

Meeting of the Primary Care Joint Commissioning Committee (Public)**Tuesday 6th December 2016****2.00 pm****PC108, 1st Floor, Creative Industries Centre, Wolverhampton Science Park****A G E N D A**

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Tuesday 3rd January 2016 at 2.00pm in the Stephenson Room, 1st Floor, Technology Centre, Wolverhampton Science Park

For further information on this agenda or about the meeting generally, or to submit apologies for absence, please contact Laura Russell on 01902 444613 or email laura.russell4@nhs.net

MEMBERSHIP	
Wolverhampton CCG	Ms P Roberts (Chair) Dr Bush Dr Kainth Dr Reehana Mr Marshall Ms Garcha Mr Price
NHS England	Alastair McIntyre Gill Shelley Anna Nicholls
Patient Representatives	Sarah Gaytten Jenny Spencer
Invitees (Non-Voting)	Elizabeth Learoyd (Healthwatch) Ros Jervis (Health and Wellbeing Board)

**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP
PRIMARY CARE JOINT COMMISSIONING COMMITTEE**

Minutes of the Primary Care Joint Commissioning Committee Meeting (Public)

Held on Tuesday 1st November 2016

Commencing at 2.00 pm in the Stephenson Room, 1st floor,

Technology 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	No
Dr Salma Reehana	Locality Chair / GP	Yes
Steven Marshall	Director of Strategy & Transformation	Yes
Manjeet Garcha	Executive Lead Nurse	Yes
Peter Price	Lay Member (Vice Chair)	Yes

NHS England ~

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

Independent Patient Representatives ~

Jenny Spencer	Independent Patient Representative	Yes
Sarah Gaytten	Independent Patient Representative	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	No
Jeff Blankley	Chair - Wolverhampton LPC	No

In attendance ~

Mike Hastings	Associate Director of Operations (WCCG)	Yes
Peter McKenzie	Corporate Operations Manager (WCCG)	No
Jane Worton	Primary Care Liaison Manager (WCCG)	Yes
Claire Skidmore	Chief Finance and Operating Officer (WCCG)	Yes
Trisha Curran	Interim Accountable Officer	Yes
Sarah Southall	Head of Primary Care	Yes

Welcome and Introductions

PCC228 Ms Roberts welcomed attendees to the meeting and introductions took place.

Apologies for absence

PCC229 Apologies were submitted on behalf of Jeff Blankley, Helen Hibbs, Ros Jervis, Dr Mehta, Peter McKenzie and Alastair McIntyre.

Declarations of Interest

PCC230 Dr Bush and Dr Reehana 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.

RESOLVED: That the above is noted.

Minutes of the Meeting Held on 4th October 2016

PCC231 **RESOLVED:**

That the minutes of the previous meeting held on 4th October 2016 were approved as an accurate record subject to the following amendment:

Members attendance - It was noted Peter Price the Vice Chair needed to be included under Wolverhampton CCG's membership.

Matters arising from the minutes

PCC232 There were no matters arising from the minutes.

RESOLVED: That the above is noted.

Committee Action Points

PCC233 Minute Number PCC176 – Premises Charges

It was advised NHSE are still awaiting the financial processes, Ms McGee agreed to take back to Charmaine Hawker as its non-recurrent funding for this financial year 2016/2017. Action to remain Open.

Minute Number PCC186a – NHS England Update – Primary Care Update

Mr Hastings agreed to chase. Action to remain open.

Minute Number PCC209 – NHS England GP Resilience Programme (GPRP)

Ms Shelley has confirmed there is only 1 practice for Wolverhampton on the GPRP programme. Action agreed to be closed.

Minute Number PCC209 - WCCG Primary Care Workforce Draft Strategy

Ms Garcha had been in touch with Jacqueline Barns regarding an NHS England Lead for Primary Care Workforce. Action agreed to be closed.

Minute Number PCC211 - Vertical Integration

Mr Hastings confirmed the minutes from the VI assurance visit had not been received once provided they will be shared with the Committee. Action to remain open.

Minute Number PCC213 – Patient Engagement

Ms Shelley advised the level of patient engagement is not in the contract as to what's relevant/appropriate to the number of patients and the changes being made within the practice. They would expect the level of engagement to be proportionate to the level of change. It was highlighted the WCCG have a policy in place for engagement and this should be followed around the proportionate of change taking place. Action to be closed.

Minute Number PCC214 – WCCG Primary Care Workforce Draft Strategy

Ms Garcha confirmed a sense check had been undertaken on the data and that 2 out of the 3 VI's had been included within the analysis. Ms Garcha had been unable to speak with the author who undertook the analysis to ask the question regarding the method of recording and confirmed to feed this back at the next meeting. Action to remain open.

Minute Number PCC215 - Social Prescribing Report

Ms Skidmore confirmed she had spoken to Andrea Smith regarding Mr McIntosh's queries. Action to be closed.

NHS England Update – Primary Care Update

PCC234a Primary Care Update

Ms Shelley presented the NHSE update to the Committee outlining the latest developments in primary care nationally and locally. Ms Shelley informed the Committee the Sustainability and Resilience Programme is large piece of work being undertaken with CCGs and meetings have been arranged into next year to take forward the programme.

In relation to the biannual extended access data collection, practices are now required contractually to submit an online return twice a year. The first return has been open from 3rd October 2016 to the 31st October 2016, now the submission period has closed they are awaiting a response on the level of submissions.

It was reported there are no GMS contract variations for the month.

RESOLVED: That the above is noted.

PCC234b Application to Close Branch Surgery

Ms Shelley presented to the Committee an application received to close a branch surgery at Park Street South (Dr MK Pahwa and Partners). It was reported that until recently the contract was held by two partners Dr MK Pahwa and his wife also Dr Pahwa, who came off the contract 4 months ago. Dr MK Pahwa will be retiring at the end of October 2016 and an application to remove Dr MK Pahwa as a GP partner from the current GMS contract has been received and progressed by NHS England. As part of the succession planning 3 additional partners were added to the GMS Contract to allow Dr MK Pahwa to retire from the partnership.

The contract is now held by Dr Ahmed, Dr Rai and Gregory Moorhouse, who have submitted a formal application to close the branch site (Park Street South). The partners have reviewed the branch site and have concerns regarding the suitability of the building as its not fit for purpose to deliver health care services. This is echoed within the CQC concerns within their review in 2014, which outlined concerns about service delivery and the condition of the branch surgery.

To keep the branch site open would involve significant amount of funding to repair and renovate the current premises up to a suitable standard. The partners have indicated that to close the branch site and during transition patients would still remain registered with the practice with consultations taking place at Bilston Health Centre. There are several options for patients including remaining registered with the practice and receive all services from Bilston Health Centre or having the option to register within practices within the Goldthorn Hill Locality who all have capacity to take on new patients.

The partners have undertaken three patient engagement meetings and minutes of the meetings have been shared. All patient households have been sent letters

which outline the potential closure and informing them of at least two of the engagement events. It was noted that all patients have been informed within the letters they are still registered at Bilston Health Centre. If they choose not to travel to Bilston Health Centre to be seen, they can choose to register with another practice within the locality, which includes Pennfields Medical Centre.

Ms Shelley informed the Committee NHS England Complaints department have received a letter and petition, which is being reviewed and has been forwarded on to the Practice to investigate.

Discussions took place regarding the level of patient engagement as the Committee had concerns regarding the level of detail given to patients regarding patient choice and where the services are available.

It was highlighted there would be two separate contracts and this is not a merger as Bilston Health Centre and Pennfields Medical Centre are on PMS contracts and they cannot merge with a GMS contract. Therefore it has to be run as two separate surgeries although they can use Interhealth as an umbrella to run back office functions.

Ms Shelley informed the Committee since the application for the closure has been received the premises have had a gas leak and the boiler has been condemned. As there is a risk for patients and staff safety the practice has been closed temporarily. All patients are being seen at Bilston Health Centre until a decision has been made as to whether or not the branch practice can be closed on a permanent basis. The current landlord Dr MK Pahwa has indicated he will not be undertaking any maintenance/building work including replacing the boiler. Due to infection prevention the branch practice has been closed since last Friday.

