

Meeting of the Primary Care Commissioning Committee (PUBLIC)
Tuesday 4th July 2017 at 2.00 pm
Stephenson Room, 1st Floor, Technology Centre, Wolverhampton Science
Park

A G E N D A

- | | | | |
|----|---|----------------|-----------|
| 1 | Welcome and Introductions | Chair | Verbal |
| 2 | Apologies | Chair | Verbal |
| 3 | Declarations of Interest | All | Verbal |
| 4 | Minutes of the meeting held on 6th June 2017 | Chair | 1 - 6 |
| 5 | Matters Arising from the Minutes | Chair | Verbal |
| | • Extended Opening Hours Schemes A&E
Review Attendance Data | Sarah Southall | To Follow |
| 6 | Committee Action Points | All | 7 - 8 |
| 7 | Pharmacy First Scheme Report | David Birch | 9 - 16 |
| 8 | Primary Care Quality Report | Manjeet Garcha | 17 - 24 |
| 9 | Governing Body Report/Primary Care Strategy
Committee Update | Sarah Southall | To Follow |
| 10 | Primary Care Operational Management Group Update | Mike Hastings | 25 - 30 |
| 11 | Zero Tolerance Policy (Revised) | Sarah Southall | 31 - 60 |
| 12 | Any Other Business | All | Verbal |
| | • Risk Register | Chair | Verbal |
| 13 | Date of Next Meeting | | |

**Tuesday 1st August 2017 at 2.00pm in PC108, 1st Floor,
Creative Industries Centre, Wolverhampton Science Park**

MEMBERSHIP	
Wolverhampton CCG	Dr D Bush Mrs M Garcha Dr H Hibbs Mr S Marshall Dr Reehana Ms P Roberts Mr Les Trigg Mr J Oatridge
NHS England	Bal Dhami
Patient Representatives	Sarah Gaytten Jenny Spencer
Invitees (Non-Voting)	Elizabeth Learoyd (Healthwatch) Ms R Jervis (Health and Wellbeing Board)

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

Minutes of the Primary Care Commissioning Committee Meeting (Public)
Held on Tuesday 6th June 2017, Commencing at 2.00 pm in the in PC108, Creative Industries,
Wolverhampton Science Park

**MEMBERS ~
Wolverhampton CCG ~**

		Present
Pat Roberts	Chair	Yes
Dr David Bush	Governing Body Member / GP	No
Dr Manjit Kainth	Locality Chair / GP	Yes
Dr Salma Reehana	Locality Chair / GP	No
Steven Marshall	Director of Strategy & Transformation	No
Manjeet Garcha	Executive Lead Nurse	Yes
Les Trigg	Lay Member (Vice Chair)	Yes

NHS England ~

Bal Dhami	Contract Manager	Yes
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Independent Patient Representatives ~

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

Non-Voting Observers ~

Ros Jervis	Service Director Public Health and Wellbeing	Yes
Elizabeth Learoyd	Chair - Wolverhampton Healthwatch	No
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)	No
Jim Oatridge	Interim Chair (WCCG)	Yes
Helen Hibbs	Chief Accountable Officer (WCCG)	No
Gill Shelley	Primary Care Contracts Manager (WCCG)	Yes
Sarah Southall	Head of Primary Care (WCCG)	Yes
Laura Russell	Primary Care PMO Administrator (WCCG – minutes)	Yes

Welcome and Introductions

WPCC44 Ms Roberts welcomed attendees to the meeting and introduced Les Trigg new Vice Chair of the Committee, Jim Oatridge, Interim Chair Wolverhampton CCG and Mike Hastings within his new role as Director of Operations.

Apologies for absence

WPCC45 Apologies were submitted on behalf of Peter McKenzie, Jeff Blankley Steven Marshall, Dr Reehana, Jane Worton, Jenny Spencer and Dr Helen Hibbs.

Declarations of Interest

WPCC46 Dr Kainth declared that, as GP he had a standing interest in all items related to primary care.

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

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

RESOLVED: That the above is noted.

Minutes of the Primary Care Commissioning Committee Meeting Held on the 2nd May 2017

WPCC47 **RESOLVED:**

That the minutes of the previous meeting held on 2nd May 2017 were approved as an accurate record subject to the following amendment:

WPCC31 Extended Opening Hours Schemes Joint Evaluation Report (Page 4) - A spelling mistake it should read *'The report provided an overview of the three WCCG extended access scheme during December 2016 to March 2017'*.

Matters arising from the minutes

WPCC48 There were no matters arising from the minutes.

RESOLVED: That the above is noted.

Committee Action Points

WPCC49 Minute Number PCC302 – Premises Charges (Rent Reimbursement)

The Committee was informed that the cost directives have been put on hold due to purdah. Action to remain open.

Minute Number WPCC31 – Extended Opening Hours Scheme Joint Evaluation Report

An update to be provided at the July 2017 meeting.

RESOLVED: That the above is noted.

Governing Body Report/Primary Care Strategy Committee Update

WPCC50 Mrs Southall presented to the Committee the Primary Care report that was present to the Governing Body meeting in May 2017 and provided the following update;

- An overview of the Primary Care Strategy programme milestones that have been achieved since the summer of 2016. This also included an update on the up and coming priorities over the next quarter for each Task and Finish Group.
- All Practices apart from two have aligned within Practice Grouping New Models of Care.
- The 10 High Impact Services have been scoped.
- The Service Specification for Risk Stratification is being finalised.
- Group Level Dashboard will be available from July onwards.
- There were two exception reports considered by the Primary Care Strategy Committee in relation to Practices as Providers and Localities as Commissioners.
- The General Practice Forward View CCG plan has been fully assured by NHS England and the programme of work is underway to implement each of the projects.

The Committee noted the reports content and congratulated Mrs Southall and the achievements that been made over the last 12 months.

