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NHS
Wolverhampton
Clinical Commissioning Group

Meeting of the Primary Care Joint Commissioning Committee (Public)
Tuesday 6th September 2016
2.00 pm
Wolverhampton Science Park, Stephenson Room

A G E N D A

1	Welcome and Introductions	Chair	
2	Apologies	Chair	
3	Declarations of Interest	ALL	
4	Minutes of the meeting held on 2 August 2016	Chair	1 - 8
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13	Any Other Business		
	• Primary Care Full Delegation		
14	Date of next meeting Tuesday 4th October 2016 at 2.00pm in PC108, 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 D De Rosa Dr H Hibbs Ms Jervis Reehana
NHS England	Alastair McIntyre Gill Shelley Anna Nicholls
Patient Representatives	Sarah Gaytten Jenny Spencer
Invitees (Non-Voting)	Donald McIntosh (Healthwatch) Cllr 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 2 August 2016
Commencing at 2.00 pm in the PC108, 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 Salma Reehana	Locality Chair / GP	No
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)	Yes
Charmaine Hawker	Assistant Head of Finance (Direct Commissioning)	No

Independent Patient Representatives ~

Jenny Spencer	Independent Patient Representative	No
Sarah Gaytten	Independent Patient Representative	Yes
Peter Price	Vice Chair	Yes

Non-Voting Observers ~

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

In attendance ~

Mike Hastings	Associate Director of Operations (WCCG)	Yes
Peter McKenzie	Corporate Operations Manager (WCCG)	Yes
Jane Worton	Primary Care Liaison Manager (WCCG) (Minute Taker)	Yes
Trisha Curran	Interim Accountable Officer (WCCG)	Yes
Gary Thomas	Commissioning Operations Manager (WCCG)	Yes
Claire Skidmore	Chief Finance and Operating Officer (WCCG)	Yes

Welcome and Introductions

PCC165 Ms Roberts welcomed attendees to the meeting and introductions took place. It was noted that the outstanding actions from the private session of the July 2016 Primary Care Joint Commissioning Committee would be discussed at the September meeting.

Apologies for absence

PCC166 Apologies were submitted on behalf of Alastair McIntyre, Jenny Spencer, Ros Jervis, Sarah Southall, Helen Hibbs, Laura Russell and Charmaine Hawker.

Declarations of Interest

PCC167 Dr Kainth and Dr Bush declared that, as GPs they had a standing interest in all items related to primary care.

Ms Gaytten and Ms Spencer declared that, in their role as employees of the University of Wolverhampton, they 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 5 July 2016

PCC168 RESOLVED:

That the minutes of the previous meeting held on 5 July 2016 be approved as an accurate record subject to the following amendments:

(PCC128) NHS England Finance Update – ‘Mr’ Payton should be amended to ‘Ms’.

(PCC129) Vertical Integration – ‘Fail’ should be amended to ‘frail’.

Matters arising from the minutes

PCC169 RESOLVED:

That there were no matters arising to be discussed.

Committee Action Points

PCC170 **Minute Number PCC103 Protected Learning Time for GPs**
Mr Marshall stated that he would cover this action later in the agenda. Item closed.

Minute Number PCC122 NHS England Update – Primary Care Update
It was noted that this item was on the meeting agenda.

Minute Number PCC124 Wolverhampton CCG Update
It was noted that this item was on the meeting agenda.

Minute Number PCC147 NHS England Update – Primary Care Update
Ms Nicholls stated that she had confirmed that the process of adding and removing partners from practices which are involved in vertical integration remained the same as the contract is still held by the partnership and not the Royal Wolverhampton NHS Trust (RWT).

RESOLVED: That the above is noted.

NHS England Update – Primary Care Update

PCC171 In Mr McIntyre's absence, Ms Shelley presented the NHS England update to the Committee outlining the latest developments in primary medical care nationally and locally. The report included updates on the Primary Care Hub and it was noted that the next Primary Care Hub Network Meeting is scheduled for 12 August 2016 where there will be a focus on quality and Patient Participation Group (PPG) work.

A query was raised regarding what aspect of PPGs would be reviewed. It was confirmed that NHS England are undertaking work with CCGs to ensure that all PPGs are well formed as this is a contractual requirement.

With regards to GP Forward View Programmes, the Committee was informed that a Wolverhampton practice had been nominated to take part in the Vulnerable Practices Programme following discussion with the Wolverhampton Local Medical Committee.

It was noted that the annual negotiations on changes to the GP contract will be commencing shortly and that changes to the Carr-Hill formula had been expected in April but has now been suggested that it will be April 2018 instead.

The following GMS contract variations for July 2016 were stated:

Practice	Variation	Status
Bilston Health Centre & Park Street South	Removal from the contract: Dr (Mrs) Pahwa	Completed
Bilston Health Centre & Park Street South	Addition to the contract of: Dr K Ahmed, Dr V Rai, Mr Greg Moorehouse (pharmacist)	Completed

The Committee noted that although it does not impact on the GMS contract at this point in time, there are plans to change the name of Dr Pahwa's practice to IH Medical Practice.

RESOLVED: That the above is noted.

NHS England Update – Practice Participation in Enhanced Services

PCC172 Ms Nicholls presented a report to provide details of Wolverhampton practices who have signed up to deliver the following Directed Enhanced Services in 2016/17 in comparison to 2015/16. It was noted that extended hours are not included within these services. It was noted that 'Y code' (APMS) practices will already have the enhanced services wrapped into their contract and therefore it was suggested that they are recorded as 'not applicable' rather than '0' going forward.

RESOLVED: That the above is noted.

NHS England Finance Update

PCC173 In Ms Hawkers absence, Ms Skidmore provided an update and informed the Committee that NHS England are in the process of closing down the month 4 position and that there are no changes to report from month 3. It was noted that capitation data changes and non-recurrent estate programme funds will be incorporated into the month 4 report. 20:35

RESOLVED: That the above is noted.

Wolverhampton CCG Update

PCC174 Mr Hastings noted that queries had been received from Wolverhampton LMC and a response will be made within 7 days.

My Hastings gave the following update to the Committee in relation to Wolverhampton CCG primary care:

Estates and Technology Transformation Fund (ETTF) – Nationally 135 bids have been submitted of which 31 were IT related. The outcomes of all bids is currently awaited following a prioritisation process being undertaken.

Commissioning Operations Manager - Mr Hastings introduced Gary Thomas who has joined the CCG as Commissioning Operations Manager. It was noted that the current focus of the role was Wolverhampton primary care estates and a programme of work is currently being developed.

Mr Hastings provided an update on the primary care models as the CCG moves towards full delegation by 1 April 2017. A second Primary Care Home style model is being formed and there are emerging groups of practices who are looking at a 'mutual support' arrangement whereby they will look for inefficiencies and working together to share responsibilities at scale.

Wolverhampton Total Health – They are now 7 months into the preparatory 18 months as a rapid test site for the primary care home model and are liaising with health service workers and organisations to consolidate the initial ideas from the 8 practices. Patient communication has been highlighted as an issue and there is an aim to create a HUB to enable better access to services for patients.

Vertical Integration – Three practices, Lea Road Surgery, Alfred Squire Road Health Centre and MGS Medical Practice, in Wolverhampton have now successfully vertically integrated with RWT. RWT has set up a Primary Care Directorate and progress is underway to promote closer working between Primary and Secondary Care in providing a more seamless approach to patient care and communication.

Local Digital Roadmap – Plans have now been submitted and work is underway with Walsall and Dudley CCG regarding shared care records.

Capita / Primary Care Support England (PCSE) – A request has been made for all GPs to capture any specific concerns, issues or service improvements. Communications are to go out to all Practice Managers.

A query was raised about the evaluation schedule for the new models of care in Wolverhampton. It was stated that Wolverhampton Total Health is an 18 month programme of work which will be evaluated at the end of this period. The CCG is working with the RWT to develop Key Performance Indicators which will enable the CCG to monitor performance.

RESOLVED: That Mr Hastings will respond to LMC queries.

That Communications are to go out to all Practice Managers requesting PCSE feedback.

Primary Care Programme Board Update July 2016

PCC175 Ms Garcha presented an update on the delivery of the work being undertaken by the Primary Care Programme Board. A progress update on the interpreting procurement was given and no significant issues were reported.

A discussion took place around the use of Choose and Book in GP practices following a query raised by Wolverhampton Healthwatch. It was noted that the Head of Primary Care at Wolverhampton CCG was currently investigating this issue and would provide an update in due course.

A query was raised around the GP Peer Review and it was noted that Ms Garcha will present the Terms of Reference at the next Committee meeting.

RESOLVED: That Ms Garcha will present the GP Peer Review Terms of Reference at the September 2016 Committee meeting.

Primary Care Operations Management Group Update

PCC176 Mr Hastings provided an overview of the key areas covered at the Primary Care Operational Management Group Meeting which took place on 19 July 2016.

Healthwatch queried the response rate to the Friends and Family test. It was agreed that this would be reviewed at the Primary Care Operational Management Group and decide the most appropriate forum for the outcomes to be discussed. It was noted that completion of the test was a contractual requirement.

A discussion took place around prescribing issues following acute discharge and it was agreed that Mr Blankley would meet with Dee Harris, Commissioning Solutions and Development Manager – Urgent Care (Wolverhampton CCG) to review the process.

Dr Mahay stated that NHS Property Services had started to commercialise service charges for Wolverhampton GP premises. As some GPs are now receiving higher bills, it was queried whether support is being given to GPs who have received additional charges. Ms Nicholls agreed to look into this and update the Committee at the September 2016 meeting.

RESOLVED: That Mr Blankley will meet with Dee Harris to review the prescribing aspect of the acute discharge process.

That Ms Nicholls will look into support to GP practices with increased premises charges and provide an update at the September 2016 Committee Meeting.

Primary Care Forward View – WCCG Response

PCC177 Mr Marshall presented a report which outlined the new guidance which was published in April 2016 regarding general practices services for the future. The report included a summary of requirements highlighting the key areas where changes will be realised over a 5 year period as detailed within each of the chapters within the document, this included; investment, workforce, workload practice infra-structure and care redesign.

Wolverhampton Healthwatch queried whether the development of a workforce strategy would include measures designed to attract GPs to work in Wolverhampton. It was noted that the GP forward view (2016) sets out some clear parameters for GP workforce growth and Ms Garcha agreed to provide an update for the Committee at the October 2016 meeting.

RESOLVED: That Ms Garcha will bring an update on the workforce strategy, with specific reference to GP workforce growth, to the October 2016 meeting.

Any Other Business

PCC178 There were no other items raised for discussion.

RESOLVED: That the above is noted.

Date, Time & Venue of Next Committee Meeting

PCC179 Tuesday 6 September 2016 at 2.00pm in the Stephenson Room, 1st Floor, Technology Centre, Wolverhampton Science Park.

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NHS
Wolverhampton
Clinical Commissioning Group

Peer Review - Terms of Reference

1. Overview and Plan for September 2016

The Peer Review Scheme commenced in March 2016, building on work already undertaken through the Practice Support Visit Program that commenced in 2014 and concluded earlier in 2016.

The Scheme enables Clinical Networks to examine referral pathways and expose the specialties where significant variation exists within their cohort of practices that give rise to further consideration in relation to referral behaviour, clinical quality, outcomes and cost. Peer Review is an opportunity to reflect and learn from opportunities to identify solution(s) to reduce variation to within acceptable tolerances, set against identified disease prevalence, deprivation and health inequalities.

By September 2016 the CCG plans to redefine the role of Peer Review Groups (PRG's), driven by clinical engagement at locality level and aligning to best practice guidance available from Kings Fund, NHS Institute, NHS England and the Right Care Program. Redefinition will involve building in the Right Care thinking and will seek to achieve a more robust approach to Peer Review.

2. Terms of Reference - Aim & Purpose of the Peer Review Groups (PRGs)

There are 10 Peer Review Groups' that have been formed, their main focus will be to achieve an understanding of the extent of the Right Care un-attributable level of referrals in the 4 key specialties being reviewed (Diabetes, Heart Disease, Mental health and Gastro) that should result in improved referral management for each pathway. Changes in referral management will be achieved by utilising the evidence bases from Kings Fund, NHS Institute and Right Care Program and triangulated with practice level data available from Aristotle.

The Terms of Reference for the Peer Review Groups are outlined as follows:-

- **Gain a better understanding of the situation**, identify areas for improvement and develop a collective strategy for responding to the problem, adopting the NHS Right Care Methodology: (Where to look; What to change; How to change) and aligning Best Practice from Kings Fund et al.

- **Identify scope to reduce variation in Referrals management by interrogating the Aristotle** Information System using benchmarking platforms for A&E, Inpatient Referrals, Outpatient First Attendances, Non-Elective Admissions and Risk Stratification.

- **Seek agreement at Locality & Clinical Network level, of Clinical Areas/ Specialties that give rise to concern** and require further consideration via data available predominantly within Aristotle to understand the extent of the problem.