The business plan was shared with the Committee which outline the rationale and benefits for the proposed change. The report from NHS England recommends approving the practice application to close the branch surgery. It was reported that previous timescales are to be agreed, however given the current circumstances NHS England recommends to close the branch surgery with immediate effect due to the health and safety issues. The Committee accepted the building is not fit for purpose and agreed to the proposal of closing the branch surgery.

Following the discussions the Committee agreed to the following recommendations:

1. The Committee accept the proposal to close the GP Branch Practice of Dr Pahwa.
2. NHSE to provide an addendum or revised business case to the December meeting on the progress of the previous business case and give further assurance on what support would be available from the practice to patients during the closure. The business case needs to state categorically that there

is no expectation of patients to access services from Bilston or move to an Intrahealth practice, rather that they can exercise free patient choice.

3. The Committee believe that further work is required to inform the patient body:
 - a) of the reason for closure i.e. CQC, failure of building and prohibited costs of renovation and the current closure due to recent maintenance event regarding infection prevention and lack of hot water etc.
 - b) to answer the petition participants concerns and have a further public meeting if required.

RESOLUTION:

An addendum or revised business case to the December meeting on the progress of the previous business case and give further assurance on what support would be available from the practice to patients during the closure. The business case needs to state categorically that there is no expectation of patients to access services from Bilston or move to an Intrahealth practice, rather that they can exercise free patient choice.

Further work to inform the patient body:

- a) **of the reason for closure i.e. CQC, failure of building and prohibited costs of renovation and the current closure due to recent maintenance event regarding infection prevention and lack of hot water etc.**
- b) **to answer the petition participants concerns and have a further public meeting if required.**

NHS England Finance Update

PCC235 Ms McGee presented Wolverhampton CCGs 2016/2017 GP Services Month 6 Finance Report to the Committee. Ms McGee confirmed at month 6 the forecast outturn is £33.1m delivering a breakeven position.

A full forecast review is being carried out in month 7 to take into consideration the following;

- Recalculation of Global Sum Payments, PMS and APMS Contract payments based on the October 2016 updated list sizes
- Review of DES Forecasts based on activity to date
- Review of Premises Forecasts based on payments to date
- Review of Locum reimbursements (maternity/paternity etc.) based on approved applications

The 1% non-recurrent transformation fund remains uncommitted, at month 6 £125k of the contingency remains available. Plans are being developed and telephone calls have been booked with WCCG'S Finance Team to discuss in more detail.

The CCG's PMS Premium investment plan has been approved by the Locality Director and the MOU template is with the CCG's CFO for signing, this needs to be committed and spent by the end of the financial year.

The Committee noted the following reports recommendations;

- Note the contents of this report
- Mobilise plans for the PMS Premium investment to ensure expenditure is incurred by the 31st March 2017
- Develop plans for contingency usage should it become available

RESOLVED: That the above is noted.

Wolverhampton CCG Update

PCC236 Mr Hastings informed the Committee he has met with Mrs Southall, Head of Primary Care and they have agreed if accepted by the Committee Ms Southall would now provide this update at future meetings, the Committee agreed.

Ms Southall provided the following update on the work being undertaken within Primary Care:

- The Primary Care Strategy - the Task and Finish Groups has been established since the summer and include;
 - Practices as Providers
 - Localities as Commissioners
 - Workforce Development
 - Clinical Pharmacists in Primary Care
 - Primary Care Contract Management
 - Estates Development
 - IM&T – Business Intelligence - this is pivotal at the moment as they are looking at ensuring practices systems are consist to enable practices can work together. As practices start to develop and work on a bigger scale ensuring IT systems are in place will be key to sharing of information.
- Members Meeting - A members meeting has taken place in October 2016, the meeting focused upon how practices will be commissioned from April 2017 and reviewing the contract model. This has given practices to ask questions and raise queries regarding the new ways of working. Discussions continue take place within each of the practice groups who are now reviewing the formalities of working together and some of the practices are starting to sign off MOUs.
- Unity – Support has been committed by the CCG to assign a Project Manager to Unity which is the second largest practice grouping. This will also support the work of the GP Five Year Forward View.

- GP Five Year Forward View – The GP Resilience Programme and Vulnerable Practices Programme have been recognised locally with one practice committing to the Programme with two further practices indicating an interest.

Mr McIntosh queried the different arrangements taking place and the evaluation of these models of care. Mr McIntosh asked whether all practices are moving forward or if there is a pilot with a view of others making a decision a later point following evaluation of the pilot sites.

It was noted that GPs are all independent commissioners and each individual practice has had to make a decision on the way in which they want to work, as a result there are different models of care that have been developed. The Strategy has allowed time for GPs to work together to develop new models of care and groupings and as a CCG they need to support them. The CCG cannot force GPs into an organisational form or delivery model and evidence from these new models of care will be apparent in 12 months' time. It was queried within this evaluation that patient experiences need to be considered, the Committee agreed and it was highlighted both patient and GP experiences will be monitored as part of the contractual monitoring dashboard.

Discussion took place regarding the potential of inequity from the different models of care provided. The CCG has recognised this and will be something that is closely monitored.

RESOLVED: That the above is noted.

Primary Care Programme Board Update

PCC237 Ms Garcha presented the work being undertaken by the Primary Care Programme Board and the following update was provided;

Interpreting Procurement - This has now been completed and a report will be presented at the WCCG Governing Body confirming the successful bidder. An update of this will be provided at the next meeting.

Community Equipment Procurement - A report has been submitted to the Commissioning Committee on the 27th October 2016. It has been agreed to proceed with a joint procurement with City of Wolverhampton Council and a set of agreements has been worked upon between the CCG and Council of what the procurements arrangements will be.

Choose and Book – paperless referrals to RWT are being provided and a CQUIN has been included. This requires all providers to publish all of their services and make all first outpatient department appointments available on ERS by the 31st March 2018.

Atrial Fibrillation – This project has been suspended with a view to allow more time to review the quantification data and further updates will be provided early 2017.

A&E Chest Pain – A scheduled quality visit was undertaken on the 27th September 2016 of the Emergency Department and the Urgent Care Centre, there were contractual and quality issues which have been picked up and are being worked upon within appropriate teams.

RESOLVED: That the above is noted.

Primary Care Operations Management Group Update

PCC238 Mr Hastings informed the Committee the Primary Care Operational Management Group met on the 17th October 2016.

Service Level Agreement and Specification or Zero Tolerance

WCCG continues to work with NHS England on the service level agreement and specification for zero tolerance and work is being progressed.

Primary Care Quality Update

The main area of discussion was regarding the Friends and Family Test data submission and those practices who have not submitted data. The group are reviewing the data at the next meeting and have agreed a plan if the situation has not changed.

GP Five Year Forward View

This is a distinct piece of work which will now be reviewed and discussed at future meetings.

Estates Update

The CCG have received an approval notification regarding the Estates and Technology Transformation Fund for Cohort 1 in relation to bids for GP IT.

The Committee were asked to note the progress made by the Primary Care Operational Management Group. The Committee noted the progress to date.

RESOLVED: That the above is noted.

Any Other Business

PCC239 **Application for Full Delegation responsibilities for the Commissioning of Primary Medical Services**

Mrs Southall advised the Committee of the next steps the CCG are required to undertake to make an application for full delegation of Primary Medical Services. Ms Southall noted the Governing Body held on 11th October 2016

agreed the CCG approach of making an application for full delegation of Primary Care Commissioning. The deadline for making an application to NHS England is the 5th December 2016, following submission of the application NHS England will review. The outcomes of this process will be fed back to the CCG by early January 2016.

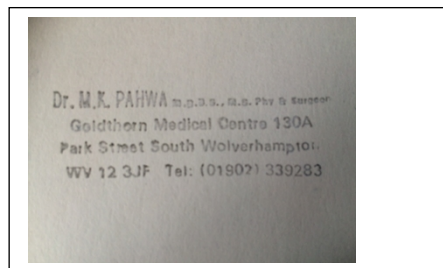
RESOLVED: That the above is noted.