RESOLVED: That the above is noted.

Primary Care Operational Management Group Update

WPCC51 Mr Hastings presented the Primary Care Operational Management Group report which provides an overview of the discussions that have taken place at their meeting on the 23rd May 2017. The following items were highlighted to the Committee;

- The Quality Team are undertaking a review regarding IG breaches raised through Quality Matters, assurance has been given that they have reduced because of raised awareness and training has been provided.
- It was reported that there are fewer Friends and Family responses than the previous month. The number of practices with no data submissions has increased and this issue is being investigated as part of the contract route.
- A report was provided regarding the revised GP Enhanced Standards audit. The report has previously been agreed at the CCGs Quality and Safety Committee and the standards have been agreed and operational from the 1st April 2017 in vertically integrated practices. Feedback from LMC has been that they intend to advise practices to maintain national rather than local standards. It has been suggested that Infection Prevention Team run with both audits against both sets of standards and a report on the outcomes be shared with the Group and the Committee.
- The Estates Prioritisation is in the process of being finalised and will be shared with the Governing Body in August 2017.

The Committee accepted the report and asked if further detail could be provided to provide background in order to fully understand pertaining issues that were being highlighted.

RESOLVED: That the above is noted.

Application to close Branch Site – Dunkley Street

WPCC52 Ms Shelley presented to the Committee an application to close Dunkley Street Surgery which is a branch surgery of Prestbury Medical Practice. The business plan to support this application was shared with the Committee.

Dunkley Street Surgery was acquired in 2010 when the Practice merged with another local practice due to retirement of the incumbent GP. The partners have now reviewed their branch operation they have outlined within the business plan the number of issues they face, these include;

- Have been unsuccessful in recruiting into clinical posts and experiencing difficulty in providing appropriate cover to all sites.
- A number of concerns and issues with the premises at Dunkley Street including infection prevention issues and limited accommodation for the staff.
- Keeping the branch open is a continual financial burden due to the increasing locum doctors.
- Staff are becoming reluctant to work at the site due to fears of safety.

It was highlighted that Patients can remain registered with the practice and can still be seen at either the other two sites. The Prestwood Road West site is 2.6 miles and Bushbury Health Centre is 3 miles from Dunkley Street.

Ms Shelley notified the Committee that the Primary Care Operational Management Group had requested that surrounding practice were contacted to ensure they were aware of the situation in case of an potential increase in demand in patients asking to register with them. There were seven practices contacted who are open to new patient registrations.

The patient engagement process undertaken with patients consisted of the following;

- Meetings with the patient participation group on three separate occasions.
- Letters have been sent to patients requesting feedback.
- Posters have been displayed in reception area.
- The practice website has been updated.
- Attended a patient forum meeting of 100 attendees and feedback has been outlined within the business plan.

Ms Roberts noted that from the meetings with patients they are concerned the surgery is closing and asked if support will be provide to patients to reregister. It was confirmed if a decision is made to approve the closure a letter will be sent to patients including how and where they can reregister. It was agreed that Ms Shelley would look into a coms strategy to support the patients and closure of the surgery.

The Committee reviewed the business plan and agreed to approve the application to close Dunkley Street Surgery branch site.

RESOLUTION: Ms Shelley to review the option of a coms strategy to support the patients and closure of the surgery.

Any Other Business

WPCC53 There were no further discussion items raised by Committee or members of the public.

RESOLVED: That the above is noted.

WPCC54 **Date, Time & Venue of Next Committee Meeting**
Tuesday 6th June 2017 at 2.00pm in PC108, 1st Floor, Creative Industries, Wolverhampton Science Park

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Primary Care Joint Commissioning Committee Actions Log

Open Items

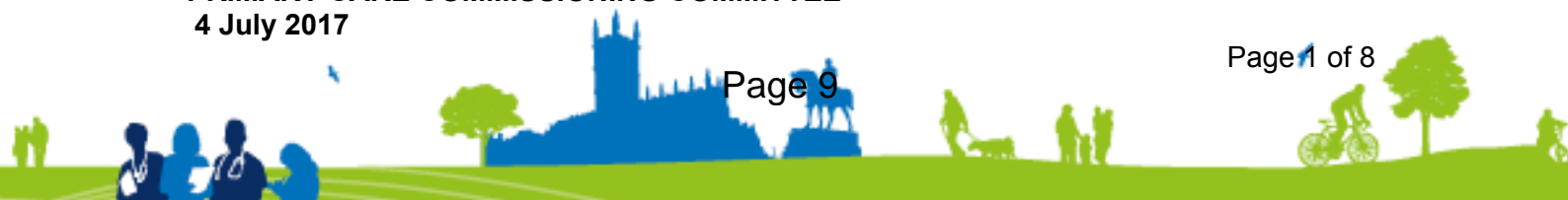
Action No	Date of meeting	Minute Number	Item	By When	By Whom	Action Update
35b	08.02.17	PCC302a	Premises Charges (Rent Reimbursement)	May 2017	NHS England	<p>08.02.17 - Awaiting the new cost directives to provide clarity on rent reimbursement in relation to when Practices allow other service providers to be use their rooms such as midwives.</p> <p>07.03.17 - NHS England confirmed they are still awaiting the new cost directives and have been informed they should receive this in April 2017. This will help to provide clarity on rent reimbursement in relation to when Practices allow other service providers using their rooms such as midwives.</p> <p>04.04.17 - NHS England confirmed they are still awaiting the new cost directives and will inform the CCG once this has been received. This will help to provide clarity on rent reimbursement in relation to when Practices allow other service providers using their rooms such as midwives.</p> <p>06.06.17 - The Committee was informed that the cost directives have been put on hold due to purdah. Action to remain open.</p>

