global Sum payment of £80.59 per weighted patient
- Calculation of PMS and APMS contract payments with April 2016 list sizes and the outcome of the GP Contract Settlement where applicable.
- Review of Premises Payments based on April actuals, and Non-Domestic Rates payments based on actual bills received
- Review of Locum reimbursements based on applications received to date
- QOF forecasted based on 2015/16 actual achievement
- DES payments are included based on 2015/116 outturn for Minor Surgery and Learning Disabilities. Extended Access and Avoiding Unplanned Admissions have been recalculated based on April 2016 list sizes. Sign up to DES' is assumed to be in line with 2015/16. Practices have until 30th June to confirm participation within the DES and any changes will be reflected within the forecast position.

The month 2 forecast outturn is broken down as follows:

	Allocation	Month 2 FOT	Variance
	£'000s	£'000s	£'000s
Allocation	34,073		
General Practice - APMS		2,915	
General Practice - GMS		19,625	
General Practice - PMS		1,798	
QOF		3,463	
Enhanced Services		1,588	
Dispensing/Prescribing Fees		221	
Premises Cost Reimbursements		2,771	
Other Premises		106	
Other GP Services		764	
PMS Premium		311	
1% Non Recurrent Transformation Fund		341	
0.5% Contingency		170	
TOTAL	34,073	34,073	0

2 Access to 2016/17 Primary Care Reserves

The forecast outturn includes a 1% Non-Recurrent Transformation Fund, and a 0.5% contingency in line with the 2016/17 planning metrics.

In line with national guidance the 1% Non-Recurrent Transformation Fund must be uncommitted to support cost pressures within the wider health economy.

The 0.5% contingency is currently being held to support in year cost pressures within the CCG's GP Services position and will be reviewed quarterly.

The forecast outturn includes the assumption that all of the PMS Premium available will be fully utilised. A drawdown process (attached) has been shared with CCGs and all plans are required to be submitted to Locality Directors by the 31st July for approval.



The CCG is asked to ensure that once plans have been approved, costs are incurred before 31st March 2017, as any year end accrual for reserves spend is not expected to be material.

3 Conclusion

NHS England West Midlands will be monitoring the financial position of the GP Services budget allocated the CCG and will report any adverse variance accordingly on a quarterly basis; including the use of reserves and contingency funding.



4 Recommendations

The Committee is asked to:

- Note the contents of this report
- Ensure PMS Premium plans are submitted by the 31st July 2016

Charmaine Hawker Assistant Head of Finance (Direct Commissioning) NHS England West Midlands



PMS Premium Investment Plan </ri> Insert CCG name here>

Contents

Cc	ontents	2
1	Introduction	3
	Summary of Spend	
3	Supporting information	5
	3.1 Scheme 1 (please add as appropriate, one per scheme)	
	Authorisation	

1 Introduction

The purpose of this plan is to detail the CCGs use of the PMS Premium investment available in 2016/17.

In accordance with the national framework (copy below) the investment must:

- reflect joint strategic plans for primary care that have been agreed with the relevant CCG(s);
- secure services or outcomes that go beyond what is expected of core general practice;
- help reduce health inequalities;
- offer equality of opportunity for GP practices in each locality (i.e. if one or more
 practices in a given locality are offered the opportunity to earn extra funding
 for providing an extended range of services or meeting enhanced quality
 requirements, other practices in that locality capable of providing those
 services or meeting those requirements should have the same opportunity);
- support fairer distribution of funding at a locality level.

It is also important that any funding changes are managed in a way that does not risk destabilising general practice with clear principles set out as part of the PMS review framework.

This plan assumes that approval has been obtained by the CCGs Primary Care Committee (for Delegated CCGs) and Joint Primary Care Committee (for Non Delegated CCGs). Non delegated CCGs will also require Locality Director sign off.

Please complete a table per scheme.