PCC240 **Date, Time & Venue of Next Committee Meeting**
Tuesday 6th December 2016 at 2.00pm in PC108, 1st Floor, Creative Industries Centre, Wolverhampton Science Park

Application for consideration of a contractual change (for example sub-contracting arrangements, change to services, change to agreed opening hours, change in level of commitment for Doctors, practice boundary changes, etc)

(Please add additional pages if you have insufficient room to complete fully and depending upon the nature of change requested, not all sections of this form will need to be completed)

Practice stamp



Proposed Change	Closure Of Park Street South (Branch Practice) to Bilston Health Centre
Proposed Date of Change	01/11/2016
Practice M/Y Codes	M92015

Provide the Practice rationale for the proposed change:

Our senior partner, Dr M Pahwa, has been providing medical services as a GP in Wolverhampton for over 40 years and has served the community from two sites. The Main site is located in Bilston Health Centre and has a registered list of circa 2000 patients. The branch site is located on Park Street South and has a list size of 1650 patients and at present the patients are seen in a dilapidated building that has been outlined as being unfit for the purpose of health care delivery in a recent CQC assessment. The current land lord is the practice senior partner, Dr M Pahwa, and he is due to retire on 31/10/2016 and he envisages not allowing services to continue from this site in the longer term.

The partner has outlined a willingness to contribute some money to the repair of the building but would expect NHSE / CCG to pick up the larger proportion of the costs to bring this building in lines with Equality Act / Infection prevention and Control standards as well as basic commercial property regulations.

The current partnership does not feel that the delivery of services from this site is a viable long term option.

Although the branch site is located in a different locality to main site (South West v South East) many of the patients have been happy to travel to the Bilston health Centre site when there has been no doctor or limited staff at the current branch site. The Distance between main practice and branch site is 3 miles.

Concerns have been raised about the continuing delivery of service in a safe manner from the branch site. In addition to the safety concerns the branch site does not provide any additional / enhanced services to patients and the team are only able to deliver core services.

We envisage that this situation is not feasible in the long term with the move to push more activity into General Practice and the drive to increase provision in primary care.

It is likely that the patients registered at the site will be disadvantaged if services continue to be delivered from this site.

The current branch site has limited space for clinicians, does not meet Equality act regulation or current fire safety regulations. The practice would also require some work to meet the current infection prevention guidance.

The partnership also have some concerns about lone worker safety in the current setting.

What options have you considered, rejected or implemented to relieve the difficulties you have encountered about your issues/open hours/practice list and, if any were implemented, what was your success in reducing or erasing such difficulties?

The current partnership was formed on 15th July 2016 and has been working closely with retiring partner and has also met with patient representatives to outline all viable options.

(Minutes of patient meetings included in appendix)

A discussion has also taken place with colleagues at NHSE and also CCG. We have communicated with the local GP practices to make them aware of our intention and concerns about capacity.

The options identified have been discussed with patients from the surgery as well as Dr Pahwa and the other partners.

Options

1. To close the Branch surgery at Park Street South (Goldthorne Park Surgery)

Closure of the branch surgery would ensure full consolidation at the main site in Bilston and allow for the following

- Access to more essential and enhanced services (routine and emergency) – increased number of appointments. We plan to ensure that enhanced service provision is available locally to all patients.
- Home visits – We plan to review home visiting provision to ensure that we can provide visits across to those patients that require this form of access. We plan to increase uniformity in the way visits are allocated and conducted.
- booking routine appointments/requesting blood test results, etc; - we plan to increase the number and types of appointments
- delivery of a full range of additional and enhanced services;

Patients will remain registered with the practice but all future consultations and contacts will take place at Bilston Health Centre

If patients do not wish to attend Bilston Health Centre or to remain a patient at the practice then they have the choice to register with another practice in the locality of Goldthorne Park. These include

- Ednam Road Surgery – 0.2 Miles
- Duncan Street Surgery - 0.6miles
- Parkfields Medical Centre – 0.6miles
- Lea Road Surgery – 0.6 miles
- All Saints Surgery – 0.7 miles
- Pennfields Medical Centre – 0.7miles

The practices have all been contacted to inform them of the potential closure of Goldthorne Park Surgery, all have open lists and capacity to receive new patients.

2. Keep current branch site open.

This option would involve the funding of significant repair and renovation to the current building to bring it in line with modern building regulations / Equality Act 2010 / Infection Prevention and Control principles.

This will require an agreement from NHSE and / or the CCG to agree to invest in this building. With the investment there is a likelihood that the revenue costs will increase as they are reviewed in line with the renovation.

Unfortunately we have missed the window to apply for the Estates and Technology Transformation Fund and local decisions have already been taken about the allocation of this pot of money. Further investment from the CCG / NHSE would have to come from Improvement grant.

We envisage that the cost of repair would be substantial and due to the limited space in and around the practice there is likely to be a period of closure whilst this work is carried out.

We envisage that as a minimum the work will involve:

- A) Reconfiguration of internal space to ensure that all rooms are suitable for use as a clinical space with ample room for wheel chair / push chair access and the ability to carry out full clinical assessment or all patients with preservation of dignity and maintenance of safety.
- B) Change of all floors to surfaces more suitable for infection prevention and control.
- C) Installation of safety features such as hard wired fire and smoke systems.
- D) Improved access to second floor (potentially a lift) to allow full utilisation of clinical spaces.
- E) Improvement to frontages to make access to car parking and also allow ambulance access to practice
- F) Alteration to access and exit to ensure these are suitable for wheel chair and other users.

Of which CCG are you or propose to be a member?

Wolverhampton CCG

If applicable, has the CCG approved your proposal? (Please provide evidence of approval/comments from your local CCG)

We have been undertaking informal discussions with the CCG and have outlined our proposal to close the branch site due to the concerns about future service delivery from the site.

We have provided formal notice to the CCG of our plans to close the branch surgery (copy of email attached in appendix).

We will use this application process to inform the CCG of our formal intention to take this case forward. We have also completed a business case for the CCG Joint Commissioning board.

Full details of the benefits you feel your registered patients will receive as a result of this proposed change.

Please provide as much detail as possible as to how the current registered patients will continue to access services, including consistent provision across:

- **Access to essential services (routine and emergency)** – The patients currently registered at the main practice and so the records will remain in the main practice and on the EMIS system used across the main and branch surgery
 - **Home visits** – Home visits will continue to be provided from the main practice site. The practice boundary will be expanded to reflect the closure of the surgery and the maintenance of care to patients living at a distance from the main site.
 - **Booking routine appointments/requesting blood test results, etc;** There will be no change to the service provided to registered patients except that location will change.
 - **Additional and enhanced services** – We envisage an increase to the number of enhanced services provided to patients that remain registered with the partnership – we have listed the services later in the report.
 - **Opening hours** – We will maintain the current opening hours at the main practice and we plan to work with the PPG (once formed) to review provisions and move to opening more hours in the day and offering extended opening hours.
 - **Impact on other parts of the local health economy as a result of the practice proposal** - We have made contact with local practice managers and also CCG to ascertain the impact and support any patient transition. We envisage an overall positive impact with patients gaining from the change of service provision. In addition we envisage a reduction in hospital based activity for this group of patients as more enhanced services are provided in the community and this should have a net positive benefit to patients and the health economy.
 - **Extended hours** – Opening hours will be reviewed in line with the list size and we aim to unify opening times with other practices in the area that we manage. This review will include the representation from patient groups.
 - **Single IT and phone system** – We are in discussions with the CCG IT dept to outline a plan to move the telephone and IT services out of the closing site. We have also been in contact with telephone system provider. We plan to keep the correct telephone numbers and ensure that they divert to the main practice site.
- Premises/ facilities** – all services will continue to be provided from the main site at Bilston Health Centre.

Patients that select to remain registered at the practice and be seen at the main site will see services delivered from purpose built health centre with all facilities meeting

the requirements of equality act and infection prevention and control guidance.

We plan to increase access to a number of health care professional under one roof including nurses, nurse prescribers, clinical pharmacists, midwives, Health visitors, counselling services and General Practitioners

We will offer access to both male and female clinical staff.

We will provide access to multi-lingual staff able to communicate in a number of different languages. Despite the planned closure of the branch surgery we do not envisage any redundancies and we will ensure that the administration staffs are absorbed into our current staffing structures. This will give the staff more security and increasing capacity to train and develop. Many of the current staff are on short term revolving contracts and these will be changed to full term employment. Keeping the same staff will ensure that patients can continue to associated with the same familiar faces they are used to from the branch surgery.