Primary Care Commissioning Committee Actions Log

Action No	Date of meeting	Minute Number	Item	By When	By Whom	Action Update
01	02.05.17	WPCC31	Extended Opening Hours Schemes Joint Evaluation Report Ms Southall agreed to review attendance data for A&E to determine the level of demand from May 2016 to May 2017 focusing on each bank holiday period.	July 2017	Sarah Southall	
02.	06.06.17	WPCC52	Application to close Branch Site – Dunkley Street Ms Shelley to review the option of a coms strategy to support the patients and closure of the surgery.	July 2017	Gill Shelley	

WOLVERHAMPTON CCG
PRIMARY CARE COMMISSIONING COMMITTEE
4 July 2017

TITLE OF REPORT:	Pharmacy First Scheme for patients aged 16 years and over
AUTHOR(s) OF REPORT:	David Birch/ Sarah Southall
MANAGEMENT LEAD:	Steven Marshall
PURPOSE OF REPORT:	Seek approval to continuation this service.
ACTION REQUIRED:	<input checked="" type="checkbox"/> Decision <input type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain
KEY POINTS:	<ul style="list-style-type: none"> • This service has been decommissioned by NHSE. • CCG members have requested that this service continues but will now be commissioned by the CCG • The CCG will need to finance consultation and drug costs but not service management fees in 2017/18
RECOMMENDATION:	That the CCG commission this service until March 2018.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	Continuation of existing service
2. Reducing Health Inequalities in Wolverhampton	Improve and develop primary care in Wolverhampton. Withdrawal of this service would put increased demand on GP practices



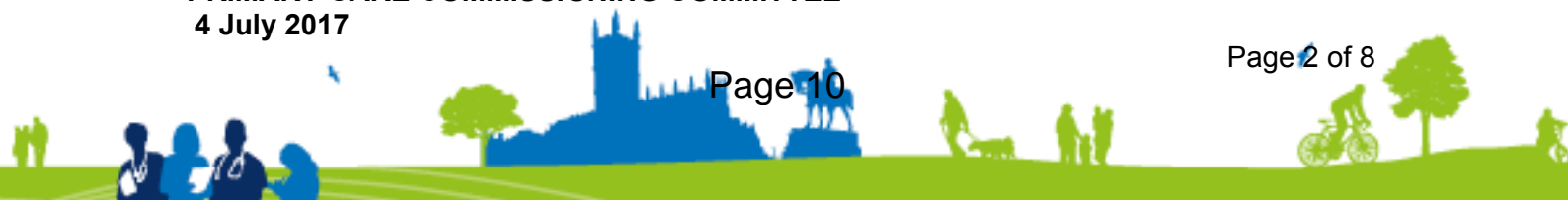
3. System effectiveness delivered within our financial envelope	The service makes best use of community pharmacist's skills and helps develop and maintain a modern up skilled workforce across Wolverhampton.
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1. BACKGROUND AND CURRENT SITUATION

- 1.1. Reports suggest that 20% of GP consultations can be dealt with by self-care and support from community pharmacy.
- 1.2. In areas of high deprivation, Pharmacy First schemes that allow access to a limited range of NHS- funded over the counter medicines for low income and deprived families to support self-care have been shown to be cost-effective in reducing demand on GPs, walk-in-centres and Accident and Emergency.
- 1.3. Many pharmacies are now open 100 hours a week with a qualified pharmacist on hand to advise on minor illnesses, medication queries and other problems
- 1.4. Community pharmacy can support self-care for long term conditions, coughs and colds and other complaints and support better health through provision of healthy lifestyle advice. Many Wolverhampton pharmacies are now designated as healthy living pharmacies
- 1.5. Over the last 3 years local GP practices have worked closely with community pharmacies to encourage patients to self-treat ailments, rather than going to their general practitioner particularly when it comes to asking for antibiotics which will be ineffective for symptoms of viral infections.
- 1.6. Community pharmacy teams have resources in place to help them provide messages to patients on self-care about the normal self-limited duration of ailments and the red flags (warning symptoms) where patients are referred to their GP.
- 1.7. In 2013 the PCT transferred funds for the minor ailment service to NHSE. This was invested in the Pharmacy First service.
- 1.8. NHSE has decided to de-commission the service for patients aged over 16 years from 1st June 2017 however they continue to commission a service for under 16 years of age. The CCG is not aware that any consultation has taken place to inform this decision.
- 1.9. No funding has been transferred or offered to the CCG to continue to commission this service

2. PROPOSAL

- 2.1. The CCG takes over the commissioning of the over 16 service as soon as possible ideally in July 2017. This would therefore be a continuation of an existing service



- 2.2. The activity for patients over the age of 16 for 2016/17 was 2,750 consultations. The consultation cost was £5. Therefore the cost of the consultations for the year was £13,750. In addition the drug costs were £7,999. Total cost of the service in the last financial year was £21,749
- 2.3. The Pharmacy First Service is administered by the PharmOutcomes system which is managed by the Midlands and Lancs CSU under the current service level agreement with NHSE. No service charge will be made by the CSU for this work in 2017/18.
- 2.4. Payments due to pharmacy contractors for this service will be generated by the CSU who will provide schedules with back up data for CCG budget holders to sign off. On receipt NHSE will make arrangements to pay pharmacy contractors via their normal payment process.
- 2.5. Other Key Points to bear in mind:-
- NHS Clinical Commissioners are planning to run a consultation processes on the proposed removal of NHS funding for over the counter and self-care medicines
 - For this reason a 9 month non-recurring contract is advised to enable this service to continue until 31 march 2018
 - If the CCG wishes to commission this service from April 2018 onwards additional costs will be incurred to Midlands and Lancs CSU based on a service offer

3. CLINICAL VIEW

- 3.1. Dr Reehana the Interim Deputy Chair of the CCG is the clinical champion for this service.