- **Each Practice to have an identified Clinical Lead to lead, review and discuss variation at practice level**; further discuss findings from case reviews at Locality/Clinical Network level meetings to agree a collective response to tackle unwarranted variation in referrals management.

- **Each Peer Review Group will hold quarterly facilitated meetings** at Clinical Network/locality level to discuss case findings and exchange good practice as well as identify clinical areas where support is required to further refine service improvements.

- **Feedback outputs from Peer Review Group** discussions to be fed through Locality Boards through Locality Clinical leads identifying potential ideas for further scope.

3. Approach: Localities/Clinical Networks to adopt the Right Care approach as follows:-

Where To Look
The Commissioning for Value data packs issued for Wolverhampton CCG May and April 2016 and were used at the CCG Members Meeting on 20th April 2016, where Members agreed to explore Right Care as the focus for Peer Review Groups.
http://www.rightcare.nhs.uk/index.php/commissioning-for-value/#Focus

Subject Matter
Locality/ Clinical Network or Peer Group to identify subject matter and gain a consensus amongst peers to explore further; drawing up a list of Hypothesis/Key Lines of Enquiry (KLOE) Questions for further deep dive.

Information sources
Peer Review Groups may source their clinical information and evidence base from a range of sources i.e.

- National Good Practice
- Kings Fund, Nuffield Trust, NHS England, NHS Institute, NHS Right Care which offer benchmarking and best practice guidance to provide comparative evidence baselines.
- Groups and constituent practices may also consider the merits of interrogating the Aristotle Information System and it's many benchmarking platforms. One example of using Aristotle in an area that General Practice and Peer Review may influence improvement is Outpatient First Attendances (Appendix 1)
- Clinical data sourced from Practice Information System
- Specific patient Referral examples in agreed Clinical Specialties

What to change

- Using the above data sources further analysis should be explored at practice level and outputs from this stage to feed into discussion at a wider peer review level.
- At this stage the Practice level variation review should identify what needs to change and using the data, start to draw explanatory analysis as an impetus to input into a potential case for change to be further be explored and discussed at Peer Review/ Locality level.
- Where the level of granularity of data required is not readily available; additional information request(s) may be required to the CCG via Locality Meetings or Clinical Chairs.

How to change

- Outputs from Practice level analysis to be further discussed and debated at Peer Review level amongst Peers for a collective strategy and response to the problem, including exploring possible options to be further discussed at Locality/ Clinical Network Level.
- Discussions at this level may highlight areas for further exploration and potential opportunities for what needs to change to input into Locality / Clinical network meetings to test the idea and build a case for change for feeding into the CCG Commissioning, Service Transformation and Contracting business planning process. Through this process a commissioning or development solutions manager maybe identified to work with Localities to develop the idea and business case.
- Outputs from Peer Review groups will be collated per group and submitted to the CCGs Transformation Lead (Appendix 1).

Action Plan

Right Care approach – 4 Specialties (Diabetes, Heart Disease, Mental Health & Gastro) examine potential and Right Care approach in each specialty.

Aristotle, Good Practice Benchmarking and generating a robust methodology Identify Practice/ Network gaps from SAR (standardised attendance ratios) and Best Practice learning from National Bodies eg Kings Fund

4. Governance & Membership

Identify Stakeholders to attend Peer Review Groups including secondary care consultants, Public Health Specialists, Mental Health Specialists etc.

Identify a Clinical Lead for each Peer Review Group supported by a nominated Lead Practice Manager to provide organisational arrangements and capture outcomes.

5. Outcomes and Results

Clarity of outcomes, alignment to best practice and benchmarking comparators that will assist in identifying improvement achieved or to be achieved.

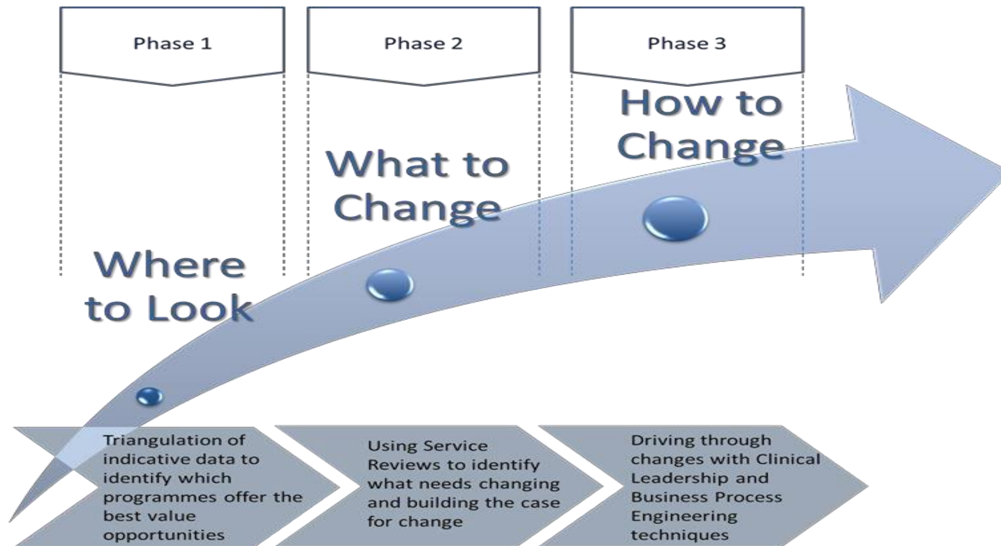
6. **Locality Review**

Service Improvement and development cycle sharing key themes into within the wider locality & other clinical networks.

Appendix 1

Peer Review Process

1. **Right Care Review**



2. Data analysis & evidence base –to identify referral activity gaps and benchmarks for improvement comparison

- Aristotle & Practice's Information System based on clinical coding searches

PEER REVIEW First Outpatient Appointme

- Kings Fund
- Nuffield Trust
- NHS Institute
- NHS England

3. FEEDBACK INTO LOCALITY & CLINICAL NETWORKS – to share learning

- Key clinical outcomes and learning / service improvement points
- Potential for 'spread' of benefits across all Localities/ Clinical Networks / Practices
- Movement of services 'Out of Hospital and Nearer to Home'

4. FEEDBACK BY PRACTICE LEADS INTO PRACTICES TO EMBED IMPROVEMENTS AT PATIENT LEVEL – to deliver benefits from the learning

- Alignment of improved clinical outcomes and learning into patient care delivery
- Embedding of improved clinical outcomes and learning into Practice MDT's

5. CONTINUOUS PEER REVIEW CYCLE – RIGHT CARE / EVIDENCE BASE

Primary Care Joint Commissioning Committee Actions Log

Open Items

Action No	Date of meeting	Minute Number	Item	By When	By Whom	Action Update
27	**07.06.16**	**PCC121**	**Terms of Reference** The Committee agreed to review the Terms of Reference in September 2016	September 2016	Peter McKenzie	05.07.16 - This agenda item is due to be presented at the September Committee Meeting.
31	**02.08.16**	**PCC174**	**Wolverhampton CCG Update** Mr Hastings to respond to Wolverhampton LMC queries within 7 days.	September 2016	Mike Hastings	
32	**02.08.16**	**PCC174**	**Primary Care Support England (PCSE)** Communication to go out to all practices requesting PCSE feedback.	September 2016	Jane Worton	
33	**02.08.16**	**PCC175**	**GP Peer Review** Ms Garcha to present the GP Peer Review Terms of Reference at the September 2016 Committee meeting.	September 2016	Manjeet Garcha	
34	**02.08.16**	**PCC176**	**Acute Discharge Process** Mr Blankley to meet with Dee Harris to review the prescribing aspect of the acute discharge process.	September 2016	Jeff Blankley	
35	**02.08.16**	**PCC176**	**Premises Charges** Ms Nicholls to look into support available to GP practices with increased premises charges and provide an update at the September 2016 Committee meeting.	September 2016	Anna Nicholls	
36	**02.08.16**	**PCC177**	**Workforce Strategy** Ms Garcha to bring an update on the Workforce Strategy, with specific reference to GP growth, to the	October 2016	Manjeet Garcha	

			October 2016 meeting.			

Closed Items

Action No	Date of meeting	Minute Number	Item	By Whom	Date Closed	Action Update
1	**03.12.15**	**PCC04**	**Proposed amendments to Committee Terms of Reference** That the 3 GP Locality Leads will attend on a rotational basis for the next 12 months. Mr McKenzie to inform Locality Leads of this arrangement.	Peter McKenzie	14 January 2016	Action complete
2	**03.12.15**	**PCC04**	**Proposed amendments to Committee Terms of Reference** That the review of the Committee Terms of Reference be in line with the two window a year permitted by NHS England for the CCG's constitution to be amended.	Peter McKenzie	14 January 2016	Action complete
3	**03.12.15**	**PCC05**	**Primary Care Commissioning Operations Management Group Terms of Reference** That the Care Quality Commission will be invited to future meetings of this Group.	Mike Hastings	14 January 2016	14.01.16 – Mike Hastings confirmed that he has spoken to the Head of Quality and Risk at the CCG to confirm local CQC Lead contact details.
4	**03.12.15**	**PCC06**	**Upcoming Issues for Provisional Work Programme** That the Showell Park Procurement be brought to a 2016 Committee meeting for decision. Ms Nicholls to confirm appropriate meeting date.	Anna Nicholls	14 January 2016	14.01.16 – Anna Nicholls confirmed that the Showell Park Procurement will be brought to the Private Session of the Primary Care Joint Commissioning Committee in March 2016. 01.03.16 - It was noted that this item is on the private Committee agenda for discussion
5	**03.12.15**	**PCC07**	**Standard Agenda item and regular reporting requirements** That the following items be included as standing items on the agenda: • NHS England Update • NHS England Finance Update • Wolverhampton CCG Update • Primary Care Delivery Board Update • Primary Care Commissioning Operations Management Group Update	Jane Worton	14 January 2016	14.01.16 – Standard items will be included from February 2016 onwards.

6	**03.12.15**	**PCC07**	**Standard Agenda item and regular reporting requirements** That Charmaine Hawker, Assistant Head of Finance - Primary Care, from NHS England Finance is invited to attend future Committee meetings.	Jane Worton	14 January 2016	14.01.16 – Confirmed that Charmaine Hawker had been invited to attend future Committee meetings.
7	**03.12.15**	**PCC08**	**Arrangements for future meetings** That the first public meeting of this Committee will take place in March 2016.	Peter McKenzie	2 February 2016	02.02.16 - It was noted the schedule of Committee dates for 2016/17 have now been diarised. Item closed.
8	**14.01.16**	**PCC17**	**Proposed Amendments to Committee Terms of Reference** That the February 2016 WCCG Governing Body Meeting and Sub Regional Team will receive an Executive Summary from this Committee.	Pat Roberts	2 February 2016	02.02.16 - It was confirmed that the executive summary is now complete and will be forwarded to David Williams at NHS England. Item closed.
9	**14.01.16**	**PCC18**	**Primary Care Commissioning Operations Management Group Terms of Reference** That the March 2016 Committee Meeting receive an update from the PCCOMG Meeting on 16 February 2016. That the risk register and Mike Hastings change in role title is reflected in the Terms of Reference.	Peter McKenzie	2 February 2016	02.02.16 - The updated Terms of Reference were discussed and the amendments agreed. Item closed.
10	**14.01.16**	**PCC19**	**Upcoming Issues for Provisional Work Programme** That the draft Primary Care Strategy is to be shared with NHS England.	Margaret Chirgwin	2 February 2016	02.02.16 - It was confirmed that Margaret Chirgwin (WCCG) had shared the Primary Care Strategy with NHS England. Item closed.
11	**14.01.16**	**PCC19**	**Upcoming Issues for Provisional Work Programme** That NHS England share the Operational Plan template with the Committee.	May 2016	NHS England	02.02.16 - It was noted that the planning return will be brought to the next Committee Meeting. 05.04.16 - It was noted that the reporting template will be brought to the May Committee meeting following the next planning deadline. 03.05,16 - It was noted that Ms Shelley would raise the reporting template query with NHS England and report back to the Committee.