Patients will be seen in safer clinical and working environment.

Increased range and number of appointments provided on a daily basis.

Access to enhanced services on site including :-

- Spirometry
- ECG
- Acupuncture
- Contraceptive services inc insertion of implants and coils
- Minor surgery service in a purpose built treatment room
- Simple and complex dressings
- Phelbotomy services
- Teaching practice – support the training and development of staff as well as training of nurses and doctors as part of the west midlands deanery.
- Online appointments
- Use of electronic prescribing - The current practice chose not to implement this and is the only practice in Wolverhampton to have not implemented this service.

We feel that the overall impact on the local health economy will be a positive one as the closure of our branch site will ensure that any released funding can go into improving services from Bilston Health Centre (Main practice) allowing us to focus more on health care outcomes.

We plan to ensure that the telephone line from Park Street South is diverted to the

main site in Bilston Health Centre and advertise widely the change to practice delivery – thus ensuring all patients are able to contact medical services at times of need.

The current phone system at the branch surgery is obsolete and does not allow for call recording. We plan to review the telephone so that in future we can expand the range of services we offer to include a formal telephone triage system and also consultations based on web based software.

We are working with Wolverhampton CCG Information Technology dept to identify a plan that will allow us to move utilities out of the Park Street South site and host these in our other practices to ensure this process is seamless.

Please attach any documentation/agreement from the external Provider if the practice is intending to sub contract services to another Provider to deliver primary care services (eg. half day closing/opts outs). The Agreement must describe how and what routine services are to be provided including arrangements for accessing patient medical record. A copy of the Service Level Agreement with the sub-contractor must be attached. A copy of the practice current and proposed practice area is required for applications for changes to practice area

Describe impact of proposed change upon practice boundary (inner and outer):

We envisage an expansion of the practice boundary for our main site to include all the areas covered by the Park Street South branch surgery. All patients have the option to remain patients at Bilston Health Centre and in this way they will continue to receive a complete service from us.

If applicable, please provide the outcome of consultation with your patients (PRG) about this proposal and how the Practice will communicate the actual change to patients and ensure patient choice throughout **(provide written evidence (agenda/minutes of meetings, etc to document outcome of patient views with your application): Depending upon the type of practice application, NHS England/CCG will not be able to consider the Practice application until evidence from patient consultation has been received**

Patient engagement

We have taken the action of holding a number of patient engagement events and have written to all the patients (over 800 households) to ensure that all are aware of

a potential change to the service being provided and engagement events being held to discuss these matters. The options for patient choice have been outlined in the letter.

(Copy of letter attached in appendix)

The partnership has to date has held three meetings on the following dates

- 21st September 2016
- 5th October 2016
- 12th October 2016

There has been a very small turnout to these meetings. We believe that the turnout has been limited due to the lack of a formalised PPG – we were told that the PPG in place during the previous partnership had disbanded when the new partnership had been formed. None of the patients that attended the meetings were aware of an active PPG.

We are prepared to hold further meetings with patients to ensure they are informed of the decisions made.

If the decision is made to close the branch site then the practice will communicate to patients via:

- **Letters:** detailing all options for patients with a list of other practices patients can register with along with the process for registering with a new practice' and a telephone line that patients can call to get further information and support in registering with another practice.
Letters will also go out in several languages to reflect the patient population..
- **Website:** all information will be posted onto our website
- **NHS Choices:** will be informed of all changes
- **Posters:** in reception area

Access for patients – opening hours and appointments.

Practice list size	1650
Current number of appointments per week	117
Proposed number of appointments per week	>117

The current branch site closes on Thursday afternoon. We envisage that patients choosing to change to the main site will note that this surgery will not close on an afternoon and will provide appointments in line with increasing list size. We currently provide well above the 70/1000 appointments per registered patients per week outlined by the BMA

Our last audit of appointments showed an average of 90/1000 registered patients per week

What arrangements are to be made in the event of there being a reduction in appointments availability/services (please list)

We do not envisage a reduction in appointments – we provide a range of appointments with a number of different health care professionals and therefore in expectation of an increase we are in the process of recruiting more staff. We have a number of new recruits awaiting the end of notice periods with current employers.

Current opening hours –

Mon	Tues	Wed	Thurs	Fri	Sat	Sun
9-630	9-730	9-630	9-1	9-630	Close	Close

Proposed opening hours

site	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
BHC*	8-630	8-630	8-730	8-1	8-630	Close	Close
Potential	8-8	8-630	8-8	8-630	8-630	8-12	Close

If applicable, identify increase/recruitment of additional workforce (Please list details)

We have recently appointed 2 ANP and 2 new doctors. We have also recently taken on 5 clinical pharmacists who are currently undertaking training under the NHS pilot.

We have also appointed a practice nurse and a health care assistant.

We continue to have an open advert in BMJ and have a recruitment agency advert to ensure that we are constantly in contact with potential new candidates.

Any other services provided

As outlined above. NA to closure but full cohort of enhanced services provided from our Wolverhampton sites

Do you have any other information to bring to the attention of NHS England/CCG about this application?

CQC Report. http://www.cqc.org.uk/sites/default/files/new_reports/AAAB9857.pdf
 Organisational Chart – see appendix 1

Sub-Contracting: Additional Information (The Practice may have already provided this information above):

N/A

Please list the following:

(a) the name and address of the proposed sub-contractor;

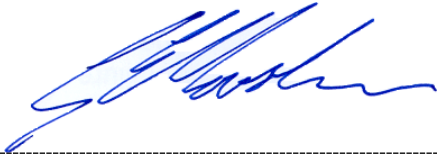
(b) the duration of the proposed sub-contract;

(c) the services to be covered:

(d) the address of any premises to be used for the provision of services.

To be signed by all parties to the current contract

Signed




Print

Gregory Moorhouse

Date 02.11.2016

Signed

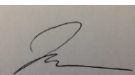


Print

Dr Kamran Ahmed

Date 02.11.2016

Signed



Print

Dr Virinder Rai

Date 02.11.2016

Please continue on a separate sheet if necessary

Note: this application does not impose any obligation on the NHS CB to agree to this request.

Please return your completed and signed form to:

By Email:

England.gp-contracting@nhs.net

Or

By Post to:

Primary Care Contracting Team

NHS England (West Midlands)