4. PATIENT AND PUBLIC VIEW

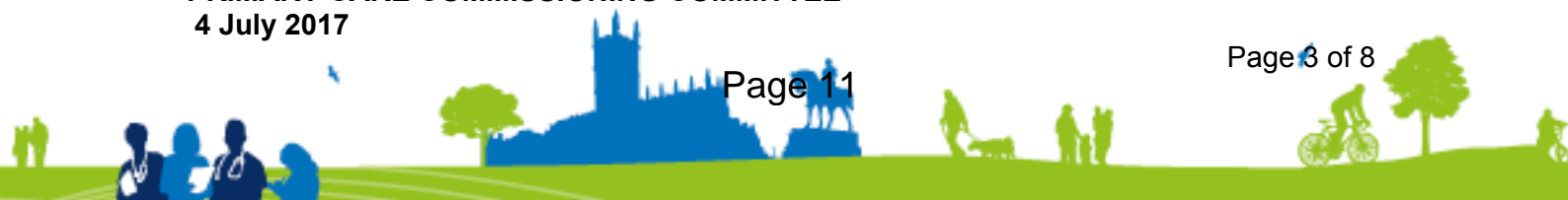
- 4.1. None. It is assumed the patients and public would wish to keep this service active until a national decision is made on using NHS funding for self-care treatments.

5. KEY RISKS AND MITIGATIONS

- 5.1. Withdrawal of this service could place greater demand on GP practice, Urgent Care and Walk in Centres and A and E department.

6. IMPACT ASSESSMENT

Financial and Resource Implications



- 6.1. A budget of £18,750 will be required. This will need to be split between the Primary Care Budget and the Prescribing Budget. Primary care will fund the consultation costs and the drug costs will be funded from prescribing.

Quality and Safety Implications

- 6.2. None. This will be a continuation of an existing service with a different commissioner

Equality Implications

- 6.3. None. This will be a continuation of an existing service with a different commissioner

Legal and Policy Implications

- 6.4. None. This will be a continuation of an existing service with a different commissioner

Other Implications

- 6.5. None

Name David Birch
Job Title Head of Medicines Optimisation
Date: 22/6/17

ATTACHED:

Appendix 1 Proposed treatments

RELEVANT BACKGROUND PAPERS

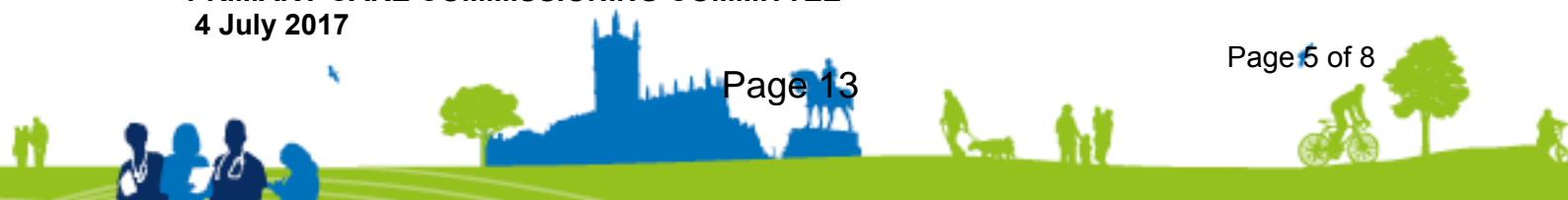
Nil



REPORT SIGN-OFF CHECKLIST

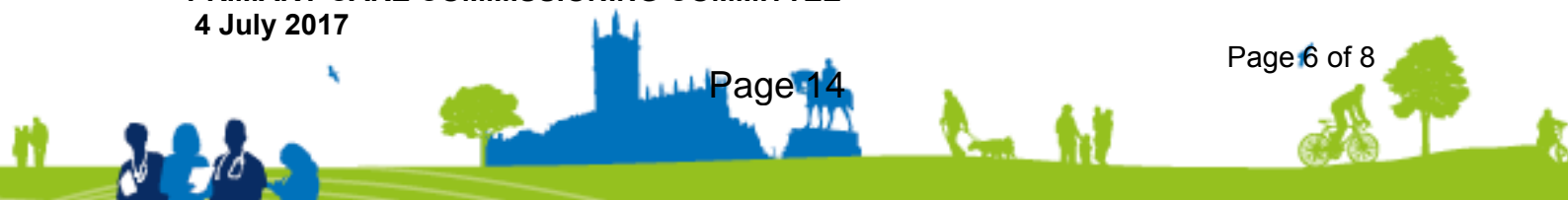
This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	Dr Reehana	18.5.17
Public/ Patient View	N/A	
Finance Implications discussed with Finance Team	Lesley Sawrey	On leave- will respond on return
Quality Implications discussed with Quality and Risk 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	
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/A	
Any relevant data requirements discussed with CSU Business Intelligence	N/A	
Signed off by Report Owner (Must be completed)	David Birch	22.6.17