						07.06.16 - 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.
12	**14.01.16**	**PCC21**	**NHS England Finance Update** That an update on financial planning will be presented to the Committee in February 2016.	Charmaine Hawker	2 February 2016	02.02.16 – The update on financial planning was provided. Item closed.
13	**14.01.16**	**PCC21**	**Capital Review Group / Strategic Estates Forum** That the Capital Review Group / Strategic Estates Forum minutes be reported to the PCCOMG Meetings.	Jane Worton	2 February 2016	02.02.16 - Item included on this meeting's agenda for discussion. Item closed.
14	**14.01.16**	**PCC21**	**WCCG Estates Strategy** That the final Estates Strategy be brought to a future Committee Meeting.	Mike Hastings	5 April 2016	05.04.16 - It was noted that this item is on the private Committee agenda for discussion.
15	**02.02.16**	**PCC38**	**West Midlands MOU for the Primary Care Hub** That the MOU be updated and signed off at the March 2016 Governing Body Meeting and Primary Care Joint Commissioning Committee.	May 2016	Mike Hastings / Gill Shelley	01.03.16 – The Committee approve the West Midlands MOU for Primary Care Hub subject to an additional quality element being added. That the MOU will be signed off at the March 2016 Public WCCG Governing Body Meeting. 05.04.16 - Ms Shelley to confirm amendments with regard to the status of WCCG commission of Primary Care as requested by the Governing Body NHS England colleagues and bring the final MOU to the May Committee meeting. 03.05.16 - Mr Hastings informed the Committee that the MOU has now been signed off by Wolverhampton CCG Governing Body and is currently being reviewed internally prior to being submitted to NHS England by 6 May 2016. 07.06.16 - 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.
16	**02.02.16**	**PCC42**	**Pharmacy First** That the Pharmacy First information be circulated to the Committee.	Jane Worton	1 March 2016	01.03.16 - It was noted that the information was circulated to the Committee on 11.02.16.
17	**02.02.16**	**PCC37**	**Financial Planning** A further report to be brought to the next Committee meeting.	Charmaine Hawker	1 March 2016	01.03.16 - It was noted that this report is included on the agenda for discussion.
18	**01.03.16**	**PCC53**	**Minutes of the Meeting Held on 2 February 2016** That the minutes of the previous meeting held on 14 January 2016 be approved as an accurate record subject to the following amendments. (PCC39) Spelling of Alistair McIntyre to be amended to Alastair. (PCC40) Amendment of PCCOMG Meeting to PCOMG Meeting.	Jane Worton	5 April 2016	05.04.16 – Amendments made.
19	**01.03.16**	**PCC54**	**Primary Care Models** An update report on Primary Care Home and vertical integration models will be brought to the next Committee meeting.	Mike Hastings	5 April 2016	05.04.16 - It was noted that this item is on the Committee agenda for discussion.
20	**01.03.16**	**PCC61**	**Primary Care Commissioning Operations Management Group (PCOMG) Update** That the next PCOMG update is created in the form of an overarching assurance report subject to any practice specific confidential information being discussed in private.	Mike Hastings	5 April 2016	05.04.16 - It was noted that this item is on the Committee agenda for discussion.

21	**01.03.16**	**PCC61**	**Pharmaceutical Involvement in Primary Care** That following discussion at the January 2016 Committee Meeting around the pharmaceutical involvement in primary care it was noted that Mr Blankley would attend future PCOMG meetings to drive this forward.	Mike Hastings / Jeff Blankley	5 April 2016	05.04.16 - It was noted that Mr Blankley now attends the PCOMG meetings.
22	**05.04.16**	**PCC77**	**NHS England Update** That a short report will be provided by NHSE outlining any activity throughout the month which impacts on Wolverhampton primary care.	May 2016	Alastair McIntyre / Gill Shelly	03.05.16 - The NHS England Update was included on this meeting's agenda. Item closed.
23	**05.04.16**	**PCC78**	**NHS England Finance Update** That a report will be produced for the May 2016 Committee Meeting to outline the full schedule for the 2016/17 budget.	May 2016	Charmaine Hawker	03.05.16 - The NHS England Finanxe Update was included on this meeting's agenda. Item closed.
24	**03.05.16**	**PCC100**	**GP Communication** That GP communication methods should be discussed at the next Primary Care Operational Management Group meeting.	June 2016	Mike Hastings	07.06.16 - Mr Hastings confirmed with the Committee it has been agreed until the Wolverhampton Clinical Commissioning Group (WCCG) are full delegated all correspondence will continue by NHS England.
25	**03.05.16**	**PCC101**	**PMS Premium Schemes** That the CCG Strategy and Transformation Team will provide a report to the June 2016 Committee Meeting outlining the PMS Premium schemes.	June 2016	Sharon Sidhu	07.06.16 - PMS Premium Schemes included on the Private Primary Care Joint Commissioning Committee meeting agenda.
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.	August 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.

						05.07.06 - Mr Marshall reported the Protected Learning Time for GPs is part of the GP Forward View and suggested this is included the full summary report update due at the next Committee meeting. August Agenda Item. 02.08.16 – Action covered within Primary Care Forward View. Item closed.
28	**07.06.16**	**PC122**	**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.	August 2016	Gill Shelley	05.07.16 - Ms Nicholls reported they are still awaiting a response and agreed to report back at the next Committee meeting. August Update. 02.08.16 – Action covered on meeting agenda. Item closed.
29	**07.06.16**	**PC124**	**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	05.07.16 – Mr Marshall agreed to provide a report on the WCCG response to the Primary Care Forward View at the August meeting. 02.08.16 – Item on meeting agenda and closed.
			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	05.07.16 - Better Care Fund – Third Sector Organisations report was on the agenda. Item closed.
30	**05.07.16**	**PCC147**	**NHS England Update – Primary Care Update** Ms Nicholls agreed to clarify and report back to Dr Helen Hibbs in relation to impact of the new partner joining MGS Medical Practice (Dr Bagary) as they are involved in the vertical integration pilot.	August 2016	Anna Nicholls	02.08.16 – Ms Nicholls confirmed that the process of adding and removing partners from practices which are involved in vertical integration remained the same as the contract is held by the partnership and not RWT.

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

Primary Care Hub Update

The PC Hub team held the first review meeting on 27th July. We have commenced planning for next year based on feedback and will be writing out to all CCGs shortly.

GPFV Programmes

Work is continuing at the Central team in order to maintain the pace of implementation of the GPFV work streams. A number of programmes are currently going through the approval processes and will be disseminated to stakeholders as soon as more information is available.

The General Practice Resilience Programme (GPRP) information has been released and all DCOs have been asked to develop proposals on local implementation bearing in mind specifics of geographies etc.
We have shared the proposals (attached) with CCGs leads and LMCs as per agreed national process and will be continuing discussions with the teams on the best way forward.

190816 WM GP resilience proposals v:

PC Commissioning Activity Report

All organisations commissioning Primary Care are required to complete a return via UNIFY to support greater assurance and oversight of NHS England's primary care commissioning responsibilities, and inform the strategic direction for general practice. It seeks to replace what have often been variable and ad hoc requests for information with a more systematic approach. The return is bi-annual

All delegated CCGs need to complete the return; NHSE team will complete the return for all other CCGs.

pc-comm-activity-report-guidance.pdf

Primary Care Policy Compliance Stocktake

A stocktake of policy compliance is being undertaken to ensure all commissioning organisations are following official guidance and Regulations.
All delegated CCGs need to complete the return.

Policy implementation spreadsheet.xlsx

Policies - June 2016.docx

NHS England

PCSE Update
We continue to monitor and receive reports of issues with the new PCSE service. The team have made some progress in a number of areas and there are improvement plans in place for any outstanding issues.
GP Practices and all other key stakeholders receive updates on progress via regular newsletters – latest one attached.

GP Update August 19th.pdf

Application for Full Delegation
The deadline for delegated applications is **5 December 2016.** The outcomes of the approvals process will be communicated in January 2017 and the go-live date for new delegated arrangements is 1 April 2017

The central team have updated the full delegation application page for GP Medical services on the Please find the link below:

https://www.england.nhs.uk/commissioning/pc-co-comms/pb-cc-approval/

The application documents will be published on this webpage later this month.

Please can you prepare your CCGs to meet this deadline, with prior approval from the DCO team.

GMS Contract Variations August 2016
None

NHS England

GP Resilience Programme in the West Midlands

Draft Proposals

Version number: 1.1

First published: 19 August 2016

Updated:

Prepared by: Direct Commissioning Team, NHS England (West Midlands)

1 Contents

1 Document Purpose 3
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2.4 Governance 6

1 Document Purpose

This document sets out the DRAFT proposals for the GP Resilience Programme in the West Midlands.

The funding can be used to:

- Expand local DCO team capacity and capabilities to provide support directly to practices to ensure ability to respond quickly is in place

- Commissioning support via contracted third party supplier(s) to work with practices where additional expertise is required

- Backfill (or other costs) for individual GPs and other practice team members to work to provide peer support to practices locally, providing ‘sender’ practices have additional capacity to offer such support

- Section 96 Support and Financial Assistance where there are clear and exceptional opportunities to support practices directly in delivering the menu of support

2 The Proposals

2.1 Background

General practice is the bedrock of the NHS, but it is under pressure from rising demand. Patient satisfaction remains high, with 85.2% of the public reporting a good experience of general practice services in the most recent survey, but this masks variation and difficulties in some parts of the country in accessing convenient appointments.

GPs have to deal with difficult issues of increasing demand and rising expectations, and this is in the face of the increasing complexity of the patient workload that they see.

The General Practice Forward View, published on 21st April, sets out NHS England's investment and commitments to strengthen general practice in the short term and support sustainable transformation of primary care for the future. It includes specific, practical and funded actions in five areas – investment, workforce, workload, infrastructure and care design.

We recognise that the General Practice Forward View Is not just about sustaining general practice. It is about laying the foundations for the future, so that general practice can play a pivotal role in the future as the hub of population-based health care as envisaged in the New Models of Care programme. Working at scale, with high uptake of new technologies and using the breadth of skills and capabilities across the medical and non-medical workforce, general practice will be better geared to support prevention, to enable self-care and self-management as part of creating a healthier population and a more sustainable NHS.

This document outlines the NHS England West Midlands proposal for the implementation of the GP Resilience Programme.

Comments are invited on this document until Friday 2nd September 2016.

2.2 National Policy

The nationally developed Practice Resilience Programme (PRR) allows DCO teams to work with constituent CCGs, LMCs representatives and RCGP Faculties and Regional Ambassadors to ensure that the most appropriate package of support is available promptly in order to support practices.

Funding is in place to support the programme over the next four years. The funding allows DCOs to invest in support arrangements over the medium term and working with partners to ensure that funds are directed to areas of highest need across the footprint. As part of the overall £40m investment, NHSE West Midlands' allocation is overleaf.

Regional teams	Reg. Population (April 2016)	Indicative Allocation FY16/17	Indicative Allocation FY17/18*	Indicative Allocation FY18/19*	Indicative Allocation FY19/20*	Total Programme Allocation
West Midlands	4,433,101	£ 1,230,738	£ 615,369	£ 615,369	£ 615,369	£ 3,076,845

Nationally the anticipated areas of support (referred to as 'menu') include:

- Rapid intervention and management support for practices at risk of closure
- Change management and improvement support to individual practices or group of practices
- Diagnostic services to quickly identify areas for improvement support.
- Specialist advice and guidance – e.g. Operational HR, IT, Management, and Finance
- Coaching / Supervision / Mentorship as appropriate to identified needs
- Practice management capacity support
- Coordinated support to help practices struggling with workforce issues

The funding can be used to:

- Expand local DCO team capacity and capabilities to provide support directly to practices to ensure ability to respond quickly is in place
- Commissioning support via contracted third party supplier(s) to work with practices where additional expertise is required
- Backfill (or other costs) for individual GPs and other practice team members to work to provide peer support to practices locally, providing 'sender' practices have additional capacity to offer such support
- Section 96 Support and Financial Assistance where there are clear and exceptional opportunities to support practices directly in delivering the menu of support

2.3 West Midlands Proposals

The West Midlands Primary Care Team has an excellent track record in supporting Practices in difficulties as well as working with CCGs as part of the Primary care Hub arrangements to ensure arising issues are managed and addressed.

- **Commissioning support via contracted third party supplier(s) to work with practices**
  - NHS England West Midlands had previously engaged PCC to provide support under the Vulnerable Practices programme - this remains available for the GPRP.
  - NHS England is centrally procuring a framework of support packages form a range of providers, which will be in place for October 2016. This will speed up local ability to secure provider support for GP practices (and other primary care providers).
  - We will use this framework as it will enable us to access solutions quickly.

- **Backfill (or other costs) for individual GPs and other practice team members to work to provide peer support to practices locally, providing 'sender' practices have additional capacity to offer such support**
  - NHS England (WM) will procure additional ad-hoc clinical support as needed to provide advice and guidance in addition to managerial support.
  - We recognise the power of peer support and using the funding flexibly to secure practical workforce support via establishment of local 'pools of expert peer support' by funding key elements of GP costs (e.g. General Medical Council fees and appraisal toolkit fees) in return for securing a minimum clinical commitment to work to support practices.

- **Section 96 Support and Financial Assistance where there are clear and exceptional opportunities to support practices directly in delivering the menu of support**
  - We will work closely with partners to ensure the most appropriate levels of support are offered to those very challenged practices.

- **Expand local DCO team capacity and capabilities to provide support directly to practices to ensure ability to respond quickly is in place**
  - We propose to strengthen the GP Medical Services team in NHS England to provide greater support to practices and CCGs in times of crisis.
  - The ability of the team to respond rapidly to challenging situations and support CCGs when required has proven crucial to mitigating impact on patient care. Our ability to respond where input is most needed and flex resources accordingly is key to a positive outcome for contractors and patients across the West Midlands.
  - The additional resource enables us to dedicate a Primary Care lead manager for every STP footprint. This will provide greater capacity to manage issues at a local level, and will support Primary Care engagement in the longer term sustainability and transformational agenda in every STP.