St Chads Court

213 Hagley Road

Edgbaston

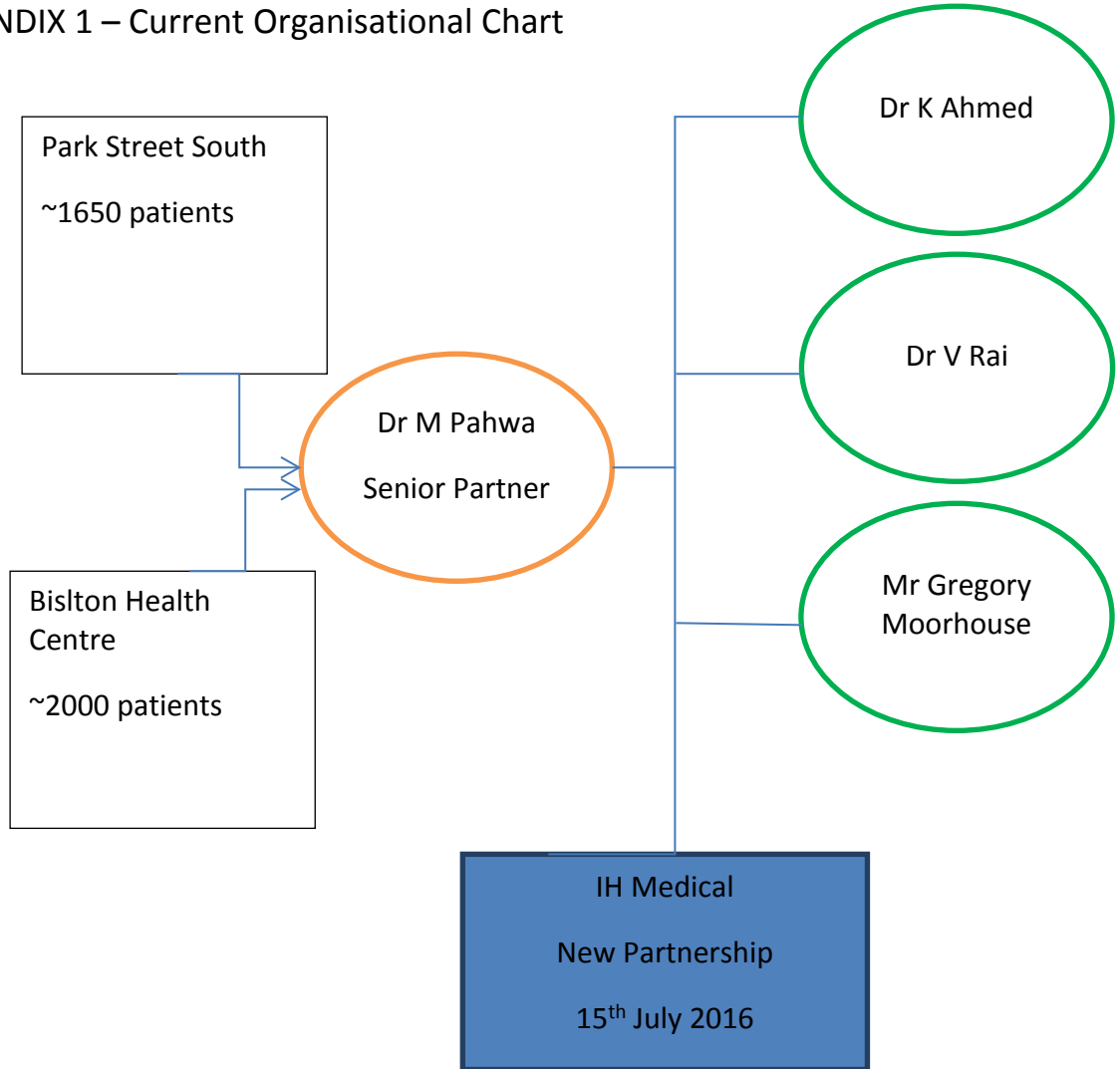
Birmingham

B16 9RG

Appendix

- 1) JCC report for Wolverhampton CCG
- 2) Minutes of PPG meetings x 3
- 3) Email – CCG
- 4) Email – Practice Managers
- 5) Patients letter
- 6) Public notice

APPENDIX 1 – Current Organisational Chart



IH Medical
Park Street South
Wolverhampton
WV2 3JF
Date

Dear Patient(s)

We write to inform you that a decision has now been made to close the Goldthorne Medical Practice. The practice should have closed on November 30th 2016 but because there has been a problem in the building beyond our control the surgery has been closed since Thursday 27th October 2016 and will remain closed.

All services will now be provided from Bilston Health Centre.

Patients who attended Goldthorne surgery will remain patients at IH Medical, and will be welcome to attend Bilston Health Centre.

However, we recognise that for some people this may be inconvenient therefore patients can register at other surgeries in the Goldthorne Park area.

These include:

Ednam Road surgery WV4 5BL – 0.2 Miles telephone [01902 340200]

Duncan street Surgery WV2 3AN – 0.6 Miles telephone [01902 459076]

Parkfileds Medical Centre WV4 6EG – 0.6 Miles telephone [01902342152]

Lea Road Surgery WV3 0LS – 0.6 Miles telephone [01902 682222]

All Saints Surgery WV2 1EG – 0.7 Miles telephone [01902 457617]

Pennfields Medical Centre WV3 0JH 0.7 Miles telephone [01902 446688]

All these practices are welcoming new patients.

To register at another practice you will need to go in to the practice and complete a GMS1 form.

If you would like to speak to someone about the closure or need assistance in registering with another practice please telephone Bilston Health Centre and ask for Angela Barnett Practice Manager on 01902 491410.

IH Medical would like to apologise for any inconvenience this may have caused.

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Primary Care Joint Commissioning Committee Actions Log

Open Items

Action No	Date of meeting	Minute Number	Item	By When	By Whom	Action Update
35	02.08.16	PCC176	<p>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.</p>	December 2016	Gill Shelley / Anna Nicholls	<p>06.09.16 - Mr Hastings agreed to chase Anna Nicholls regarding this action. 04.10.16 - Ms Shelley confirmed that details on the management of transitional funding are to be confirmed and would provide an update at the next meeting.</p> <p>01.11.16 - It was advised NHSE are still awaiting the financial processes, Ms McGee agreed to take back to Charmaine Hawker as its non-recurrent funding for this financial year 2016/2017.</p>
37	06.09.16	PCC186a	<p>NHS England Update – Primary Care Update Primary Care Commissioning Activity return to be shared with the Committee in October 2016.</p>	December 2016	Mike Hastings	<p>04.10.16 – Mr Hastings to contact the Deputy Head of Primary Care at NHS England to share a copy of the final submission with the Committee.</p> <p>01.11.06 - Mr Hastings agreed to chase.</p>
41	04.10.16	PCC211	<p>Vertical Integration That the minutes from the VI assurance meeting on 3 October 2016 be shared with the Committee.</p>	December 2016	Mike Hastings	<p>01.11.16 - Mr Hastings confirmed the minutes from the VI assurance visit had not been received once provided they will be shared with the Committee.</p>
43	04.10.16	PCC214	<p>WCCG Primary Care Workforce Draft Strategy Ms Garcha to confirm how the Wolverhampton practices involved in Vertical Integration had been recorded in the analysis.</p>	December 2016	Manjeet Garcha	<p>01.11.16 - Ms Garcha confirmed a sense check had been undertaken on the data and that 2 out of the 3 VI's had been included within the analysis. Ms Garcha had been unable to speak with the author who undertook the analysis to ask</p>

						the question regarding the method of recording and confirmed to feed this back at the next meeting.
44	01.11.16	PCC234b	<p>Application to Close Brach Surgery</p> <p>An addendum or revised business case to the December meeting on the progress of the previous business case and give further assurance on what support would be available from the practice to patients during the closure. The business case needs to state categorically that there is no expectation of patients to access services from Bilston or move to an Intrahealth practice, rather that they can exercise free patient choice.</p>	December 2016	Gill Shelley	
45	01.11.16	PCC234b	<p>Application to Close Brach Surgery</p> <p>Further work is required to inform the patient body on the following;</p> <ul style="list-style-type: none"> a) of the reason for closure i.e. CQC, failure of building and prohibited costs of renovation and the current closure due to recent maintenance event regarding infection prevention and lack of hot water etc. b) to answer the petition participants concerns and have a further public meeting if required. 	December 2016	NHS England	

Closed Items

Action No	Date of meeting	Minute Number	Item	By Whom	Date Closed	Action Update
1	03.12.15	PCC04	<p>Proposed amendments to Committee Terms of Reference</p> <p>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.</p>	Peter McKenzie	14 January 2016	Action complete
2	03.12.15	PCC04	<p>Proposed amendments to Committee Terms of Reference</p> <p>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.</p>	Peter McKenzie	14 January 2016	Action complete
3	03.12.15	PCC05	<p>Primary Care Commissioning Operations Management Group Terms of Reference</p> <p>That the Care Quality Commission will be invited to future meetings of this Group.</p>	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	<p>Upcoming Issues for Provisional Work Programme</p> <p>That the Showell Park Procurement be brought to a 2016 Committee meeting for decision. Ms Nicholls to confirm appropriate meeting date.</p>	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	<p>Standard Agenda item and regular reporting requirements</p> <p>That the following items be included as standing items on the agenda:</p> <ul style="list-style-type: none"> • 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.