PMS Contract Review National Framework



2 Summary of Spend (Please summarise all schemes – additional information required overleaf)

Scheme Number	Scheme Name	Recurrent/ Non Recurrent	Amount £
		Total	

3 Supporting information

3.1 Scheme 1 (please add as appropriate, one per scheme)

Scheme Description:
·
Anti-in-ted Outcomes Disease dated how this group out the uniqueints for investment
Anticipated Outcomes: Please detail how this supports the principles for investment
within the national framework
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Measurables:
Risks:
Nisks.
Equality Impact Screening
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4 Authorisation	
Approved by CCG CFO:	
Signature:	
Print Name:	
Date approved at Primary Care Committee/Jo	oint Primary Care Committee
Minutes: (Please embed the	e minutes here)
Approved Locality Director:	(Non Delegated CCGs only)
Signature:	
Print Name:	
Date:	

Agenda Item 9a

Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG

PRIMARY CARE JOINT COMMISSIONING COMMITTEE 5th July 2016

Title of Report:	Better Care Fund – Third Sector Organisations
Report of:	Steven Marshall
Contact:	Andrea Smith
Primary Care Joint Commissioning Committee Action Required:	□ Decision⊠ Assurance
Purpose of Report:	To inform the committee of the plans within Better Care Programme with regard to increasing support from Third sector organisations to the developing Community Neighbourhood teams.
Public or Private:	This Report is intended for the public domain
Relevance to CCG Priority:	
Relevance to Board Assurance Framework (BAF):	
Domain 2a: Performance – delivery of commitments and improved outcomes	The increase of working with Third Sector organisations will support the delivery of the Better Care Programme by helping people to remain in their own home, reducing emergency attendances and admissions and supporting early discharge
Domain 2b: Quality (Improved Outcomes)	Enabling patients to have improved experience b receiving care closer to home
Domain 4: Planning (Long Term and Short Term)	Better Care Programme Plan for 2016/17 and beyond

Primary Care Joint Commissioning Committee (5 July 2016)



N.B. Please use Paragraph Numbering in all documents for easier referencing.

1. BACKGROUND AND CURRENT SITUATION

1.1. Following an update on the third sector Grant Policy and bidding process at the last meeting, this report is being presented to further describe the process and how links will be made with Primary Care services.

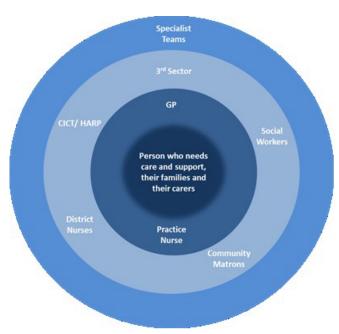
2. MAIN BODY OF REPORT

- 2.1. The second round of the bidding process has now been finalised and a total of 10 contracts have been awarded. Grants were awarded following an evaluation process whereby the bids were considered against an agreed criteria which supported the delivery of the CCG priorities but in the main supported patients:
 - o Right Care, Right place, right time
 - Supporting Independent Living
 - Combatting Social Isolation
 - o Focussing around people with a Long Term Condition and/or the Frail Elderly.
- 2.2 The grant awards will be subject to an evaluation process which will aim to provide assurance to the CCG that organisations have delivered on their objectives/ outcomes
- 2.3 In order to support the delivery of the Better Care programme and consequently to support Primary Care a number of steps were undertaken with the successful bidders of the first round and these will be replicated with the second round of bidders. The key objective was to introduce the third sector organisations to the community neighbourhood teams (CNTs) to begin to build relationships and to develop referral pathways. The model below demonstrates how the CNTs will be wrapped around the patients and Primary Care.