2.4 Governance

NHS England West Midlands will establish a *GP Forward View Delivery Group* with a number of sub-groups. The overall group will be chaired by an NHS England (West Midlands) Director. Representations will be sought from other NHS England Directorates, Health Education England, the LMCs and the CCGs. It is expected that at this group, there will be one representative for the CCGs and one representative of the LMCs.

A number of sub groups will be established, including a sub group focusing on the delivery of the GP resilience programme. This will involve all CCGs and local LMCs with conversations about their local needs and issues. This group will meet monthly.

The *West Midlands GP Resilience Delivery Group* will have the flexibility to quickly identify practices for support under the GPRP by selecting:

- Practices assessed initially but not subsequently prioritised for support
- Practices offered support but who did not take up the offer
- Groups of practices where practice based assessments identify a need in a particular locality or place (e.g. support offered to a group of 5 practices in a locality because 3 practices are struggling and there is a risk of the *domino effect* impacting other practices unless support targeted at scale).

Decisions about the support will be made on the basis of local intelligence and decisions as to where the greatest impact can be achieved using the available resources – we will manage this through the Transformation Board.
We propose to refresh the assessments on a regular basis to ensure support is directed as most appropriate.

More information on the GPFV governance structure in the West Midlands will be available at the start of September.

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NHS England

2016/17 Primary Care Commissioning Activity Report

Guidance notes for completion

2016/17 Primary Care Commissioning Activity Report

Guidance notes for completion

Version number: 1

First published:

Prepared by: Grace Harding

Classification: OFFICIAL

NHS England INFORMATION READER BOX		
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Document Purpose	Guidance
Document Name	Primary Care Commissioning Activity Report
Author	NHS England
Publication Date	August 2016
Target Audience	CCG Clinical Leaders, CCG Accountable Officers, NHS England Heads of Primary Care
Additional Circulation List	
Description	Guidance to support teh completion of the primary care commissioning activity report (PCAR).
Cross Reference	N/A
Superseded Docs (if applicable)	N/A
Action Required	For use during completion of the PCAR
Timing / Deadlines (if applicable)	**N/A**
Contact Details for further information	Primary Care Commissioning Medical Directorate NHS England 4W56 | Quarry House | Quarry Hill | Leeds | LS2 7UE england.primarycareops@nhs.net

Document Status

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2016/17 Primary Care Commissioning Activity Report

Guidance notes for completion

1 Introduction

The primary care commissioning activity report (PCAR) is a newly introduced bi-annual collection to support greater assurance and oversight of NHS England's primary care commissioning responsibilities, and inform the strategic direction for general practice. It seeks to replace what have often been variable and ad hoc requests for information with a more systematic approach.

The report which is being managed through UNIFY2 focuses on key operational areas for commissioned general practice services[1] although this could be extended to other primary care contractor groups in future years.
It seeks to collect information on local commissioning activity regardless of the commissioning route (e.g. NHS England or CCGs with delegated authority).

The key areas of interest for the 2016/17 reporting round include:

- Management of contractual underperformance
- Management of contract disputes
- Financial assistance to providers
- Procurement and expiry of contracts
- Availability of services, including closed lists.

Information gathered from this report will be used to support national oversight using the aggregated results, highlighting variation across local geographies and supporting review against our operational policies e.g. management of GP list closures and underperformance etc. It will also support more efficient management of Freedom of Information requests limiting the ad hoc burdens through planned bi-annual publication of the information collected and moving to a rolling 12 month reports produced bi-annually from October 2016.

2 Responsibility for completion

Local teams (Director of Commissioning level) 'hold the ring' on ensuring this report is completed but have the option on the approach to do this in a way that is most suitable for the local area.

[1] The core services commissioned from all GP practices under General Medical Services, Personal Medical Services and Alternative Provider Medical Services contracts.

There are two options on completion which should be decided on by local teams in discussion with CCGs:

Option 1. Local team and delegated CCGs complete. CCGs with delegated commissioning responsibilities in the DCO team area will need to complete the collection for themselves and the local team completes the return in respect of all other directly commissioned GP services i.e. for all non-delegated CCGs in the local team area. This approach could also include CCGs with joint commissioning responsibilities leading reporting if appropriate and agreed locally. If this is a team's preferred option, they must ensure they hold correct and up to date information for all CCGs within their geography

Option 2. Local team completes. The local team completes the return for the DCO area as a whole, not by individual CCG. The system will prevent CCGs, regardless of their co-commissioning function, from completing the return in order to avoid duplication. If this is a team's preferred option, they must ensure they hold correct and up to date information for all CCGs within their geography.

2.1 Online Collection

The collection will be made via UNIFY2, an online collection system used for collating, sharing and reporting NHS and social care data.

Each local team and CCG responsible for reporting should have a nominated person(s) responsible for completing the report.

Existing users should be able to use their current username and password to access the system.

New users will need to apply for a username and password. To access the UNIFY2 system, users need an N3 connection.

Those without an N3 connection can apply for one through the N3 website.

Local primary care teams (NHS England and CCGs) will need to decide whether to complete this directly or through their local assurances teams who will already have access to and experience of UNIFY2.

3 Reporting period

Reporting will be on a bi-annual (twice yearly) basis starting in October 2016.

Local teams and CCGs will therefore need to ensure they have appropriate local processes in place for capturing and recording the requested information. It is recognised some information will need to be applied retrospectively in respect of the first collection.

3.1 Key dates are:

Reporting periods (period of activity to be reported on)
1st April – 31st August
1st September – 31st March

Period for returns (period when local teams and CCGs will need to completed returns on Unify2)

1st – 30th September
1st – 30th April

3.2 Planned report publications

31 October 2016 (reporting on first 6 months of 2016/17)
30 May 2017 (aggregating returns from the first report to report on 2016/17)

Reporting period	Submission opens	Submission closes	Report due
1 April – 31 August	1 September	30 September	31 October
1 September – 31 March	1 April	30 April	30 May

3.3 Completion Guidance

Please ensure an answer is provided for every question, including nil returns using 0 value. Any answers left blank will jeopardise the validity of the collection.

4 Questions and terminology

NHS England ran a proof of concept for this collection and reporting in 2015/16 with all local teams participating. Feedback was clear a number of the questions included caused confusion and/or had led to varied interpretation in responses and therefore data reported. We have worked to improve clarity on the information requested and the following guidance is to be read in conjunction with the report. The following therefore is provided to give further insight and explanation of the information requested.

1. Managing contractual underperformance

- **Practices identified for review for contractual underperformance**

'Review' includes any local identification process to substantiate a need for managing contractual performance such as practice visit from the local team or further risk assessment.

- **Reviews that have been 'completed'**

Proposed action towards practices identified for review that have been actioned in the reporting period. If a practice has been highlighted for review but this has not yet been actioned, this should not be counted here e.g. a practice visit to be scheduled but not undertaken in the reporting period.

2. Managing disputes

- **Stage 1 – Local Dispute Resolution**

This applies to any instance when NHS England ceases all action in relation to a contractor's decision to dispute one or more decisions made against its contract or agreement and invites and considers supporting evidence in relation to the matter under dispute. The matter will be resolved in a local meeting by either NHS England continuing with the contract sanction or by the contractor ceasing to pursue the NHS dispute resolution procedure or court proceedings.

- **Stage 2- NHS Dispute Resolution**

This applies to a written request for dispute resolution submitted to the secretary of state (FHSAU process) by a local team/contract holder following Stage 1.

3. Equitable funding

- **Section 96 Support and Assistance**

This applies to any instance of financial assistance or support to a contractor using these specific statutory powers provided under the Health and Social Care Act 2012.

These will be specific and objectively justified payments to a contractor that are not provided for under the contract and will relate to exceptional instances (for example, financial support for an uninsured loss or event which might otherwise jeopardise continuing delivery of services due to contractors financial position and ability to recover). Do not include MPIG or PMS premium funding here.

4. Procurement and expiry of contracts

This applies to any new procurement exercise for primary medical services undertaken in the last 6 months.

This may take the form of the re-procurement of existing services due to:
- An expiring Alternative Provider Medical Services (APMS) contract
- Termination of a General Medical Services (GMS) or Personal Medical Services (PMS) contract
- Closure of a General Medical Services (GMS) or Personal Medical Services (PMS) contract

A procurement exercise may also be carried out for the procurement of new services to fill an identified need/gap.

Any appointments made during this exercise should be recorded by provider type. A record should be kept of any exercise that failed to appoint on to the grounds that they failed to meet set quality standards.

5. Availability of services

This refers to the closure of patient lists and GP practices resulting in reduced access for patients.

- ### Practice applying to close their patient list

This applies to the number of applications from a GP practices asking to close their patient lists that have been received in the last 6 months. If the same practice has sent through several requests within the last 6 months, please only count this as one. It should also be recorded how many of these applications have been approved in the last 6 months.

- ### Practices operating with a closed list

This applies to any GP practices in your area that are currently operating with closed patient lists. Please include the practice codes for any GP practices operating with closed lists.

- ### Practice closures

This applies to the number of GP practices that have closed during the last 6 months due to:
- A commissioner notice (notice from NHS England local team/CCG)
- A contractor notice (notice from provider)

- ### GP Patient List Validation

Has any additional activity been undertaken in the last 6 months to ensure that practice lists in your area are up to date e.g. only include registered patients? Please note that this is any separate activity to GP list maintenance carried out by PCS.

6. Patient and public engagement

- ### 13Q legal duty to involve the public

The NHS England Board has agreed a 13Q assessment process, whereby teams assess whether the duty to involve applies to commissioning decisions, using a short form. Form and guidance can be found here. The inclusion of this information will allow for an annual audit and assurance on activity and practice.

5 FAQs

- **Is completion of this report a requirement?**

The report will provide assurance and oversight on the discharge of NHS England's direct commissioning responsibilities. This information will help to highlight any potential issues arising as well as help to reduce the burden on local teams to gather information for ad hoc requests (Freedom of Information requests, Health Select Committee hearings, questions from Ministers).

- **How do I register with Unify2 to complete the return?**

If you do not currently have access to Unify2, please register for an account via the following link: http://bit.ly/28Ptc9F. Please allow 3 days for your account to be set up.

- **Are there any tips on completing it?**

Teams should decide how and who is responsible for completing the return. Section 4, questions and terminology details what questions will be asked and what information will be required. Teams should ensure that this information is systematically collected, both within local offices and CCGs (if option 1) as this should help to make completion of the return quicker and easier. Ensure plenty of time is allocated to complete the return, to allow for the provision for any amendments before the closing date. If a team choses option 1, a conversation should be held with all delegated CCGs within the DCO footprint prior to the collection opening, to ensure they are aware of their upcoming role and responsibility. At this point, local teams should ensure that those delegated CCGs have registered for a Unify2 account.

- **How do I manage/delegate to a CCG(s)?**

At the start, a team will be required to select if they are responding on behalf of the whole DCO footprint (option 2), or only the non-delegated CCGs in their DCO footprint. If option 2 is chosen, the ability for CCGs to add to/complete the return will be removed. If a local teams choses option 1, it will be the responsibility of all delegated CCGs in the DCO footprint to log into Unify2 and complete the return themselves. Each local team is responsible for making all delegated CCGs within their DCO footprint aware ahead of each collection, which option they will chose. Local teams and CCGs will be made aware of the timeline for each collection ahead of schedule.

- **What happens if I don't submit the return by the due date?**

Once the reporting period has ended, the collection will close. Any local team or CCG who fails to provide a return within this timeframe will not be able to submit additional information until the next collection. Subsequent reports will be caveated to highlight this gap in the data collected.