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						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	<p>Pharmaceutical Involvement in Primary Care</p> <p>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.</p>	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	<p>NHS England Update</p> <p>That a short report will be provided by NHSE outlining any activity throughout the month which impacts on Wolverhampton primary care.</p>	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	<p>NHS England Finance Update</p> <p>That a report will be produced for the May 2016 Committee Meeting to outline the full schedule for the 2016/17 budget.</p>	May 2016	Charmaine Hawker	03.05.16 - The NHS England Finance Update was included on this meeting's agenda. Item closed.
24	03.05.16	PCC100	<p>GP Communication</p> <p>That GP communication methods should be discussed at the next Primary Care Operational Management Group meeting.</p>	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	<p>PMS Premium Schemes</p> <p>That the CCG Strategy and Transformation Team will provide a report to the June 2016 Committee Meeting outlining the PMS Premium schemes.</p>	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	<p>Protected Learning Time for GPs</p> <p>That the CCG will explore protected learning time options for GPs and update the Committee.</p>	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.
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. Presented at the September meeting - action 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. Mr Marshall agreed to develop and share a model of how the third sector organisations and other providers will link into Primary Care Services.	August 2016 July 2016	Steven Marshall 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. 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.
31	02.08.16	PCC174	Wolverhampton CCG Update Mr Hastings to respond to Wolverhampton LMC queries within 7 days.	September 2016	Mike Hastings	06.09.16 - Mr Hastings confirmed he had responded to Wolverhampton LMC queries within in the 7 day deadline. Action closed.

32	02.08.16	PCC174	Primary Care Support England (PCSE) Communication to go out to all practices requesting PCSE feedback.	September 2016	Jane Worton	06.09.16 - Ms Worton confirmed an e-mail went out to all Practice Managers on the 11 th August requesting PCSE feedback. All the responses had been collated and sent to NHS England where the information will be discussed in a forum meeting between Capita Services and NHS England. It was confirmed any feedback would be escalated back to the CCG s this could be fed back to the GP Practices. Action closed.
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	06.09.16 - It was noted this item was on the meeting agenda. – Action closed.
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	06.09.16 - Mr Blankley confirmed he had met with Dee Harris and discussions have commenced regarding prescribing within the acute discharge process. – Action closed.
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 meeting.	October 2016	Manjeet Garcha	06.09.16 - This item is due to be presented at the October meeting. 04.10.16 - It was noted that this item is on the agenda for discussion. Item closed.
38	06.09.16	PCC186b	NHS England Update – Primary Care Update Mr Hastings agreed to report back if the CCG had/or needed to make a response on the GP Resilience Programme document.	October 2016	Mike Hastings	04.10.16 - Mr Hastings informed the Committee that an details on the GP Resilience Programme was included in the Wolverhampton CCG Update on the agenda. Item closed.
39	04.10.16	PCC209	NHS England GP Resilience Programme (GPRP) Ms Shelley agreed to confirm the number of Wolverhampton practices that can be put forward for the GPRP programme and also any expressions of interest that they have directly received.	November 2016	Gill Shelley / Anna Nicholls	Ms Shelley will confirm the number of Wolverhampton practices that can be put forward for the GPRP programme and also any expressions of interest that they have directly received. 01.11.16 - Ms Shelley has confirmed there is only 1 practice for Wolverhampton on the GPRP programme. Action agreed to be closed.

40	04.10.16	PCC209	WCCG Primary Care Workforce Draft Strategy Ms Garcha stated that there had been difficulty in confirming an NHS England lead for this work and Ms Shelley agreed to confirm details and feedback.	November 2016	Gill Shelley / Anna Nicholls	01.11.16 - Ms Garcha had been in touch with Jacqueline Barns regarding an NHS England Lead for Primary Care Workforce. Action agreed to be closed.
42	04.10.16	PCC213	Patient Engagement That Ms Shelly would confirm the level of patient engagement required when a practice was merging / closing.	November 2016	Gill Shelley / Anna Nicholls	01.11.16 - Ms Shelley advised the level of patient engagement is not in the contract as to what's relevant/appropriate to the number of patients and the changes being made within the practice. They would expect the level of engagement to be proportionate to the level of change. It was highlighted the WCCG have a policy in place for engagement and this should be followed around the proportionate of change taking place.
44	04.10.16	PCC215	Social Prescribing Report Ms Skidmore to feedback Mr McIntosh's queries to Andrea Smith.	November 2016	Claire Skidmore	01.11.16 - Ms Skidmore confirmed she had spoken to Andrea Smith regarding Mr McIntosh's queries. Action to be closed.

WOLVERHAMPTON CCG
**PRIMARY CARE JOINT COMMISSIONING COMMITTEE
November 2016**

Title of Report:	Primary Care Update
Report of:	Alastair McIntyre
Contact:	Martina Ellery
Primary Care Joint Commissioning Committee Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	To update the Committee on latest developments in Primary Medical Care nationally and locally
Public or Private:	This Report is intended for the public domain
Relevance to CCG Priority:	
Relevance to Board Assurance Framework (BAF):	
<ul style="list-style-type: none"> • Domain 1: A Well Led Organisation 	
<ul style="list-style-type: none"> • Domain 2a: Performance – delivery of commitments and improved outcomes 	
<ul style="list-style-type: none"> • Domain 2b: Quality (Improved Outcomes) 	
<ul style="list-style-type: none"> • Domain 3: Financial Management 	
<ul style="list-style-type: none"> • Domain 4: Planning (Long Term and Short Term) 	
<ul style="list-style-type: none"> • Domain 5: Delegated Functions 	Update on Primary Care

NHS England (West Midlands)

Primary Care Update – November 2016
1) Annual Declaration 2016/17

The 2016/17 annual declaration (eDEC) is open for submissions over a six week period, closing Friday **23rd December 2016**.

A formal notification letter to GP practices which includes FAQs has been finalised and regional teams sent this notification to all practices on 7/11/2016. A regular reminder will be sent out to ensure full completion.

2) General Practice Forward View (GPFV) planning requirements - CCG Plans

CCGs need to submit 1 GPFV plan to NHS England on 23 December 2016, encompassing the specific areas in technical Annex 6 (investment, care redesign, workforce, workload and practice infrastructure). Plans must, as a minimum, set out:

- *How access to general practice will be improved*
- *How funds for practice transformational support will be created and deployed to support general practice*
- *How ring-fenced funding being devolved to CCGs to support the training of care navigators and medical assistants, and stimulate the use of online consultations, will be deployed*

3) Primary Medical Care (PMC) Policy Development

The first PMC policy book was published in January 2016 and recognised a number of requirements including our 'duties' as commissioners; 13Q and equality etc. and the role of delegated CCGs. Plans are in place for a refresh of the policy with a revised publication in April 2017 which will also align with an expected increase of CCGs assuming delegated responsibility.

Refreshing the policy book presents an opportunity for us to collate in one place the very best practice in the commissioning and good housekeeping of PMC contracts as well as procedural guidance for sudden challenges we face. We recognise the capacity constraints within local teams and CCGs but would like to provide an opportunity for you and your teams to actively shape all or specific aspects of this development. It is important that we craft guidance that is relevant and applicable operationally but this also presents development opportunities for staff in teams and CCGs to influence and work on national policy.

Comments/suggestions to add, and volunteers please contact gary.williams3@nhs.net



PMC_Policy_Book_Qu
estionnaire.docx

4) Update on Indemnity

In July 2016, the GPIR summary was published, making several recommendations. Update from central NHSE Team on these is as follows:

We are in the process of making the changes to the SFEs to enable the short term financial assistance payments to be made in order to cover the inflationary increases in indemnity premia for GPs. We are working with finance teams to establish when this will be and will inform all relevant



A workshop is being held by NHSE on 24th November with stakeholders to look into the issues surrounding OOH and the impact indemnity is having. Our intention is to get guidance out to the system regarding indemnity thresholds to inform and assist with commissioning decisions that are impacted by indemnity.

The winter indemnity scheme for 2016/17 is now in place, running from October 2016 until 31st March 2017. We have widened our scope of which types of sessions GPs can do which will be eligible to try and ensure that out of hours, unscheduled care sessions, integrated and urgent care sessions and traditional GP out of hours sessions are covered. We are encouraging GPs to contact their MDO as soon as they know they are going to be undertaking extra sessions which may be eligible for the winter.

NHSE are engaging with DH and the MDOs on issues to do with high pricing. We are taking in case examples of individuals who are experiencing problems so that we can raise the issues higher in the organisation with a view to producing solutions which might encourage people to continue in general practice.

The work with New Care Models has been progressing with earnest, as has work with vulnerable programmes and groups whom are experiencing problems in the immediate term rather than on a theoretical NCM basis. NHSE are meeting with the MDOs shortly to discuss the model types. We will be undertaking a further review of the suitability of the indemnity model through a study which we hope to undertake in the next couple of weeks to inform many aspects of our work, particularly around commissioning responsibilities and the changing environment.