Primary Care Joint Commissioning Committee (5 July 2016)

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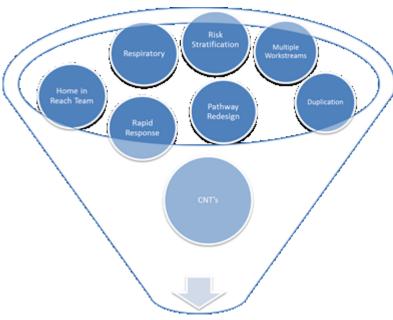
Person-centred Care Model

The aim of the these integrated health and social care teams is to provide both a proactive and a rapid response service to people at high risk of emergency admission using a number of methods as demonstrated below:-

Primary Care Joint Commissioning Committee (5 July 2016)







- Single Service, Clear Outcomes
- 2.4 The organisations that have been awarded grants can be found on the CCG's Internet and Intranet sites. They will be publicised in the GP and Staff newsletters and information will be cascaded at TEAM W, GP Locality meetings and the Practice Managers Forum. Please see Appendix 1 for information on the Grant's awarded.
- 2.5 The organisations are initially invited to the Adult Community Care work stream meetings to present what their service can offer to support the work of the CNTs. They are then invited to attend the meetings on a regular basis so that discussions can be held about appropriate referrals and to monitor the progress of the projects and the impact upon the service user.
- 2.6 Work is underway to co-locate the CNTs. Once the teams are co-located there will be more opportunity to integrate the third sector into the teams on a more effective basis.

3. CLINICAL VIEW

3.1. The senior nurses within the teams will ensure that patients are appropriately referred into the services. GPs are also able to refer directly into services.

4. PATIENT AND PUBLIC VIEW

4.1. Patient feedback and evaluation will be built into the monitoring of the services.

5. RISKS AND IMPLICATIONS

Key Risks

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Wolverhampton Clinical Commissioning Group

- 5.1. There are risks that the services do not receive enough referrals to make their services effective.
- 5.2. There are risks that some of the services only address a very small cohort of patients and therefore it may be difficult for GPs to determine which patients meet the referral critieria

Financial and Resource Implications

5.3. Financial Implications are covered by the CCG Grant Policy Framework

Quality and Safety Implications

5.4. The quality and safety of the services will be managed via the management of the service contract.

Equality Implications

5.5. Equality Impact Assessments have not been undertaken for these grant awards.

Medicines Management Implications

5.6. There are no medicines management implications.

Legal and Policy Implications

5.7. Any legal implications are managed through the CCG Grant Policy Framework and the contract management of the service.

6. RECOMMENDATIONS

6.1. It is recommended that the committee receive and discuss this report.

Name: Andrea Smith

Job Title: Head of Integrated Commissioning

Date: 27th June 2016

ATTACHED:

(Attached items:)

RELEVANT BACKGROUND PAPERS

CCG Grant Funding Policy

Primary Care Joint Commissioning Committee

(5 July 2016)

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REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View		
Public/ Patient View		
Finance Implications discussed with Finance Team		
Quality Implications discussed with Quality and Risk		
Team		
Medicines Management Implications discussed with		
Medicines Management team		
Equality Implications discussed with CSU Equality and		
Inclusion Service		
Information Governance implications discussed with IG		
Support Officer		
Legal/ Policy implications discussed with Corporate		
Operations Manager		
Signed off by Report Owner (Must be completed)		

Primary Care Joint Commissioning Committee (5 July 2016)

Appendix 1 – Summary of Third Sector organisations receiving grant funding from WCCG (2016/17)

1. Beacon

<u>Project Title</u> - Beacon Link-Line Funding - £22,714

'Our proposal is to expand current provision into the Wolverhampton area with the added element of an innovative telephone support service – Beacon Link-Line - for people living with visual impairment (VI). The Link-line will provide the vital peer mentoring support needed to VI people who have become or are at risk of being isolated from the community in order to enable them to cope with everyday living and stay independent.'

A team of mainly Visually Impaired & some sighted volunteers will provide weekly calls to clients at least once a week, whether people just want to pass the time of day; have a social chat; are feeling lonely and isolated from neighbours.

2. Carers Group - MS Therapy Centre

<u>Project Title</u> - Carers Support Group Funding - £2,819

This project is about establishing a carers' group for carers of those living with Multiple Sclerosis and other neurological conditions. It involves development of a safe regular space for carers to access peer support, advice and guidance and signpost into other services.

'The project will address the carers own support needs that will sustain the carer in their caring role and help maintain the carers own health and wellbeing through providing a safe space to discuss their own issues, offer direct support and signpost into other services.'