- **Who do I contact if I have any queries?**

For any queries relating to the completion of the report, please contact england.primarycareops@nhs.net

Name of person completing this form	
Contact email address	
Organisation	
Region	

Primary Care Workstream	Policy Name	Policy Implemented (Y/N)	Issues	Proposed Solution	Additional Comments
Medical - Policy Book for Primary Medical Services	Which medical contract when?				
	Contract variations				
	Contract breaches and termination				
	Managing a pms contractor's right to a gms contract				
	Managing patient lists				
	Adverse events				
	Managing disputes				
	Death of a contractor				
	Practice closedown				
Pharmacy Manual	Fitness				
	Procedure for Application to Join the Pharmaceutical List – Sole Trader				
	Procedure for Application to Join the Pharmaceutical List – Partnership				
	Procedure for Application to Join the Pharmaceutical List – Body Corporate				
	Procedure for Application to Join the Pharmaceutical List – Dispensing Appliance Contractor – Sole Trader				
	Procedure for Application to Join the Pharmaceutical List – Dispensing Appliance Contractor – Partnership				
	Procedure for Application to Join the Pharmaceutical List – Dispensing Appliance Contractor – Body Corporate				
	Current Needs				
	Future Needs				
	Improvements or Better Access				
	Unforeseen Benefits				
	Future Improvements or Better Access				
	Relocations that do not Result in Significant Change				
	Distance Selling Premises				
	Change of Ownership				
	Combined Change of Ownership and Relocation that does not Result in Significant Change				
	Controlled Localities				
	Dispensing Doctors				
	Advanced Services				
	Enhanced Services				
	Temporary Listings Arising out of Suspensions				
	Right of Return				
	Temporary Arrangements				
	Opening Hours				
	Monitoring Compliance and Managing Performance				
	Background and procedures – Local Pharmaceutical Services				
Optometry - Eye Health Policy Book	Characteristics of GOS contracts				
	Contract applications				
	Contract assurance				
	Contract breaches and termination				
	Contract variations				
	Adverse events				
	Managing disputes				
	Death of a contractor				
	Post Payment Verification Visits				
Dental - Policy Book for Primary Dental Services	Which dental contract when?				
	Contract variations				
	Contract breaches and termination				
	Managing a PDS contractor's right to a GDS contract				
	Adverse events				
	Managing disputes				
	Financial recovery and reconciliation				
	Death of a contractor				
	Practice closedown				
Patient and Public Participation Policy					
	Patient and Public Participation Policy				

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Primary Care Commissioning policies – as at June 2016

For each of the four disciplines we have a 'book' published on the intranet and internet, the books are due to be reviewed by April 2017 where we will address any feedback received on the policies – feedback is being logged as it comes in. Updates (particularly to the Pharmacy manual) are becoming necessary now that people are using it and questions have arisen.

Medical - Policy Book for Primary Medical Services

Policies published in the manual:-

- Which medical contract when?
- Contract variations
- Contract breaches and termination
- Managing a pms contractor's right to a gms contract
- Managing patient lists
- Adverse events
- Managing disputes
- Death of a contractor
- Practice closedown

Gaps/Policies to be added:-

- Temporary suspension of patient registration – by July
- GP registration of patients residing in private hospitals – by August
- Protocol of parental leave payments - by July
- Framework for responding to performers concerns – to be reviewed

Note:- we need to be mindful that as far as primary medical care is concerned we now have CCGs commissioning/contract managing so any oversight of delivery must include them either in their own right or via regional directors/teams.

Pharmacy Manual

Policies published in the manual:-

- Fitness
- Procedure for Application to Join the Pharmaceutical List – Sole Trader
- Procedure for Application to Join the Pharmaceutical List – Partnership
- Procedure for Application to Join the Pharmaceutical List – Body Corporate
- Procedure for Application to Join the Pharmaceutical List – Dispensing Appliance Contractor – Sole Trader
- Procedure for Application to Join the Pharmaceutical List – Dispensing Appliance Contractor – Partnership
- Procedure for Application to Join the Pharmaceutical List – Dispensing Appliance Contractor – Body Corporate
- Current Needs
- Future Needs

- Improvements or Better Access
- Unforeseen Benefits
- Future Improvements or Better Access
- Relocations that do not Result in Significant Change
- Distance Selling Premises
- Change of Ownership
- Combined Change of Ownership and Relocation that does not Result in Significant Change
- Controlled Localities
- Dispensing Doctors
- Advanced Services
- Enhanced Services
- Temporary Listings Arising out of Suspensions
- Right of Return
- Temporary Arrangements
- Opening Hours
- Monitoring Compliance and Managing Performance
- Background and procedures – Local Pharmaceutical Services

Gaps/Policies to be added:-

- Closing a pharmacy – would like this by Christmas
- Fitness to practice issues (outside of applications process)
- Working with Capita vs NHS England regional teams responsibilities re: local pharmacy payments and control of entry

Optometry - Eye Health Policy Book

Policies published in the eye health policy book:-

- Characteristics of GOS contracts
- Contract applications
- Contract assurance
- Contract breaches and termination
- Contract variations
- Adverse events
- Managing disputes
- Death of a contractor
- Post Payment Verification Visits

Gaps/Policies to be added:-

- GOS claims - and under what circumstances certain claims should be made (this is currently making its way through the gateway process).
- There is also a gap around a wider document on GOS claims.
- The management of contractor performance concerns.

Dental - Policy Book for Primary Dental Services

Policies published in the eye health policy book:-

- Which dental contract when?
- Contract variations
- Contract breaches and termination
- Managing a PDS contractor's right to a GDS contract
- Adverse events
- Managing disputes
- Financial recovery and reconciliation
- Death of a contractor
- Practice closedown

Gaps/Policies to be added:-

Not aware of any current gaps but are doing a systematic review with the dental leads to find out.

Patient and Participation Policy

NHS England has a specific duty under section 13Q of the NHS Act 2006 to properly involve patients and the public in commissioning processes and decisions.

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GP Update – 19th August 2016

In this newsletter we've provided you with an update on progress across our services including:

- Movement of medical records
- Supplies
- Patient list registrations
- New registrations
- Performer list

Movement of medical records

Significant progress has been made across this service with the majority of main GP practices in England receiving a regular weekly collection and weekly delivery of records. Where branch practices have requested a separate service, they have now been added to the weekly collection routes.

Prior to starting our transformation programme, our research with practice managers found that the average movement of records had been between eight to 12 weeks with regional variations.

Our logistics partner, CitySprint is now achieving an average movement of records between three to six weeks.

Our current priority is to ensure that every area reaches the average delivery time of three weeks and we are working hard to address this.

We are implementing a number of enhancements such as introducing additional routes in Manchester and running additional routes from next week in other areas where required.

In the Leeds pilot area, where we have been trialling our fully transformed service, the average delivery of medical records now takes 10 working days. Once this solution has been robustly trialled it will be rolled out to all areas.

Patient list registrations

We continue to share detailed information with NHS local area teams on a regular basis so they can monitor progress and performance and update you as necessary.

In the majority of areas, it is now taking up to approximately ten days to process registrations. We are working hard to address areas experiencing longer processing times and expect to see an improvement by the end of September.

If there are specific registration queries that need our attention, then please share those with your local PCSE contact. All contact details can be found here

New Registrations

The distribution of new Lloyd George envelopes for patients registering with general practice for the first time has now recommenced. We will begin to deliver those new medical records to practices over the next few weeks. We expect all these records to be with practices by the end of the Summer.

Supplies

There were over 20,500 orders placed in July:

- **94%** of orders placed have been fully fulfilled
- **4%** have been part delivered (due to supply chain issues which have been outside of our control)
- **For the remaining 2%** of orders we are waiting for additional stock from NHS Supply Chain providers and we are working with the NHS Supply Chain to ensure these orders are fulfilled as soon as possible.

Changes to products available in the online catalogue

The web portal hosts the national catalogue of approved items. We will continue to notify you via the portal noticeboard when products are added, suspended or removed from the catalogue. We will also automatically notify you when you can immediately self-service, for example, we are aware that the MED3 forms (statement of Fitness for Work) have recently been removed from the catalogue by the Department for Work and Pensions and these MED3 forms can now be created, edited and printed via your clinical systems.

If there is an item(s) in the catalogue which you feel are essential for your practice, please email NHS England at: ENGLAND.SMTinfo@nhs.net

We will be providing regular updates like this in every issue of GP Update and the next issue will be week 2nd September.

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WOLVERHAMPTON CCG

PRIMARY CARE JOINT COMMISSIONING COMMITTEE
6th September 2016

Title of Report:	**Wolverhampton CCG 2016/17 GP Services Month 4 Finance Report**
Report of:	Emma Cox
Contact:	Emma Cox
Primary Care Joint Commissioning Committee Action Required:	For Noting
Purpose of Report:	To outline the Month 4 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 4 Position.
• **Domain 4:** Planning (Long Term and Short Term)	

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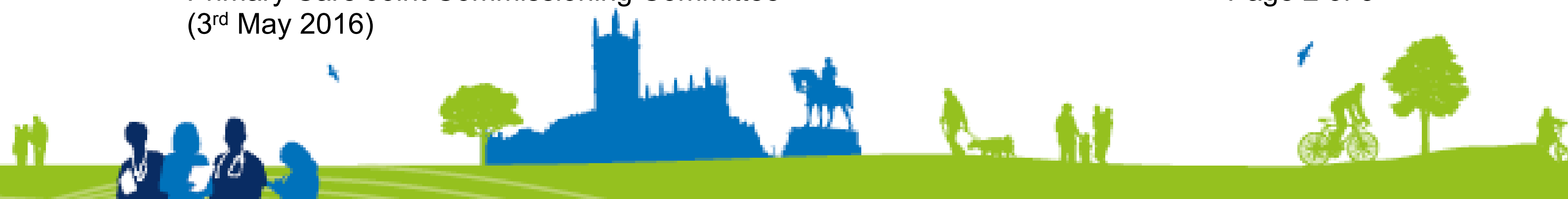
• **Domain 5:** Delegated Functions	

ATTACHED:

Wolverhampton CCG 2016/17 GP Services Month 4 Finance Report



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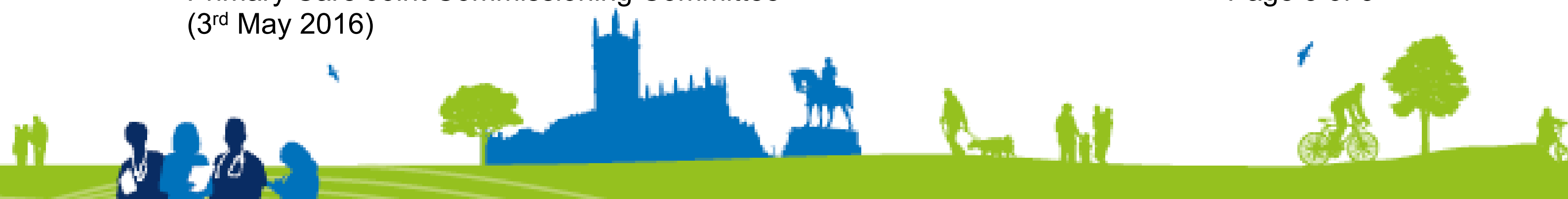
REPORT SIGN-OFF CHECKLIST

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	**N/A**	
Public/ Patient View	**N/A**	
Finance Implications discussed with Finance Team	**Lesley Sawrey**	**18/08/2016**
Quality Implications discussed with Quality and Risk Team	**N/A**	
Medicines Management Implications discussed with Medicines Management team	**N/A**	
Equality Implications discussed with CSU Equality and Inclusion Service	**N/A**	
Information Governance implications discussed with IG Support Officer	**N/A**	
Legal/ Policy implications discussed with Corporate Operations Manager	**N/A**	
Signed off by Report Owner (Must be completed)	**Charmaine Hawker**	**22/08/2016**



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NHS England

Wolverhampton CCG 2016/17 GP Services Month 4 Finance Report

Wolverhampton CCG GP Services Budget

Month 4 2016/17

Version number: 1

First published: 22.08.2016

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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2 Access to 2016/17 Primary Care Reserves........ 5
3 Conclusion........ 5
4 Recommendations 5

1 2016/17 GP Services

The allocation to fund GP Services relating to Wolverhampton CCG for 2016/17 as at month 4 is £33.1m. The forecast outturn is £33.1m delivering a breakeven position.

This is £881k less than the allocation at month 2 due to the transfer of the following allocations to the CCG in Month 3;

- £694k in relation to the Walk in Centre Contract previously held by NHS England WM
- £187k in relation to Collaborative Fees

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 forecast review has been carried out in Month 4 in relation to GP Forecasts including;

- Recalculation of Global Sum Payments, PMS and APMS Contract payments based on the July 2016 updated list sizes
- Review of QOF outturn for practices who had not received their 2015/16 finalised position in month 2
- Review of DES Forecasts based on practice sign up

The month 4 forecast outturn is broken down as follows;

	Month 2 FOT	Month 4 FOT	Variance
	£'000s	£'000s	£'000s
General Practice APMS	2,915	2,248	667
General Practice GMS	19,625	19,653	-28
General Practice PMS	1,798	1,798	0
QOF	3,463	3,485	-22
Enhanced Services	1,588	1,555	32
Dispensing/Prescribing Fees	221	221	0
Premises Cost Reimbursements	2,771	2,771	0
Other Premises	106	106	0
Other GP Services	764	577	187
PMS Premium	311	311	0
1% Non Recurrent Transformation Fund	341	341	0
0.5% Contingency	170	125	45
TOTAL	**34,073**	**33,192**	**881**

The £881k variance is in relation to the allocation transfer at month 3.

A drawdown of £45k against the 0.5% contingency was required to deliver a breakeven position, with a balance of £125k remaining for further in year cost pressures.

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, at month 4 £125k of the contingency remains available.

The forecast outturn includes the assumption that all of the PMS Premium available will be fully utilised. Plans have been submitted and are currently being reviewed by NHS England WM and feedback will be provided to the CCGs shortly.