We have also been working with the primary care workforce team on the Clinical Pharmacy Pilot to ensure the programme vulnerabilities caused by indemnity, did not cause the programme to collapse. We are moving on to phase 2 of the work with this programme, looking at the implications of indemnity within the roll out.

5) Practice Manager Networking Events

A series of free [regional networking events](#) hosted by NHS England with the support of the Practice Management Network will be held.

Each half day workshop will be an opportunity to network with colleagues from around the region, to share challenges, ideas and encouragement. There will also be a particular focus on sharing solutions for managing workload in the practice and attendees will also have the chance to learn more about the General Practice Forward View's practice development programme and to shape NHS England's plans for supporting managers' professional development.

Any queries please contact sandra.mcgregor@nhs.net .



GMS contract variations

Practice	Variation	Status
Leicester Street Medical Centre	Addition of Dr's S & R Agarwal	As from November 1 st 2016
Leicester Street Medical Centre	Removal of Dr S Handa	As from December 2016



Questionnaire

Primary Medical Care (PMC)

Policy Book Update

To ensure that we effectively and appropriately support our local offices, and CCGs undertaking Primary Care Commissioning through delegation agreements, we are seeking your views and priorities (through this short questionnaire) on which chapters from your perspective are most in need of a refresh / revision.

Also, we are seeking to introduce new chapters which best support commissioners in the changing commissioning landscape and improve the policy book to include chapters covering existing or emerging issues not currently addressed.

We will use the information from this short questionnaire to inform and prioritise the work of this programme and will engage with you on the development of each chapter.

Should you wish to be involved in the refresh and development of any specific chapter, please provide your contact details in the comments section for that chapter.

PLEASE IDENTIFY WHICH RESPONSES BEST DESCRIBE YOUR VIEWS AND PRIORITIES AND INCLUDE ANY COMMENTS AS REQUIRED

CURRENT CHAPTERS	Update Required?		By When		
Chapter 1 Introduction Comments:	YES	NO	Mar-17	During 17/18	Mar-18
Chapter 2 Abbreviations and Acronyms Comments:	YES	NO	Mar-17	During 17/18	Mar-18
Chapter 3 Co-Commissioning Described Comments:	YES	NO	Mar-17	During 17/18	Mar-18
Chapter 4 General Duties of NHS England Comments:	YES	NO	Mar-17	During 17/18	Mar-18
Chapter 5 Which Medical Contract When? Comments:	YES	NO	Mar-17	During 17/18	Mar-18
Chapter 6 Contract Variations Comments:	YES	NO	Mar-17	During 17/18	Mar-18
Chapter 7 Contract Breaches And Termination Comments:	YES	NO	Mar-17	During 17/18	Mar-18

PLEASE IDENTIFY WHICH RESPONSES BEST DESCRIBE YOUR VIEWS AND PRIORITIES AND INCLUDE ANY COMMENTS AS REQUIRED

CURRENT CHAPTERS		Update Required		By When		
Chapter 8	Managing a PMS Contractor's Right to a GMS Contract	YES	NO	Mar-17	During 17/18	Mar-18
Comments:						
Chapter 9	Managing Patient Lists	YES	NO	Mar-17	During 17/18	Mar-18
Comments:						
Chapter 10	Adverse Events	YES	NO	Mar-17	During 17/18	Mar-18
Comments:						
Chapter 11	Managing Disputes	YES	NO	Mar-17	During 17/18	Mar-18
Comments:						
Chapter 12	Death of a Contractor	YES	NO	Mar-17	During 17/18	Mar-18
Comments:						
Chapter 13	Practice Closedown (Planned / Scheduled)	YES	NO	Mar-17	During 17/18	Mar-18
Comments:						

PLEASE IDENTIFY WHICH RESPONSES BEST DESCRIBE YOUR VIEWS AND PRIORITIES AND INCLUDE ANY COMMENTS AS REQUIRED

PROPOSED NEW CHAPTERS		Relevant / Required?		By When		
Chapter 14	Termination of PMS Agreements	YES	NO	Mar-17	During 17/18	Mar-18
Comments:						
Chapter 15	Unplanned / Sudden Closure	YES	NO	Mar-17	During 17/18	Mar-18
Comments:						
Chapter 16	Responding to CQC Inspection Outcomes (Inadequate / Special Measures)	YES	NO	Mar-17	During 17/18	Mar-18
Comments:						
Chapter 17	Responding to Loss of CQC Registration	YES	NO	Mar-17	During 17/18	Mar-18
Comments:						
Chapter 18	Litigation, Prosecutions and Inquests - Writing Statements	YES	NO	Mar-17	During 17/18	Mar-18
Comments:						
Chapter 19	Patient Removal - Violence or threat of violence	YES	NO	Mar-17	During 17/18	Mar-18
Comments:						
Chapter 20	Tackling Health Inequalities	YES	NO	Mar-17	During 17/18	Mar-18
Comments:						

PLEASE IDENTIFY WHICH RESPONSES BEST DESCRIBE YOUR VIEWS AND PRIORITIES AND INCLUDE ANY COMMENTS AS REQUIRED

PROPOSED NEW CHAPTERS		Relevant / Required		By When		
Chapter 21	Working with Multispecialty Community Provider (MCP) Contracts	YES	NO	Mar-17	During 17/18	Mar-18
Comments:						
Chapter 22	Contract Mergers - Partnerships to Limited Companies	YES	NO	Mar-17	During 17/18	Mar-18
Comments:						
Chapter 23	CQC Registration - Roles and Responsibilities	YES	NO	Mar-17	During 17/18	Mar-18
Comments:						
Chapter 24	Temporary suspension to patient registration	YES	NO	Mar-17	During 17/18	Mar-18
Comments:						
Chapter 25	Registration of residents of private hospitals	YES	NO	Mar-17	During 17/18	Mar-18
Comments:						
Chapter 26	Safeguarding Children - Managing Registration	YES	NO	Mar-17	During 17/18	Mar-18
Comments:						
Chapter 27	Working with and through devolution	YES	NO	Mar-17	During 17/18	Mar-18
Comments:						

PLEASE PROVIDE ANY ADDITIONAL THOUGHTS / COMMENTS (INC. ADDITIONAL CHAPTERS / ISSUES NOT CURRENTLY LISTED) WHICH YOU FEEL WOULD BETTER SUPPORT YOU IN COMMISSIONING, ASSURING OR CONTRACTING MANAGING PRIMARY MEDICAL SERVICES

Additional Information:

Optional (please provide contact details should you wish to be further involved in this work)

Name:

Local Office / CCG:

Contact Email:

Contact Number:

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WOLVERHAMPTON CCG

PRIMARY CARE JOINT COMMISSIONING COMMITTEE 6th December 2016

Title of Report:	Wolverhampton CCG 2016/17 GP Services Month 7 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 7 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
<ul style="list-style-type: none"> • Domain 1: A Well Led Organisation 	
<ul style="list-style-type: none"> • Domain 2a: Performance – delivery of commitments and improved outcomes 	
<ul style="list-style-type: none"> • Domain 2b: Quality (Improved Outcomes) 	
<ul style="list-style-type: none"> • Domain 3: Financial Management 	This report provides information on the 2016/17 GP Services Month 7 Position.
<ul style="list-style-type: none"> • Domain 4: Planning (Long Term and Short Term) 	



- | | |
|--|--|
| <ul style="list-style-type: none">• Domain 5: Delegated Functions | |
|--|--|

ATTACHED:

Wolverhampton CCG 2016/17 GP Services Month 7 Finance Report



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	N/A	
Signed off by Report Owner (Must be completed)	Charmaine Hawker	24/10/2016



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**Wolverhampton CCG
2016/17 GP Services
Month 7 Finance Report**

Wolverhampton CCG GP Services Budget

Month 7 2016/17

Version number: 1

First published: 24.11.2016

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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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 7 is £33.1m. The forecast outturn is £33.1m delivering a breakeven position.