Appendix 1

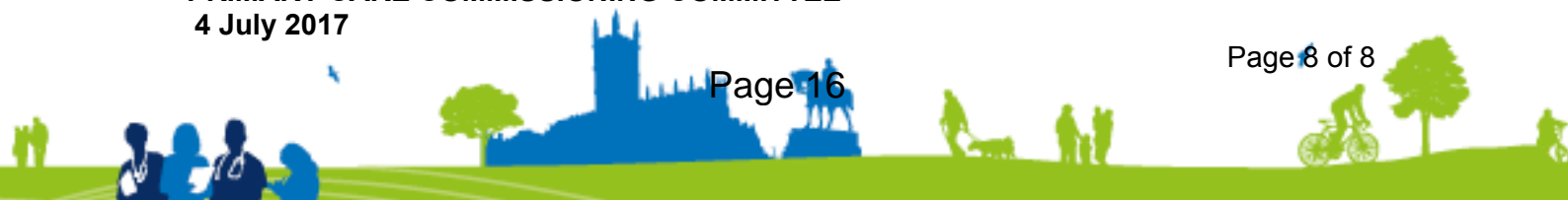
Condition	Formulary Items
Acute Pain /Earache /Headache /Temperature	Paracetamol 500mg tablets Ibuprofen 200mg tablets
Athlete's foot	Clotrimazole cream 1%
Bites and Stings	Crotamiton 10% cream Certirizine 10mg OD Hydrocortisone 1% cream Chlorphenamine 4ng tabs
Colds/Flu-like symptoms/Nasal Congestion	Paracetamol 500mg tablets Ibuprofen 200mg tablets Menthol and Eucalyptus inhalation Xylometazole 0.1% nasal spray
Cold Sores	Aciclovir 5% cream
Conjunctivitis (acute bacterial)	Chloramphenicol 0.5% eye drops Chloramphenicol 1.0% eye ointment
Constipation (acute)	Ispaghula 3.5g sachets Senna 7.5mg tabs Lactulose solution Glycerol suppositories 4g



Cough	Simple Linctus S.F Pholcodine 5mg/5ml SF
Cystitis	Potassium Citrate sachets Sodium Citrate sachets
Dermatitis/Dry Skin/Allergic Type Skin Rash	Emulsifying ointment Hydrocortisone cream 1% Crotamiton 10% cream Chlorphenamine 4mg tablets Cetirizine 10mg tablets
Diarrhoea	Electrolade sachets
Hay Fever (Seasonal Allergic Rhinitis)	Chlorphenamine 4mg tabs Cetirizine 10mg tabs Beclometasone nasal spray Sodium cromoglycate 2% eye drops
Haemorrhoids	Anusol ointment Anusol suppositories Anusol Plus HC ointment Anusol Plus HC suppositories
Heartburn/Indigestion	Gaviscon Advance tabs Gaviscon Advance liquid Ranitidine 75mg
Mouth Ulcers	Bonjela gel Chlorhexidine 0.2% mouthwash
Oral Thrush	Miconazole oral gel



Scabies	Permethrin 5% dermal cream Chlorphenamine 4mg tab Crotamiton 10% cream
Sore Throat	Paracetamol tablets 500mg Ibuprofen 200mg tablets Diffiam Throat spray
Sprains and Strains	Paracetamol 500mg tab Ibuprofen 400mg tab Ibuprofen gel 10%
Threadworms	Mebendazole 100mg chewtab
Vaginal Thrush	Clotrimazole 2% cream Clotrimazole 500mg pessary Fluconazole 150mg oral cap



WOLVERHAMPTON CCG
PRIMARY CARE COMMISSIONING COMMITTEE
4th July 2017

TITLE OF REPORT:	Primary Care Monthly Report
AUTHOR(s) OF REPORT:	Liz Corrigan – Primary Care Quality Assurance Coordinator
MANAGEMENT LEAD:	Manjeet Garcha
PURPOSE OF REPORT:	To provide an overview of activity in primary care, and assurances around mitigation and actions taken where issues have arisen.
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain OR This report is confidential for the following reasons
KEY POINTS:	<ul style="list-style-type: none"> • Short bullet points • Ideally no more than three • That give an overview of the main issues in the report
RECOMMENDATION:	Assurance only
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	Providing information around activity in primary care and highlighting actions taken around management and mitigation of risks
2. Reducing Health Inequalities in Wolverhampton	N/A
3. System effectiveness delivered within our financial envelope	N/A

1. BACKGROUND AND CURRENT SITUATION

This report provides an overview of primary care activity in Wolverhampton and related narrative. This aims to provide an assurance of monitoring of key areas of activity and mitigation where risks are identified.

2. INFECTION PREVENTION

Infection prevention is provided by Royal Wolverhampton Hospitals with a dedicated link for primary care. Information for this month's visits and audits are shown below.

IP Audit Ratings: Gold 97-100%; Silver 91-96%; Bronze 85-90%; No rating ≤84%

Site	Date	General audit	Minor Surgery room	Practice nurse room
No reports received this month, follow up visits to provide assurances that actions from last year's audit are being completed are currently underway – visits to commence again in Quarter 2 for 2017/18 financial year				

3. MEDICINES ALERTS

Healthcare professionals are informed about the alerts via a monthly newsletter (Tablet Bytes). In addition, ScriptSwitch messages and/or PMR searches are used to inform healthcare professionals where appropriate.

Click to view [Tablet Bytes](#)

Suspected adverse drug reactions should be reported to the Medicines and Healthcare products Regulatory Agency (MHRA) through the Yellow Card Scheme (www.mhra.gov.uk/yellowcard).

4. FRIENDS AND FAMILY TEST

The figures for June FFT submissions (April 2017 figures) are shown below.