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

Charmaine Hawker
Head of Finance (Direct Commissioning/Primary Care Assurance)
NHS England West Midlands

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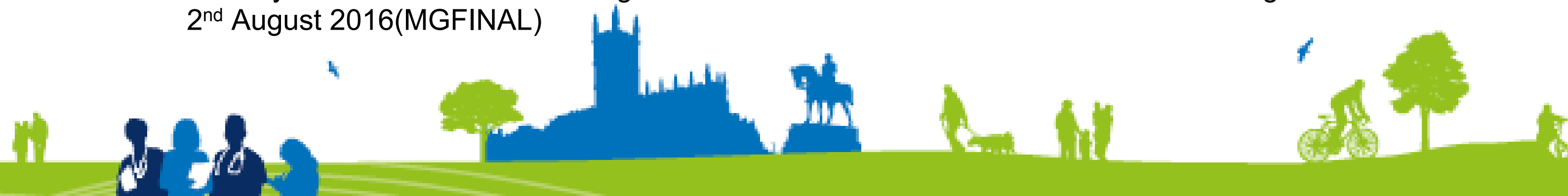
WOLVERHAMPTON CCG

PRIMARY CARE JOINT COMMISSIONING COMMITTEE
Tuesday 6th September 2016

Title of Report:	**Update Report on Primary Care Programme Board Activity August 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 August 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 5:** Delegated Functions	**Domain 5: Delegated functions**: When approved this will include primary care and may, in time, include other services. This is in addition to the assurances needed for out-of-hours Primary Medical Services, given this is a directed rather than delegated function.



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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 August 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

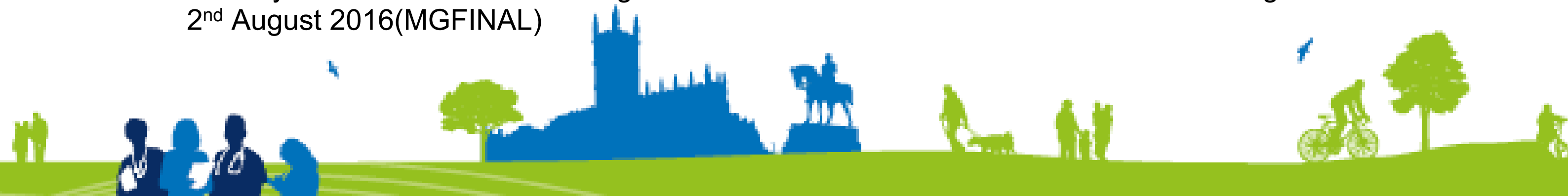
2.1.2 Interpreting Procurement update presented. The procurement closing end date has now been extended until 30th Aug 2016; following this a review of the bidders will be made in September with a new contract start date of 1st Dec 2016. The existing provider's contract will be extend until this date.

2.1.3 Community Equipment Procurement
Update provided; the lead gave an update to confirm that the city council had reached an agreement on the 20th July 2016, regarding the procurement (Council will lead with CCG support). The CCG is to ensure that the service commissioned is appropriate for the CCG requirements and work will be undertaken closely with the City Council to ensure that this is completed. A paper will be presented to the Commissioning Committee in August to confirm update and a further paper to the PCPB and Commissioning Committee in September to detail the procurement.

2.1.4 Choose and Book, Advice and Guidance
Paper presented to the Board. The lead confirmed that A&G services not available for Neurology and Geriatric Medicine and that after various escalations the reason behind this is that there are vacant posts for these specialties. The Board agreed that due to the low levels of GPs using the service overall, the project details should go to the clinical reference group for a more in depth clinical view to the benefit of pursuing. In addition another issue was raised re the availability of secondary and primary appointments. This is being investigated.

2.1.5 Atrial Fibrillation, a new proposal for QIPP presented by Dr D De Rosa. Board agreed to put forward option b (Introduce scheme as pilot in one locality for 12 months) to the Commissioning Committee in September; an updated report is to be presented to the PCPB in September for reference only.

2.1.6 Primary Care Review (Basket and Minor Injuries)
Update provided by VM and timeline for consideration will be:
July F&P meeting – sign off of costing template
August CRG – further review of specs with revised tariffs
Sept LMC Officers meeting – support for proposal



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Oct PCPB - Spec to be presented

2.1.6 A&E Chest Pain
Audit finding provided, which showed that 21 patients were reviewed and one patient was deemed suitable for CDU based on clinical need.
The results will now be challenged with RWT via contract discussions for CI.

With the request that a change of practice is made as the facility is being utilised inappropriately,

2.1.7 GP Peer Review
TOR presented by Sarah Southall at the Clinical Reference Group which were agreed in principle. The PCPB agreed that the TOR need to be shared with locality leads so that the outcome of the findings of the peer review activity is measured.

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

2.1.9 The QIPP Plan for the PCDB was discussed and the need to continue to address the QIPP unallocated deficit reiterated.

2.1.10 No exceptions or risks to the Primary Care Delivery Board work were identified.

2.1.11 Contract Register, Commissioning Intentions, Commissioning Intentions and Engagement Documents to support the contract discussions were presented to the board. The contract register is to be presented as a standing item

2.2 CLINICAL VIEW

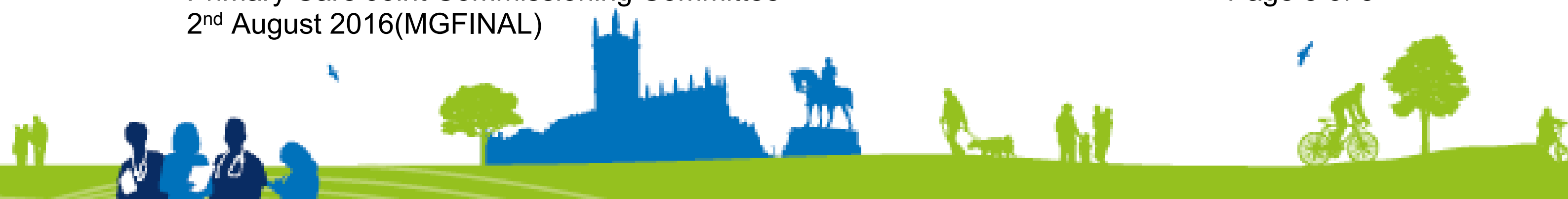
Clinical view is afforded by the Director of Nursing and Quality and also Dr Dan De Rosa, CCG Chair. Dr DeRosa has recently requested to attend meetings if his diary will allow and also to be sent papers and minutes etc. so there is opportunity to provide comment. Dr De Rosa was present at this meeting.

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. Where this is not evident, there is a requirement made to have in place before further work is commenced or the project is moved to the next stage.

4. RISKS AND IMPLICATIONS

Key Risks



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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.

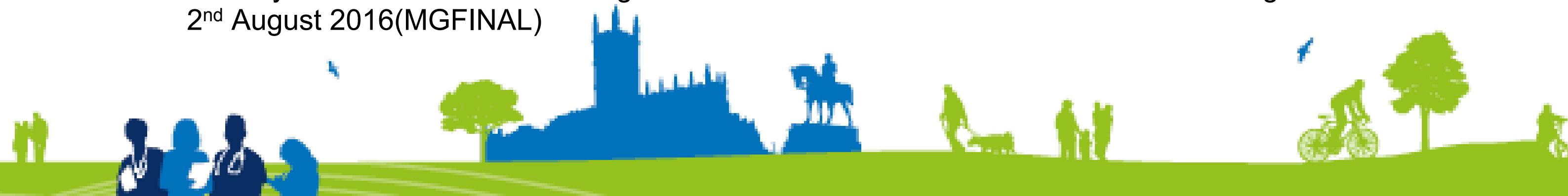
9.0 Legal and Policy Implications

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: 24th August 2016



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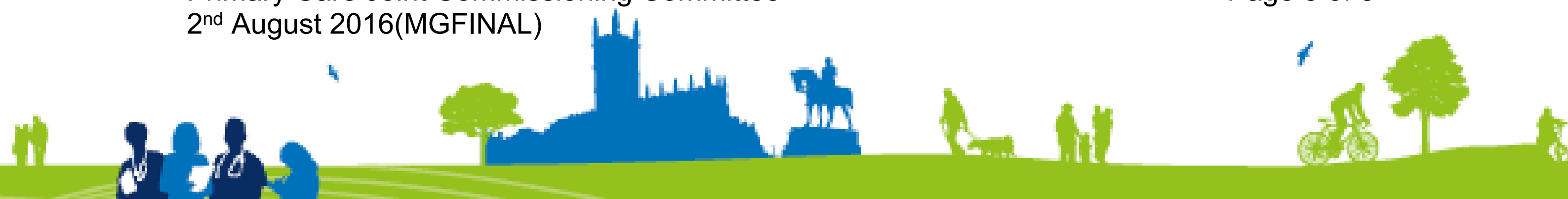
REPORT SIGN-OFF CHECKLIST

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	MGarcha Dr De Rosa	24 Aug
Public/ Patient View		
Finance Implications discussed with Finance Team	QIPP BOARD	Aug
Quality Implications discussed with Quality and Risk Team	M Garcha/S Southall	24 Aug 2016
Medicines Management Implications discussed with Medicines Management team	nil	July 2016
Equality Implications discussed with CSU Equality and Inclusion Service	J Herbert	24th Aug 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	24th Aug 2016



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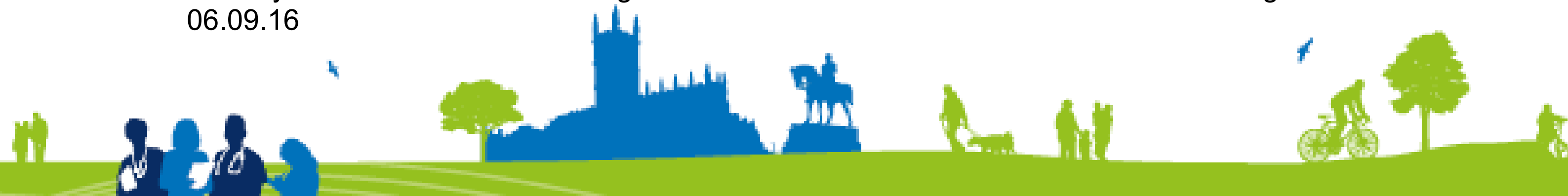
WOLVERHAMPTON CCG

PRIMARY CARE JOINT COMMISSIONING COMMITTEE
Tuesday 6 September 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



1. BACKGROUND AND CURRENT SITUATION

1.1. The Primary Care Operational Management Group met on Tuesday 23rd August – this report is a summation of the discussions which took place.

2. MAIN BODY OF REPORT

Primary Care Quality Update

Mike Hastings and Sarah Southall are to review the possibility of incident Review Training for GPs.

Dr Mehta as LMC Chair added a reminder in the LMC newsletter for GPs to review, sign and return their contracts. All GP contracts are now signed.

Notes of the Clinical Reference Group

Draft notes from the Clinical Reference Group meeting, held on 13th July 2016, were shared for information.

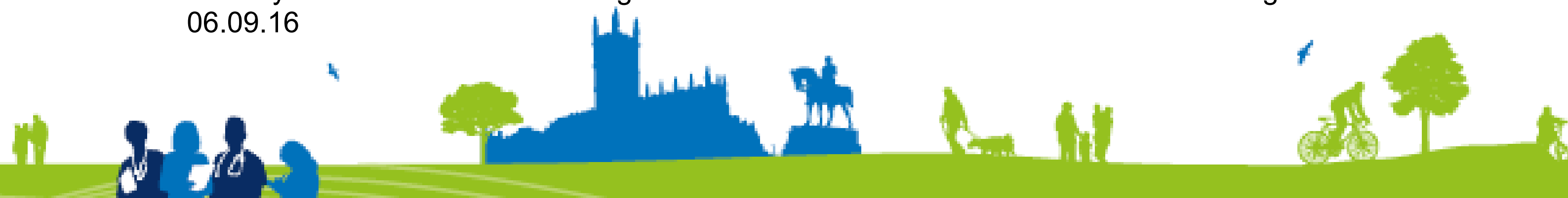
Service Level Agreement and Specification for Zero Tolerance Scheme

Mike Hastings noted the service level agreement and specification for Zero Tolerance Scheme had been shared with the group previously for comments and two comments have been received. This will be shared with the team at NHSE.

It was highlighted Wolverhampton needed to decide on the long term and interim approach they will take. It was suggested to approach VoCare to provide interim solution, however being mindful they are not currently commissioning this service.

Discussions took place whether there should be a uniformed approach across all neighbouring CCGs or if all CCGs should have a specification amended to suit their local arrangements, such as Providers and Finance. Dr Mehta raised his concerns with the difference between the specifications and suggested the specification needed to include defined steps of what the GPs are responsible for and what actions they need to take. It was agreed that a flow chart outlining the steps within the process would be included within the specification.