3. Compton Hospice

<u>Project Title</u> - Compton Hospice Isolation Prevention Service for People with Incurable Conditions and Frailty <u>Funding</u> - £25,000

'The project will develop a compassionate service, delivered by volunteers who will take end of life care beyond the palliative care boundaries. The service will tackle the debilitating isolation and grief that people often experience alongside physical symptoms and increasing frailty when facing an incurable illness. In collaboration with existing community service providers in Wolverhampton, it will develop a comprehensive directory of services available to service users thus acting as a gateway to other services and support.

A core group of volunteers will be recruited through the hospice to assist the coordination and development of a range of volunteer services, including befriending, to support people to remain in the place of their choice for as long as possible.

The volunteers will take on the role of community champions and will endeavour to

increase community awareness and understanding of the frailty and end of life, and to increase the community's capacity to support those who are living with its effects.

4. Deafblind UK (DBUK)

<u>Project Title</u> - DBUK Community Services in Wolverhampton <u>Funding</u> - £24,480

Community services supporting deafblind people to:

- Combat social isolation;
- Live independently;
- Improve their health and wellbeing;
- Access information and services.

'Experienced Outreach Officers will be making home visits to assess needs, helping with problems and ensuring access to services. Peer support and social groups will be created for activities, friendship, information, and guidance on managing everyday tasks safely and independently. Volunteer befrienders will provide company, conversation and help with correspondence, finances, shopping and getting outdoors. There will be training/support in using accessible digital technology to stay socially connected and well informed. Provision of an Information and guidance telephone/email line is included with at least three telephone calls per year, to check welfare and help with queries/problems. The project also includes the production of a quarterly magazine in an accessible format, containing articles about deafblindness and information on services and products.'

5. Disability Resource Centre (DRC)

<u>Project Title</u> - Fit for Life Funding - £23,337

'Fit for Life is an innovative, holistic programme available to disabled people, those with long-term health conditions and people who are elderly/frail, to support them to better manage their impairments and make positive lifestyle changes to improve their health and wellbeing.

Over the course of a year, DRC will run six 10 week courses, which will include weekly 'taster' exercise sessions and Fit for Life workshops.'

6. Gloucester Street Community Centre

<u>Project Title</u> - Better Care, Together - living well and staying well for longer <u>Funding</u> - £25,000

'The pilot project aims to deliver a tailor-made package of support to the Elderly (primarily 65+ and from BME and migrant backgrounds) and their families – at the point of accessing NHS hospital services, with the aim of reducing subsequent need/dependency on NHS services. The project will work closely with the Health Services, in identifying those currently in regular contact and/or at risk of regular contact with NHS services. Following an assessment, a tailor-made package of support will be constructed with the involvement of both family and person in need of care (where possible). The package will involve a programme of support, including one-to-one be-friending, transport to weekly social activities (e.g. luncheon club,

exercise classes, coffee mornings and health checks) as well as faith-related activities.

The project will offer an all-round support service that places wellbeing at the centre of the living well and staying well, for longer.'

7. Hope Community Project Wolverhampton

<u>Project Title</u> - Angels of Hope <u>Funding</u> - £12,907

'The service will provide support for people over the age of 60, who have difficulty managing their lives, and the frail and elderly to enable them to live independently in their own homes and prevent early hospital admission. We will accompany people to medical appointments, provide a pre-arranged 'sitting' service to enable carers to have time to themselves during the day, help with day to day domestic duties in the home, help with shopping, fetching prescriptions and other tasks identified, as appropriate. We will offer a telephone befriending service and a regular visiting service for people who are isolated, those who are unable to leave their own homes, suffer from depression or have low self-esteem. We will arrange social activities, trips and outings to encourage new friendships outside of their home and extended peer circles.'

8. Omega, the National Association for End of Life Care

<u>Project Title</u> - Chatterbox, Action Against Loneliness <u>Funding</u> - £15,700

Chatterbox is a targeted, telephone befriending, mentoring and facilitation service aimed at clients, especially those in crisis or at risk of losing their independence.