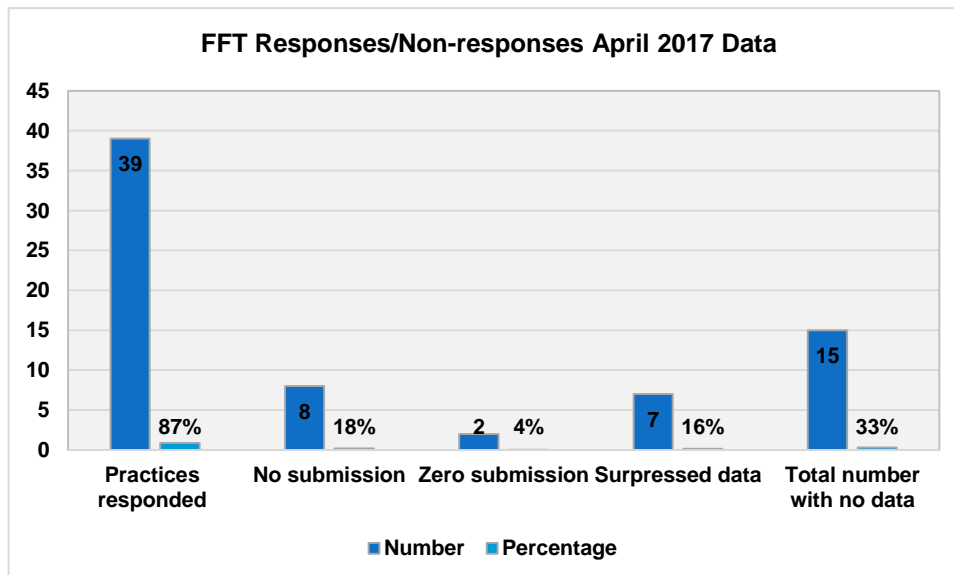
GP FFT	Submission for June 2017 (April 2017 data)		
	WCCG	West Mids	England
Percentage Recommended	83%↓	83%↓	89%↔
Percentage Not recommended	6%↓	5%↓	5%↓
Overall response % of total list size	0.5%↑	0.5%↓	0.3%↓



Wolverhampton CCG		
	Number	Percentage
No of Practices with "no data"	8	18%↑
No of Practices had data suppressed (returns with less than 5 responses are not included in the final analysis by NHSE)	7	16%↑
No of practices with zero responses	2	4%↓
Total number practices with no data	15	33%↓

Overall practices with no data available is improved on last month (33% to 36% and on May 38%), this shows a slow but steady improvement although overall figures are still low and fluctuate on a monthly basis. NHS England Quality team have provided input into FFT and Gill Shelley Primary Care Contract Manager has been in contact with practices that have failed to submit data. Work continues with PPGs and with Sheila Gregory to ensure that the questionnaire is available on check in screens. Liz Corrigan also continues to liaise with practices and with the Primary Care Team to encourage promotion of FFT and to look at ways to facilitate this.

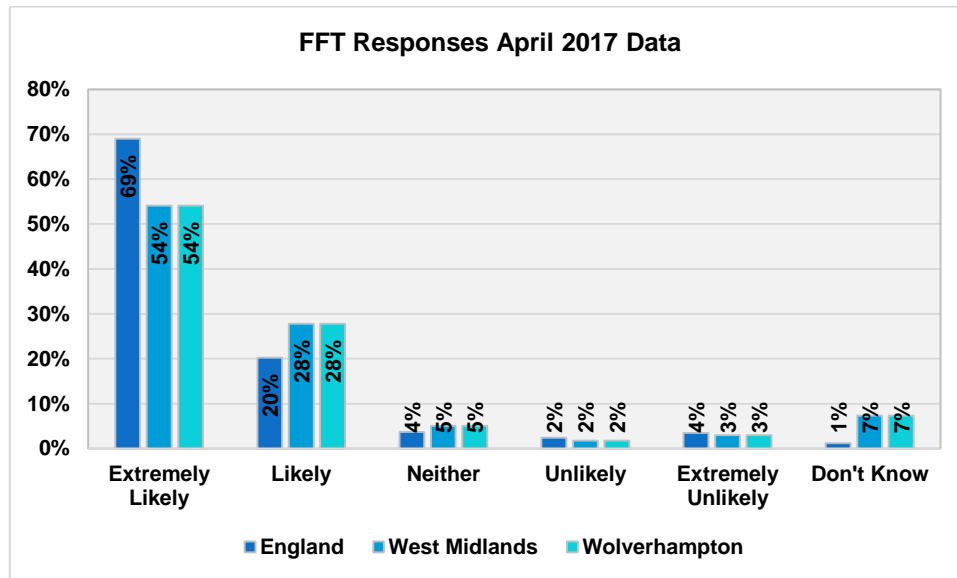
The numbers/percentages of submission and non-submission are shown below:



Overall response for WCCG as a proportion of list size was 0.5% which had increased from 0.4%.

FFT Ratings:

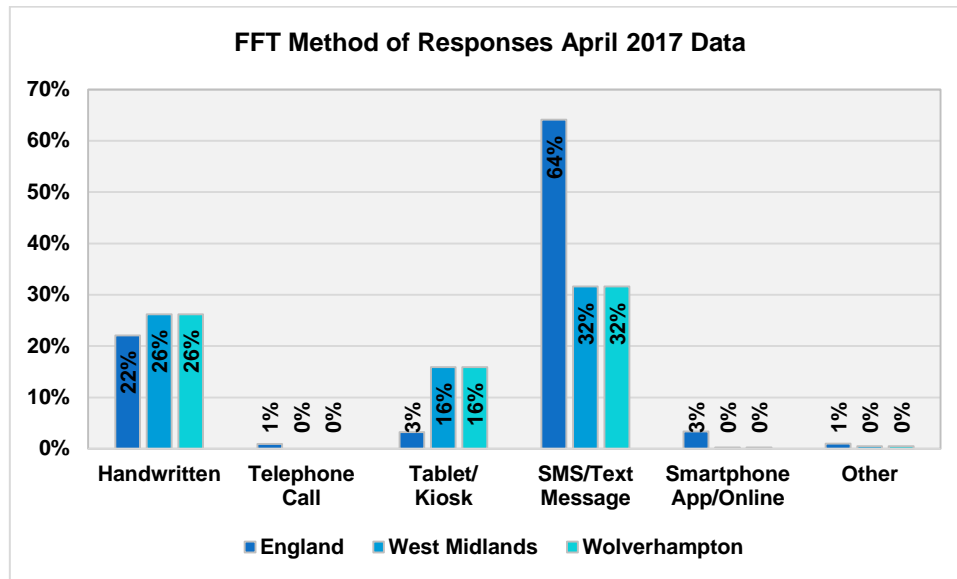
82% of responses were positive (extremely likely or likely with all practices providing a response in this category), 5% (responses from 21 practices) were unlikely or extremely unlikely to recommend which is a slight increase on last month. Overall 12% of respondents also gave a neither or don't know answer to this question which is an increase from 3% last month, however figures are low and fluctuate on a monthly basis and it is difficult to draw firm conclusions.