Yvette Delaney from CQC queried if practices provide patients with warnings in relation to their behaviour. Gill Shelley stated if patients are violent and aggressive the Practice can remove the patient straight off their practice list. Yvette asked in terms of verbal aggression in her experience visiting practices the process varies as some practices provide the patients with warnings and their letters can often escalate the problem. Gill Shelley mentioned Primary Care Support Service would write to patients when they are being removed from a practice list. Sarah Southall suggested the issue of providing written warnings to patients could be raised at the next



Practice Managers Forum with the idea of setting up standardised letters across all GP Practices.

The group agreed the Service Level Agreement and Specification for Zero Tolerance Scheme needed to be escalated to the Primary Care Joint Commissioning Committee and a decision needs to be made on where it will be circulated and the need to put in an interim solution in place.

Estates Update

Gary Thomas informed the Committee the ETTF response has now been delayed until November 2016.

RWT - are planning to withdraw services from the Ashmore, Bushbury and Pennfields sites as part of their estates rationale process. The group raised the concerns around the safety of staff and practices and the vulnerability if they withdraw from these premises. It was also highlighted around the implications for the CCG as they will have to pay for any void costs.

BCF - have had the opportunity to review the Steps to Health site, which they are happy with and now in the process of re-modelling to determine the cost/funding.

Bilston Urban Village - NHS Property Services are asking the CCG to commit that they will build health services on this land. There is a risk to the CCG on how they respond to this request because at present the CCG cannot provide this level of assurance. Mike Hastings queried that NHS Property Services are asking the CCG to commit to the market rent and top up rent, Gill Shelley advised that Gary Thomas to speak with Kerry Biggs for clarification.

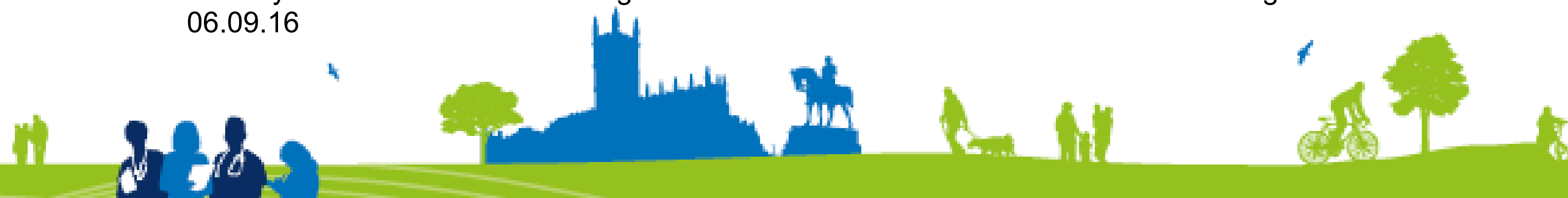
Tudor Road – the process for accessing funding for Tudor Road has been confirmed to allow the building work to be undertaken so Dr Christopher can move into these premises.

Black Country STP – currently undertaking an utilisation of premises, including premises information any void costs.

CQC Update

All of Wolverhampton CQC inspections will be completed by the 6th December 2016, this will include Whitmore Reans and Penn Manor whose rating would require improvements. The only practice who will not be visited due to a change in registration is Caerleon Surgery.

It was confirmed Mrs Pahwa has now been taken off the contract and 3 new partners have joined. The name change has been registered with CQC.



YD noted that the CCG need to be mindful if Practices are thinking about joining vertical integration, that the CQC be kept informed as the process of changing registration is not a straight forward process. YD noted if Practices are thinking of joining vertical integration if this after the 1st October CQC will not be able to process the registration.

Primary Care Quality Assurance

Collaborative Project Working Group Notes

Sarah Southall shared the Collaborative Working Project Group meeting notes for information, it was highlighted the 6 Practices have been identified to be visited within the first phase of the collaborative contract review visits. The Practices that have been identified are those that are not giving the CCG cause of concern and have not been visited for a while by NHS England through their contract review visits as their visit took place at the beginning of the latest phase of visits. The monitoring tool that will be used during the visits has been crossed checked against the monitoring tool that NHS England has previously used.

There will be a two year visit programme that will be developed and will be shared for discussion at the next meeting. Sarah Southall noted that she would like to share the programme and process with LMC and agreed to share with Dr Mehta.

Review of Primary Care Matrix

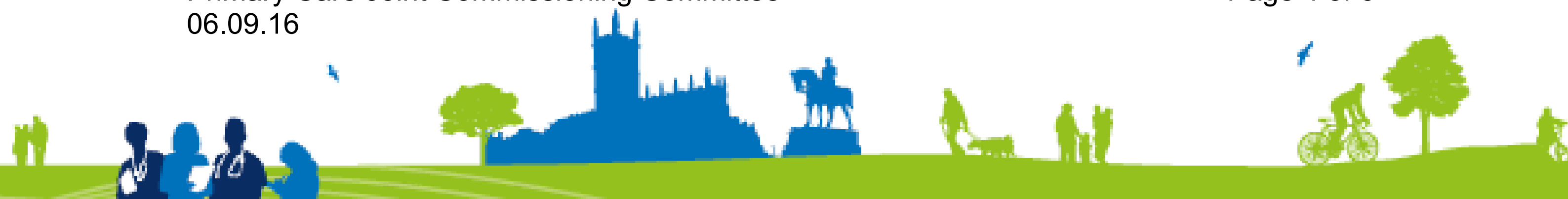
Jane Worton informed the group as agreed form the previous meeting that Public Health contributions have been included. It was noted there is nothing to report from exception from David Birch for medicines management and the joint practice visits will be added to the Matrix as soon as they take place.

Primary Care Quality Update

Infection Prevention – in quarter 2 there have been visits to Caerleon Surgery, All Saints Surgery and Bilston Health Centre. There have been 0 MRSA bacteraemia attributed to WCCG in 2016/17 year to date.

Medicines Alerts – there have been 9 safety alerts received within the month of July 2016. The assurance they switch-script system is now place.

Friends and Family Test - There are two practices (Penn Manor and All Saints Surgery) who continually fail to submit data, even after support has been offered. Manjeet Garcha asked Gill Shelley if there is anything from a statutory contractual point of view that they would apply in this situation. Discussions took place around the next steps as the practices have been supported and are aware of the contractually requirements. It was agreed the practice would be notified that they would be given 1 month notice to improve on the performance, if no improvement



has been made it will be escalated to the Primary Care Joint Commissioning Committee recommending a breach notice.

Quality Matters – there are 3 new quality issues reported within month, 8 on-going and 2 have been closed. Mike Hastings asked if quality matters has been broken down by practice per month as this will give an early indication if there are any problems such as IG breaches. Manjeet Garcha agreed to review and report back.

CQC - one practice have had their CQC inspection published in July 2016 and was overall rated as GOOD with improvements required on the SAFE domain.

Risk Register - there are currently 16 risks on Datix, with 5 of these being overdue for review. Email reminders have been sent to relevant staff.

Practice Nurse Development – the workforce lead has undertaken a scoping exercise of the general practice workforce to understand the key workforce challenges and gaps in services. The CCG has strengthened links with a local CPEN to start to develop and access training opportunities for the local primary care workforce. Local practice nurses have been provided access to the following training, which has been funded by Health Education West Midlands.

Advanced Clinical Practice programme – fees funded by HEWM
Specialist Practice Nurse programme - fees funded by HEWM
Fundamentals of Practice Nursing – fees funded by HEWM
Mentoring to support practices nurses provide clinical placements for under graduate nurse trainees.

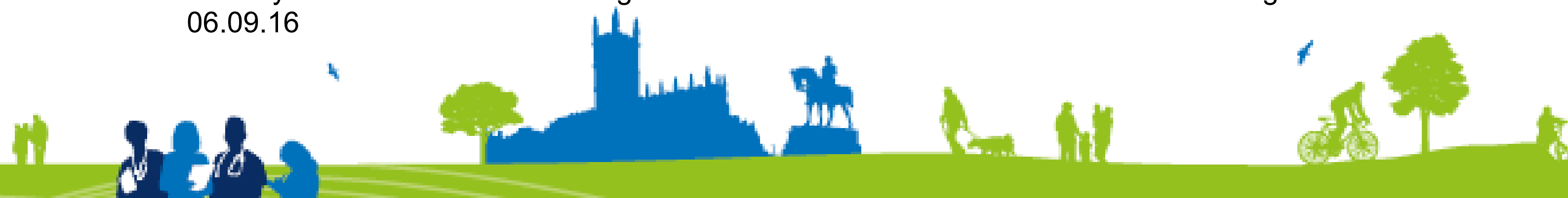
GP Survey Summary Report

Jane Worton presented the results from the GP Survey Summary Report, which provides practice level data about patients experiences of their GP practices. The CCG may feel it appropriate to work with high performing practices to highlight areas of best practice and improve performance of poor performing practices.

Area Team Update

Gill Shelley informed the group they have received notification that Dr Handa is coming off his contract which will only leave Dr Passi on the contract across two sites. NHS England have written Dr Passi around being single handed have asked for a business plan. As this will need to be taken to the Primary Care Joint Commissioning Committee as an option paper because Dr Passi will be going from a partnership to signal hander. In this case there is an option to terminate the contract if they do not get assurance that Dr Passi can handle the two practices appropriately.

Pharmaceutical Involvement in Primary Care
There were no items for discussion.



Capita Services Feedback

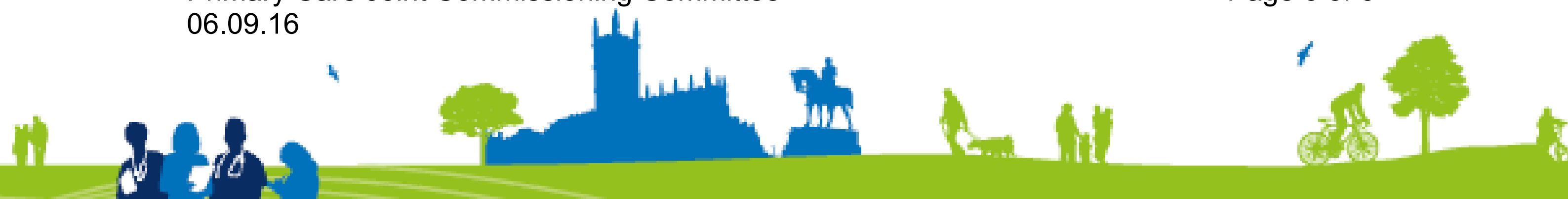
Jane Worton noted as requested from the Primary Care Joint Commissioning Committee that they would write out to practices and collate response positive and negative feedback of the services. The responses were shared with the group the common issues were around contact detail by e-mails/phone as people are not allowed to raise more than one query per phone call. The positive is that the ordering of stationery via the portal works well.

Jane Worton asked what happens to the data once it is shared with NHS England, Gill Shelley confirmed the information will be presented at the feedback forum. Mike Hastings asked if they would get feedback from this forum in order to feedback to the GPs, it was agreed to confirm and report back to MH.

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: 30th August 2016



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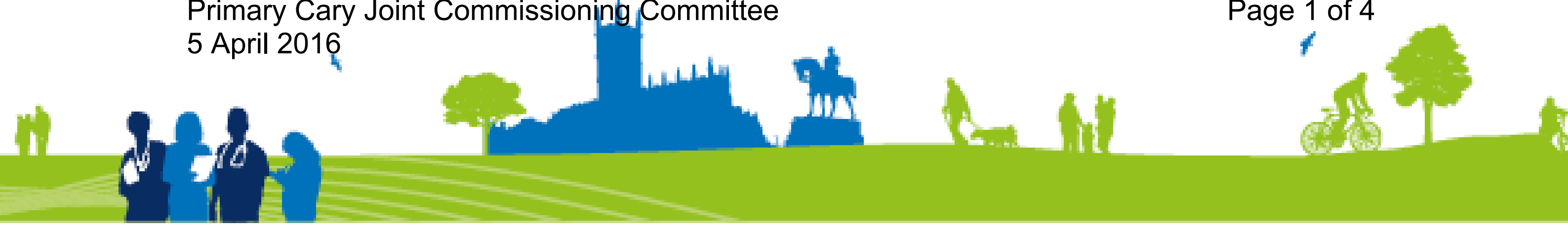
WOLVERHAMPTON CCG

PRIMARY CARE JOINT COMMISSIONING COMMITTEE
6 SEPTEMBER 2016

Title of Report:	**Committee Terms of Reference**
Report of:	Corporate Operations Manager
Contact:	Peter McKenzie, Corporate Operations Manager
(add board/ committee) Action Required:	☒ **Decision** ☒ **Assurance**
Purpose of Report:	To ask the committee to note a number of changes to its Terms of Reference following updated guidance on managing conflicts of interest and to note that further changes will be required when the CCG applies for full delegation of Primary Care Commissioning.
Public or Private:	This report is intended for the Public Domain
Relevance to CCG Priority:	To ensure the operations of the CCG align with, support and augment transformational change in the way services are delivered, via the Better Care Fund and co-commissioning of primary care services
Relevance to Board Assurance Framework (BAF):	
• **Domain 5:** Delegated Functions	The Committee Terms of Reference set out the formal decision making arrangements for how the CCG exercises its delegated functions in relation to Primary Medical Services.