Chatterbox extends independence, enhances wellbeing and supports family caregivers looking after someone with a complex condition to continue their caring role for as long as possible. We help to restore the self-esteem of people who would otherwise have little or no support and encourage them to re-engage with their own social network, or guide them through a difficult situation.

9. One Voice - For Disabled People

<u>Project Title</u> - The Next Step Funding - £16,800

Our aim is to bring together our existing expertise and work alongside Wolverhampton Homes, to address disabled people and older people's isolation, access to exercise and healthy living and to the internet.

We will begin with a telephone befriending service to identified people by WH as isolated through their vulnerabilities database. We will extend and provide opportunities to get disabled persons to talk to each other and in their communities and arrange a whole host of activities, to include:

- Community walks
- Picnics
- Teach recipes

- Share food
- Use cyber cafes to get people online and learn to use the internet
- Chairobics
- Transport to community gym/ swim facilities

10. Wolverhampton Elder Asian and Disabled Group

<u>Project Title</u> - Capturing Life Experiences <u>Funding</u> - £17,000

'We would like to carry out a project that focuses on improving the life of disadvantaged groups by encouraging inclusion. We have found that women in particular are not taking up services and are leading lonely, isolated and unhealthy lives. We have found that women from BME backgrounds may be isolated due to religious and cultural pressures. Our project will be a positive community one approached via grass roots that will focus on raising health inequalities and developing new skills. We want to promote the wellbeing of people to make later life a fulfilling one. The project will support people to remain independent and able to deal with immediate worries and overcome loneliness and isolation. We also want to target those at risk of becoming lonely and isolated. This will involve developing engagement strategies building on capacity and mutual support.'



WOLVERHAMPTON CCG

PRIMARY CARE JOINT COMMISSIONING COMMITTEE 5th July 2016

Title of Report:	Update Report on Primary Care Programme Board Activity 15 th June 2016 (PCPB)
Report of:	Manjeet Garcha Chair PCPB
Contact:	Manjeet Garcha
Primary Care Joint Commissioning Committee Action Required:	□ Decision☑ Information
Purpose of Report:	To update the PCJCC on PCPB activity for June 2016
Public or Private:	Public
Relevance to CCG Priority:	1,2a,2b,3,4 &5
Relevance to Board Assurance Framework (BAF):	Outline which Domain(s) the report is relevant to and why – See Notes for further information
Domain 1: A Well Led Organisation	[INSERT TEXT/ DELETE AS RELEVANT]
Domain 2a: Performance – delivery of commitments and improved outcomes	[INSERT TEXT/ DELETE AS RELEVANT]
Domain 2b: Quality (Improved Outcomes)	[INSERT TEXT/ DELETE AS RELEVANT]
Domain 3: Financial Management	[INSERT TEXT/ DELETE AS RELEVANT]
Domain 4: Planning (Long Term and Short Term)	[INSERT TEXT/ DELETE AS RELEVANT]

Primary Care Joint Commissioning Committee 5th July 2016 (MGFINAL)







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1. BACKGROUND AND CURRENT SITUATION

1.1. The Primary Care Programme Board meets monthly and it was agreed that there will be a monthly summary report presented to the PCJCC.

2. MAIN BODY OF REPORT

Summary of activity discussed on June 15th 2016.

- **2.1.1** All currently active work streams are being progressed well with dates for reviews and benefit realisation analysis planned on the key planner
- **2.1.2** Interpreting Procurement update presented. Procurement process has commenced. If the successful bidder is not the current provider, there may be a need to extend the current contract by maximum of 2 months to allow for transition.
- **2.1.3** Community Equipment Procurement paper presented and decisions agreed;
 - Report to Commissioning Committee to approve joint procurement subject to Wolverhampton Local Authority (WCC) decision
 - Confirm activity and cost data to inform procurement
 - Draw up specification and conduct market research engagement for health only service based on reduced envelope
 - Continue to work with WCC to support joint procurement process
 - Updates to Primary Care Programme Board and Commissioning Committee
- **2.1.4** Future activity is as per plan for 2016/17 schemes.
- **2.1.5** Atrial Fibrillation, a new proposal for QIPP presented by Dr D De Rosa. A very positive sounding scheme which was seen to be of a possible good quality scheme for patients with AF. Project to be scoped and presented back to the Board in the near future. Lead for this work stream has now been identified as Geoff Love.
- 2.1.6 Improved and strengthened process for administration of the board in line with PMO office for all the boards. To strengthen the governance process, all leads have been requested over the last 3 month period to update their work stream work books. This is expected to be completed by end of June and then a review/audit will take place in July to identify any gaps.