Method of Response:

This month the majority of responses have come via SMS text message with handwritten cards in second place and a significant increase on responses via tablet/kiosk reflecting an effort by the CCG to promote this within practices. Responses via SMS are lower than the national average but on a par with the regional average.





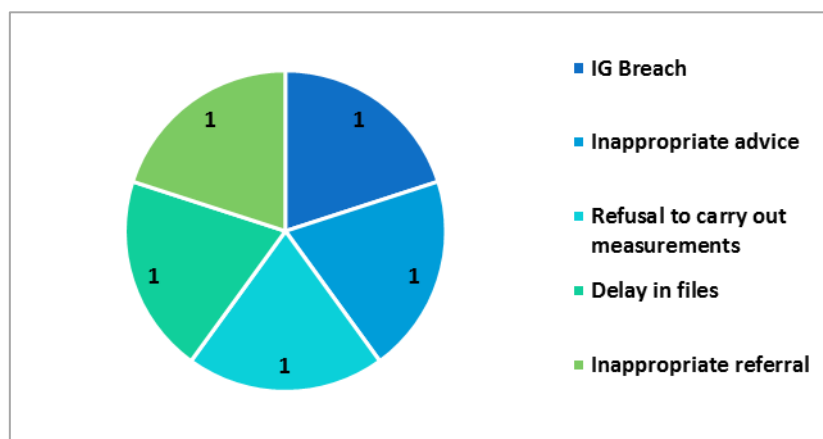
Reminders to submit FFT were sent out to practices in June via the LMC and the Practice Manager's forum.

5. QUALITY MATTERS

Activity via the Quality Matters process is shown below, this is reviewed monthly. Quality issues relating to GPs are reported to NHS England Professional and Practice Information Gathering Group (PPIGG) for logging and escalation where appropriate.

New	0
On-going	5
Closed	0

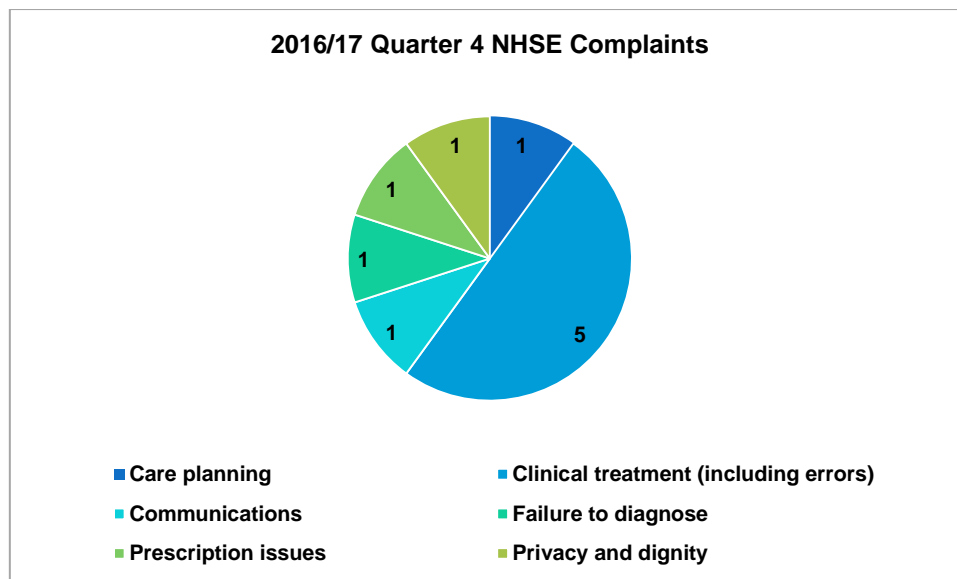
Quality Matters themes are shown in the chart below:



6. COMPLAINTS

No complaints or compliments relating to primary care are noted for the CCG.

NHS England closed complaints for 2016/17 are shown below, 10 complaints were processed in total, of these the following were seen, 50% of the complaints related to clinical treatment.



No other sub-themes or information is available. Actions taken included training for staff, review of clinical and complaints procedures, liaison with other local areas to provide advice and guidance. Lessons learned included improved training for staff and improved procedures when referring to the private sector.

7. NICE/CLINICAL AUDIT

The NICE assurance group met on the 17th May 2017 where the latest guidelines were discussed. Guidance relevant to primary care is shown below. For the latest list of published guidance please see [this link](#).

Guidance
CG95 - Chest pain of recent onset: assessment and diagnosis
NG60 - HIV testing: increasing uptake among people who may have undiagnosed HIV
QS140 - Transition from children's to adults' services
QS141 - Tuberculosis
NG63 - Antimicrobial stewardship: changing risk-related behaviours in the general population
CG146 - Osteoporosis: assessing the risk of fragility fracture

QS86 - Falls in older people
QS143 - Menopause
QS139 - Oral health promotion in the community