The planning metrics for 2016/17 are as follows;

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

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

The table below shows the revised forecast for month 7;

	Month 6 FOT £'000s	Month 7 FOT £'000s	Variance £'000s
General Practice - APMS	2,248	2,275	(27)
General Practice - GMS	19,653	19,653	0
General Practice - PMS	1,798	1,798	0
QOF	3,485	3,472	13
Enhanced Services	1,555	1,562	(7)
Dispensing/Prescribing Fees	222	222	0
Premises Cost Reimbursements	2,771	2,753	18
Other Premises	106	105	1
Other GP Services	577	666	(89)
PMS Premium	311	311	0
1% Non Recurrent Transformation Fund	341	341	0
0.5% Contingency	125	34	91
TOTAL	33,192	33,192	0

A full forecast review has been carried out in month 7 which includes the following updates;

- Recalculation of Global Sum Payments, PMS and APMS Contract payments based on the October 2016 updated list sizes.
- Review of DES Forecasts based on activity to date.
- Review of Premises Forecasts based on payments to date.
- Review of Locum reimbursements (maternity/paternity etc.) based on approved applications.
- Review of Seniority actual payments for quarters one and two.

This has resulted on a drawdown on contingency of £91k, leaving £34k available 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 remain 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 7 £34k of the contingency remains available. The CCG should now develop plans for contingency utilisation should it become available.

The forecast outturn includes the assumption that all of the PMS Premium available will be fully utilised. The CCG's PMS Premium investment plan has been approved by the Locality Director. An MOU template has been sent to the CCG CFO for signing to enable a Purchase Order to be generated. The CCG is asked to ensure that this is returned to NHS E West Midlands as soon as possible.

The CCG is also asked to ensure that costs are incurred and recharged to NHS E West Midlands 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.
- Return the signed PMS Premium MOU to NHS E West Midlands.
- Mobilise plans for the PMS Premium investment to ensure expenditure is incurred by the 31st March 2017.
- Develop plans for contingency usage should it become available.

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 6th December 2016

Title of Report:	Update Report on Primary Care Programme Board Activity November 2016 (PCPB)
Report of:	Manjeet Garcha Chair PCPB
Contact:	Manjeet Garcha
Primary Care Joint Commissioning Committee Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Information
Purpose of Report:	To update the PCJCC on PCPB activity for November 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
<ul style="list-style-type: none"> Domain 5: Delegated Functions 	<p>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.</p>



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 November 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** The revised contract review register was presented and agreed to turn into a 3 year planner.
- 2.1.3** Discussion took place regarding the Sickle Cell project. This will be part of the wider project review which is commencing in line with the refreshed efficiency reviews. The Board supported a recommendation to present to Commissioning Committee in November for further discussion.
- 2.1.4** Interpreting Procurement update presented. Governing Body approved award of contract, new contract commences on 1st December 2016 for 3 years.
- 2.1.5** Community Equipment Procurement
The PCPB supported recommendation to Commissioning Committee to approve the joint procurement of the ILS service with the City of Wolverhampton Council. This is being progressed and a further update will be provided in January 2017.
- 2.1.6** Atrial Fibrillation, a new proposal for QIPP presented by Dr D De Rosa. Board supported option b (Introduce scheme as pilot in one locality for 12 months).
October update Atrial Fibrillation project lead confirmed that business case was not supported by commissioning committee due the difficulties of being able to quantify the costs and savings and level of assumptions factored in. This project has been suspended with a view to allow more time to review the quantification data. Further updates will be provided early 2017.
- 2.1.6** Primary Care Review (Basket and Minor Injuries)
Several iterations of the proposed costs have been considered and the requested cost of consumables is now being added. The amended paper will be presented to the CRG in November before it is shared with primary care colleagues.



- 2.1.7** A&E Chest Pain
This is being progressed via contracting.
- 2.1.8** DXS was discussed and the Board supported a recommendation to the Commissioning Committee to a) revisit all practices that are not using DSX and those that are to establish more intelligence on the reasons why? b) To potentially remove DXS from sites that do not use the system whilst considering other solutions that may be more financially viable and effective in primary care.
- 2.1.9** PITS Evaluation; process and methodology to be used to undertake evaluation was outlined and a final evaluation report will be presented to the Board in December 2016.
- 2.1.10** Breastfeeding; The Board supports the recommendation to Commissioning Committee to disinvest in this scheme and reinvest in the STORK Programme subject to clear outcome data being received.
- 2.1.11** The Social Prescribing Service Specification and Business Case were presented and accepted to be included in the PCPB activity for progression and on-going monitoring.
- 2.2.12** The Risk Register was discussed, all risks are to be kept updated and leads will ensure this is maintained. No issues were agreed for escalation to the QIPP Board.
- 2.1.13** The QIPP Plan for the PCDB was discussed and the need to continue to address the QIPP unallocated deficit reiterated and it was agreed that it would be useful to see a list schemes/areas that contribute towards unallocated QIPP to ensure any areas that have been identified have been captured. No exceptions or risks to the Primary Care Delivery Board work were identified.
- 2.1.14** 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. All papers are shared with Dr DeRosa for opportunity to comment if attendance at meetings proves difficult due to surgery commitments.

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

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: 27th November 2016



REPORT SIGN-OFF CHECKLIST

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

	Details/ Name	Date
Clinical View	M Garcha Dr De Rosa	25 Nov 16
Public/ Patient View		
Finance Implications discussed with Finance Team	QIPP BOARD	Nov 16
Quality Implications discussed with Quality and Risk Team	M Garcha	25 Nov 2016
Medicines Management Implications discussed with Medicines Management team	nil	Nov 2016
Equality Implications discussed with CSU Equality and Inclusion Service	J Herbert	NA
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	28 Nov 2016



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WOLVERHAMPTON CCG

PRIMARY CARE JOINT COMMISSIONING COMMITTEE Tuesday 6 December 2016

Title of Report:	Primary Care Operational Management Group Update
Report of:	Mike Hastings – Associate Director of Operations, Wolverhampton CCG
Contact:	Mike Hastings – Associate Director of Operations, Wolverhampton CCG
Primary Care Joint Commissioning Committee Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> 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:	
<ul style="list-style-type: none"> • 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.
<ul style="list-style-type: none"> • 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 22nd November 2016 – this report is a summation of the discussions which took place.

2. MAIN BODY OF REPORT

PRIMARY CARE ASSURANCE

2.1 Forward Plan of Mergers/Closures

A review of practices mergers and closures were presented to the Group. This was an action from the previous meeting where it was agreed the Group needed to be sighted on this information. The aim is to have a collaborative approach for information sharing, monitoring and planning for potential mergers and closures of GP practice in Wolverhampton.

2.2 Primary Care Quality Update

The Primary Care Quality Report was presented to the Group which provided data between the reporting period of the 1st October – 31st October 2016. Discussions took place around Information Governance breaches and how to investigate the one practice which regularly reports upon the same Information Governance Breach.

The Group were informed those practices who had not been submitting Friends and Family data have submitted data for October 2016 and will be continually monitored. Therefore there is no escalation to report to NHS England and the Primary Care Joint Commissioning Committee for this month.

2.3 Demand Management

Discussions took place regarding Demand Management and it was highlighted the plan will be shared with the Group for review and consideration by the Group.

2.3 GP Five Year Forward View

An overview of the live projects from the GP Five Year Forward View was presented to the Group. The roll out of the projects across Wolverhampton practices continues to be monitored by the CCG.

2.4 Contract Visit Programme

The Group were updated on the first collaborative visit which took place on the 25th October 2016. The collaborative approach between NHS England, CCG and Public Health aims to reduce the burden on practices and enables a consistent approach to taken.



2.5 Memorandum of Understanding (MOU)

The Group were advised the MOU had been published this has been reviewed by the CCG and any issues have been raised with NHS England. A Task and Finish Group has been arranged in order to prepare for full delegation on the 1st April 2017.

PUBLIC HEALTH: PRIMARY CARE

- 2.6 Discussions took place regarding the Child Information System (CHIS) it was agreed a further update would be required at their next meeting.

ESTATES

- 2.7 The Group were informed the Estates Technology Transformation Fund (ETTF) bids for cohort 1 were going through the due diligence process. It was advised the practices who have been unsuccessful are being informed of the outcomes and being made aware that the ETTF process is not the only avenue for funding opportunities.

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: 28 November 2016



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