The PCDB will be appraised of the findings at the August meeting.

2.1.7 The Risk Register was discussed, all risks are to be kept updated and leads will ensure this is maintained. No risks were escalated

Primary Care Joint Commissioning Committee 5th July 2016 (MGFINAL)

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- **2.1.8** The QIPP Plan for the PCDB was discussed and the need to address the QIPP unallocated deficit reiterated.
- **2.1.9** No exceptions or risks to the Primary Care Delivery Board work were identified.

2.2 CLINICAL VIEW

Clinical view is afforded by the Director of Nursing and Quality and also Dr Dan De Rosa, CCG Chair. Dr DeRosa has recently requested to attend meetings if his diary will allow and also to be sent papers and minutes etc. so there is opportunity to provide comment.

3. PATIENT AND PUBLIC VIEW

3.1 The PCPB ensures that all schemes have an EIA completed and patient and public views are sought as per requirement.

4. RISKS AND IMPLICATIONS

Key Risks

4.1 The PCPB has reviewed its risk register and it is in line with the CCG requirement.

5.0 Financial and Resource Implications

5.1 All exceptions are reported to the QIPP Board and full discussion held re risk and mitigation.

6.0 Quality and Safety Implications

6.1 Quality and Risk Team are fully sighted on all activity and the EIAs include a Quality Impact Assessment which is signed off by the CCG Head of Quality and Risk

7.0 Equality Implications

7.1 A robust system has been put in place whereby all schemes have a full EIA undertaken at the scoping stage.

8.0 Medicines Management Implications

8.1 There are no implications in this report regarding medicines management; however, full consultation is sought with Head of Medicines Management for all schemes presented.

9.0 Legal and Policy Implications

Primary Care Joint Commissioning Committee 5th July 2016 (MGFINAL)

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9.1 There are no legal implications.

10.0 RECOMMENDATIONS

10.1 To **RECEIVE** and **Note** the actions being taken.

Name: Manjeet Garcha

Job Title: Director of Nursing and Quality

Date: 15th June 2016

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/	Date
	Name	
Clinical View	MGarcha	15 th June
	Dr De Rosa	2016
Public/ Patient View		
Finance Implications discussed with Finance Team	QIPP BOARD	June 2016
Quality Implications discussed with Quality and Risk Team	M Garcha/S Southall	15 th June
		2016
Medicines Management Implications discussed with	nil	June
Medicines Management team		2016
Equality Implications discussed with CSU Equality and	J Herbert	15 th June
Inclusion Service		2016
Information Governance implications discussed with IG		
Support Officer		
Legal/ Policy implications discussed with Corporate		
Operations Manager		
Signed off by Report Owner (Must be completed)	M Garcha	15 th June
		2016

Primary Care Joint Commissioning Committee 5th July 2016 (MGFINAL)

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Agenda Item 11



Agenda Item 7

WOLVERHAMPTON CCG

PRIMARY CARE JOINT COMMISSIONING COMMITTEE Tuesday 5th July 2016

Title of Report:	Primary Care Operational Management Group Update
Report of:	Mike Hastings
Contact:	Mike Hastings
Primary Care Joint Commissioning Committee Action Required:	□ Decision⊠ Assurance
Purpose of Report:	To provide an update on the Primary Care Operational Management Group
Public or Private:	The report is suitable for the Public meeting
Relevance to CCG Priority:	
Domain 4: Planning (Long Term and Short Term)	Planning for the CCG Primary Care provision to be fit for purpose in line with NHSE recommendations
Domain 5: Delegated Functions	Fulfilling the delegated responsibility of jointly managing primary care

Private Primary Care Joint Commissioning Committee
Page 1 of 4





1. BACKGROUND

The Primary Care Operational Management Group met on Tuesday 21st June. This report highlights the topics covered at the meeting.