1. BACKGROUND AND CURRENT SITUATION



1.1. The Committee noted in June 2016 that changes would be required to its Terms of Reference (including to its membership) following NHS England publishing updated guidance on Managing Conflict of Interest for CCGs. The Terms of Reference have now been amended to reflect these requirements and the Committee are asked for their approval for this change.

1.2. Further changes will be required to the Terms of Reference as part of the process of applying for Full Delegation of Primary Care Commissioning responsibilities in line with CCG Primary Care Strategy.

2. CHANGES TO TERMS OF REFERENCE

2.1. The amended Terms of Reference are appended with Tracked Changes but for ease of reference, the most significant changes are the inclusion of the Lay Member for Finance and Performance in the Committee Membership (and as Deputy Chair), GP members no longer having formal voting rights and clarification that the CCG's requirements around registration of interests apply to NHS West Midlands representatives.

2.2. These changes are all in line with the recently published statutory guidance on Managing Conflicts of Interests for CCGs and the updated CCG policy for Declaring and Managing Interests. The updated guidance is explicit on all of these points and the proposed amendments ensures that the Terms of Reference are compliant with the statutory guidance.

2.3. At this stage, no changes have been proposed to the committee's remit or responsibility. As part of the process for applying for full delegation of Primary Care, the CCG will need to establish a Primary Care committee which will assume the committee's functions. Discussions will continue throughout the application process on whether any additional functions will be delegated to the committee by the CCG.

3. CLINICAL VIEW

3.1. Not Applicable.

4. PATIENT AND PUBLIC VIEW

4.1. Not applicable.

5. RISKS AND IMPLICATIONS

Key Risks

5.1. A failure to have robust arrangements in place to exercise the functions delegated to the CCG (via the joint committee) by NHS England would create a risk that the CCG was not exercising functions effectively and would not be able to give appropriate assurance to NHS England. The proposed changes to the Terms of Reference ensure that the CCG has arrangements that are compliant with relevant statutory guidance and mitigates this risk.

Financial and Resource Implications

5.2. There are no resource implications related to this report.

Quality and Safety Implications

5.3. There are no quality or patient safety implications arising from this report.

Equality Implications

5.4. There are no equality implications arising from this report.

Medicines Management Implications

5.5. Not applicable.

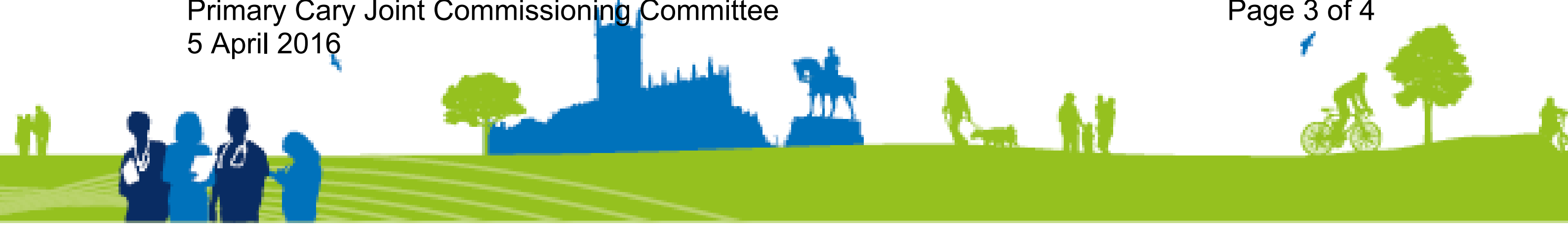
Legal and Policy Implications

5.6. The updated Terms of Reference will, following an application for variation of the Constitution form part of the CCG's Constitution.

6. RECOMMENDATIONS

1) **That the Committee approves the proposed changes to its terms of reference.**
2) **That the Committee notes that the terms of reference for fully delegated commissioning of Primary Care will be developed as part of the CCG's application.**

Name	Peter McKenzie
Job Title	Corporate Operations Manager, WCCG
Date:	August 2016

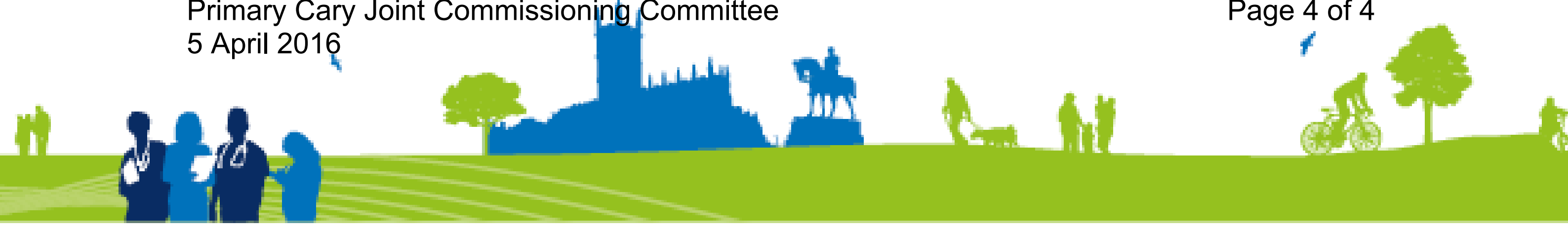


NHS
Wolverhampton
Clinical Commissioning Group

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 Team	N/a	
Medicines Management Implications discussed with Medicines Management team	N/A	
Equality Implications discussed with CSU Equality and Inclusion Service	N/A	
Information Governance implications discussed with IG Support Officer	N/A	
Legal/ Policy implications discussed with Corporate Operations Manager	**Report Author**	30/08/16
Signed off by Report Owner (Must be completed)	**Peter McKenzie**	**30/08/16**



NHS Wolverhampton
Clinical Commissioning Group
Constitution Appendix H6

The NHS England and Wolverhampton CCG Primary Care Joint Commissioning Committee Terms of Reference

1. Introduction

1.1 Simon Stevens, the Chief Executive of NHS England, announced on 1 May 2014 that NHS England was inviting Clinical Commissioning Groups (CCGs) to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG's preference for how it would like to exercise expanded primary medical care commissioning functions. One option available was that NHS England and CCGs would jointly commission primary medical services.

1.2 The NHS England and Wolverhampton CCG Primary Care joint commissioning committee is a joint committee with the primary purpose of jointly commissioning primary medical services for the people of Wolverhampton.

2. Statutory Framework

2.1 The National Health Service Act 2006 (as amended) ("NHS Act") provides, at section 13Z, that NHS England's functions may be exercised jointly with a CCG, and that functions exercised jointly in accordance with that section may be exercised by a joint committee of NHS England and the CCG. Section 13Z of the NHS Act further provides that arrangements made under that section may be on such terms and conditions as may be agreed between NHS England and the CCG.

3. Role of the Joint Committee

3.1 The role of the Joint Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS

Act except those relating to individual GP performance management, which have been reserved to NHS England. This includes the following activities:

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);
- Newly designed enhanced services ("Local Enhanced Services" and "Directed Enhanced Services");
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- Decision making on whether to establish new GP practices in an area;
- Approving practice mergers; and
- Making decisions on 'discretionary' payment (e.g., returner/retainer schemes).

3.2 The Committee will be responsible for the delivery of the CCG's Primary Care strategy, including:-

- Developing and infrastructure that prioritises choice, community development and neighbourhood development to promoting the right care at the right time in the right place
- Developing strategies to support self care and improved information about services
- Improved access to community and primary care facing services
- Enhanced clinical leadership that ensures GPs are at the centre of a neighbourhood approach.
- Improved care coordination, particularly for individuals with complex, life limiting conditions or at risk of hospital admission
- Delivery of integrated primary care models than span primary and secondary care using population-based local incentive schemes etc.
- Ensuring wider patient and key stakeholder engagement in the development of future primary care development plans.
- Improvements in the quality and performance of primary medical services
- Managing the budget for Primary Care Medical Services

3.3 In performing its role the Joint Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and NHS Wolverhampton CCG, which will sit alongside the delegation and terms of reference.

4. Geographical coverage

4.1 The Joint Committee will comprise NHS England West Midlands Sub-Region (~~The Sub-Regional Team~~NHS West Midlands) and the NHS Wolverhampton CCG (The CCG). It will undertake the function of jointly commissioning primary medical services for Wolverhampton.

5. Membership

5.1 The Membership of the Joint Committee shall consist of:-

- The Deputy Chair of the CCG's Governing Body
- The CCG Governing Body Lay Member for Finance and Performance
- Two Executive Members of the CCG's Governing Body (currently the Director of Strategy and Transformation and the Executive Director of Nursing and Quality)
- ~~One elected GP Member of the CCG's Governing Body~~
- Three representatives from ~~the Sub-Regional Team~~NHS West Midlands ~~(One from each of the Medical, Finance and Primary Care Directorates)~~
- The Three GPs elected to the CCG Governing Body as Locality Leads (Non-Voting)

5.2 The Chair of the Joint Committee shall be the Deputy Chair of the CCG's Governing Body

5.3 The Vice Chair of the Joint Committee shall be the CCG Governing Body Lay Member for Finance and Performance. ~~one of the representatives from the Sub-Regional Team.~~

5.4 Any member of the committee may nominate a substitute to attend a meeting on their behalf, provided that they notify the Chair 24 hours before the meeting.

6. Invited Attendees

6.1 Both a representative of Healthwatch Wolverhampton and a representative of the Wolverhampton Health and Wellbeing Board (who must represent Wolverhampton City Council on the Board) shall be invited to attend meetings of the Committee as a non-voting observer.

6.2 The observers shall be invited to provide assurance that the provisions for managing conflicts of interest are being correctly applied and shall be entitled to attend private sessions of the Joint Committee.

6.3 The Joint Committee may also call additional experts to attend meetings on an ad hoc basis to inform discussions.

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7. Meetings and Voting

7.1 The Joint Committee shall adopt the Standing Orders of the CCG insofar as they relate to the:

- Notice of meetings;
- Handling of meetings;
- Agendas; and
- Circulation of papers.; and
- Conflicts of interest

7.2 The CCG Policy for Declaring and Managing Interests will apply to the management of any relevant Conflicts of Interest in the course of the Joint Committee's business. This will include the requirement for NHS West Midlands representatives to register their interests in line with the CCG policy.

7.3 Decisions of the Joint Committee should be reached by consensus where possible. Where this is not possible, a vote will be taken with a simple majority of the votes cast being required to reach a decision unless the decision relates to a statutory function of NHS England outlined in Paragraph 3.1. When the Joint Committee exercises these functions, the votes of the Sub-Regional team representatives shall be weighted so that, when cast together, they shall be sufficient to give the sub-regional team a casting vote. (E.g. If all 4 of the CCG's voting representatives are present and voting, the sub-regional team's representatives votes will be weighted so that they total 5, etc.).
N.B. In line with national statutory guidance, the GP representatives on the Committee shall not be entitled to vote.

7.3 Meetings of the Joint Committee shall be held in public, unless the Joint Committee resolves to exclude the public from either the whole or part of the proceedings whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

7.4 Members of the Joint Committee have a collective responsibility for the operation of the Joint Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

7.5 Members of the Joint Committee shall respect confidentiality requirements as set out in the Standing Orders referred to above unless separate confidentiality requirements are set out for the joint committee in which event these shall be observed.

8. Quorum

8.1 Meetings of the Joint Committee shall be quorate when there is at least one lay or executive representative of the CCG and two representatives of ~~the Sub-Regional team~~NHS West Midlands present and the overall make up of those present is such that there is a majority of non-clinical members.

9. Frequency of Meetings

9.1 The Joint Committee shall agree a regular programme of meetings each year. In addition, the Chair may call additional meetings if they are required in line with the provisions for notice of meetings set out above.

10. Secretary

10.1 A named individual (or his/her nominee) shall be responsible for supporting the Chair in the management of the Joint Committee's business and for drawing members' attention to best practice, national guidance and other relevant documents as appropriate.

10.2 The Secretary will circulate the minutes and action notes of the committee with 3 working days of the meeting to all members and present the minutes and action notes to ~~the Sub-RegionalTeam~~NHS West Midlands and the governing body of the CCG.

10.3 The Secretary will also provide an executive summary report which will presented to ~~the Sub-Regional team~~ NHS West Midlands and the governing body of the CCG each month for information.

11. Decisions

11.1 The Joint Committee will make decisions within the bounds of its remit set out in paragraph 3 above. The decisions of the Joint Committee shall be

binding on NHS England and NHS Wolverhampton CCG and will be published by both parties.

12. Review of Terms of Reference

12.1 These terms of reference will be formally reviewed by the ~~sub-regional team and the CCG~~ Joint Committee in April of each year, following the year in which the joint committee is created, and may be amended by mutual agreement between both parties at any time to reflect changes in circumstances which may arise.