2 AREAS COVERED

2.2 CQC Update

Yvette Delaney from CQC highlighted the following key points;

- 19 inspections had been undertaken.
- 1 inspection has been rated as inadequate (Dr Christopher's Practice) and their action plan has been received. A further inspection will be arranged for the end of November beginning of December.
- 1 inspection has been rated as requires improvement and the Practices action plan has been received.
- All GP Practice inspections will be complete by mid-January 2017.

All inspections rated as requires improvement that had taken place prior to Yvette being post will be revisited.

2.3 Primary Care Quality Assurance

2.3.1 Primary Care Joint Monitoring

The proposal has been shared and agreed by the Primary Care Joint Commissioning Committee. The next stage is to develop a collaborative monitoring tool between NHS England, CCG and Public Health, which will be shared be shared with LMC. The collaborative monitoring tool will be shared with the group for assurance at the next meeting.

2.3.2 Primary Care Quality Update

Sarah Southall highlighted the new format for the Primary Care Quality Report which in future will incorporate agenda items 10 (Quality Matters Summary) and 11 (Risk Register). Sarah provided the following update:

- WCCG CDI requirement for 2015/16 is a maximum of 71 cases. The CCG finished the year at 85/71.
- There have been x3 incidents reported on datix by GP Practices.
- Friends and Family Test data for April 2016 reports a decline in the % of patients who would recommend GP services in Wolverhampton. Friends and Family was

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a key area of discussion at the Primary Care Hub Meeting which took place in May.

- A further section outlining what's next/on the horizon will be included on future reports.
- It was highlighted under CQC those Practices awaiting publication of their CQC report have now been published.
- There has been an increase in IG concerns raised through Quality Matters. Mike Hastings stated a review of who is responsible for IG training across GP practices has been undertaken. IG sits with NHS England who have allocated funding to Midlands and Lancashire CSU. The CSU have e-mailed all Wolverhampton GP practices in May outlining they can assist them with the IG toolkit submission, 7½ hours of queries and can provide IG training. Discussions took place in relation to incident training for GPs.
- 1 RED risk has been added to the risk Register as of the 3rd May 2016 in relation to Primary Care Inreach Team. This has now been approved as significant amber.

2.4 Review of Primary Care Matrix

Mike Hastings shared with the group the latest Primary Care Matrix for information. Vic Middlemiss highlighted in relation to CCG Contract Management that all contracts have been issued to GP Practices, of which 33 have been signed and 13 are still outstanding. Dr Mehta agreed to put a reminder in the LMC newsletter.

A suggestion was made if under the Area Team section it could highlight those GP Practices who are scoring low on their IG Toolkit submission. As this will give an indication as to which practices would need support from the CSU.

2.5 Pharmaceutical Involvement in Primary Care

Jeff Blankley stated that there was no update this month.

2.6 NHS England Update

Gill Shelley provided the following update:

- The 3 GP Practices who have contracted their services to RWT went live as the 1st June 2016. There are still concerns around sub contacting in relation to cover arrangements, which is being addressed. Meetings have been scheduled with RWT and CCG to discuss putting KPIs in place.
- Doctors Pahwa & Pahwa Mrs Pahwa has now come off the contract, which was signed yesterday. A contract variation order has been sent to the practice to sign.

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- The CCG are working with practices in the North East locality as they are in discussion regarding merging practices. This aims to address recent local issues relation to premises and quality.
- Dr Christopher's action plan had not been seen by NHS England, Sarah Southall agreed to share.

3. RECOMMENDATIONS

3.1 The committee is asked to note the progress made by the Primary Care Operational Management Group.

Name: Mike Hastings

Job Title: Associate Director of Operations

Date: 22nd June 2016

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