8. CQC INSEPECTIONS AND RATINGS

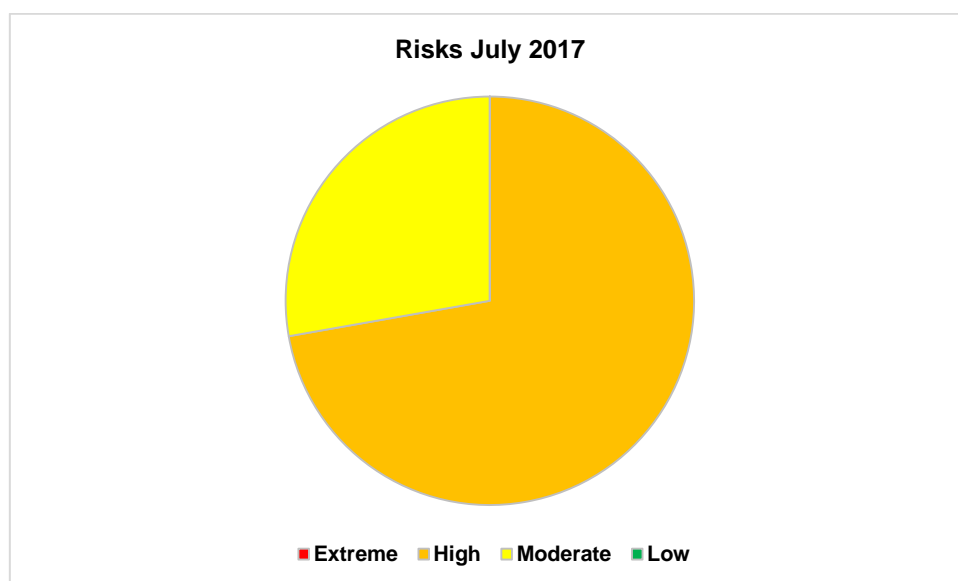
Most recent inspections are shown below with rating and link to the full report, CQC continue to liaise with the CCG around inspections and ratings.

Site	Date	Rating
The Poplars Medical Practice	8/6/2017	Good
Primrose Lane Health Centre	19/6/2017	Good
Fordhouses Medical Practice	26/6/2017	Good

9. RISK REGISTER

Risks relating to primary care are recorded on Datix and monitored on a monthly basis by the Quality and Risk Team, with mitigation and actions discussed via Primary Care Operational Management Group and Quality and Safety Committee. The current risk status is shown below

Rating	Number	Percentage
Extreme	0	0%
High	13	72%
Moderate	5	28%
Low	0	0%
Total	18	
Confidential risks	3	2 high, 1 moderate



10. WORKFORCE

The TNAs continue in their course as do the nurses undertaking Fundamentals of Practice Nursing.

A workshop for RN apprenticeship will be held on July 18th and a meeting will also be held on the same day to launch the GPN Development Plan and identify funding allocation.

GPFV training programmes continue and include Care Navigator and Reception Staff training and Practice Manager training.

A brief overview of clinical pharmacists working in primary care has been provided by the Medicines Optimisation Team and this shows that 12 practices across the city employ clinical pharmacists providing 234 hours of pharmacist time per week. Work continues to increase the number of pharmacists in post and support is given to practices by the Medicines Optimisation Team.

11. CLINICAL VIEW

Not applicable

12. PATIENT AND PUBLIC VIEW

Not applicable

13. KEY RISKS AND MITIGATIONS

See section 9.

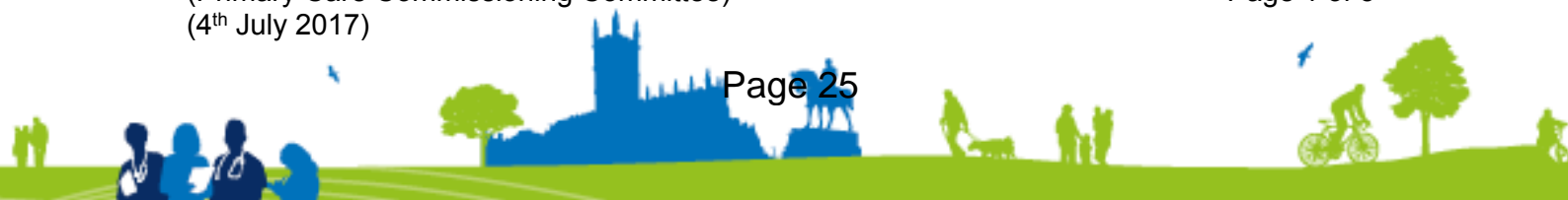
14. IMPACT ASSESSMENT

Not applicable.



WOLVERHAMPTON CCG
PRIMARY CARE COMMISSIONING COMMITTEE
Tuesday 4th July 2017

TITLE OF REPORT:	Primary Care Operational Management Group Update
AUTHOR(s) OF REPORT:	Mike Hastings, Director of Operations
MANAGEMENT LEAD:	Mike Hastings, Director of Operations
PURPOSE OF REPORT:	To provide the Committee with an update on the Primary Care Operational Management Group.
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain
KEY POINTS:	<ul style="list-style-type: none"> • 10 Primary Care complaints processed by NHS England for 2016/2017. • Black Country wide Estates approach is being developed. • CQC will be focusing upon visiting GP Practices who attained a CQC rating of 'Requires Improvement' within the 2016/17 visit programme. • The IT Clinical System Migration Plan remains on target.
RECOMMENDATION:	The Committee are asked to note the progress made by the Primary Care Operational Management Group.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	The Primary Care Operational Management Group monitors the quality and safety of General Practice.
2. Reducing Health Inequalities in Wolverhampton	The Primary Care Operational Management Group work with clinical groups within Primary Care to transform delivery.
3. System effectiveness delivered within our financial envelope	Operational issues are managed to enable Primary Care Strategy delivery.



1. BACKGROUND AND CURRENT SITUATION

- 1.1. The Primary Care Operational Management Group met on Tuesday 20th June 2017 and this report is a summary of the discussions which took place.

2. MAIN BODY OF THE REPORT

2.1. Primary Care Quality Update

It was noted that compared to the previous month the submission for Friends and Family Test recommended percentage response has increased to 89% in May 2017 from 85% in April 2017. This is in line with the national average. Although this has increased the overall response percentage rate of the total of list size has decreased within the month from 0.6% in April 2017 to 0.4% in May 2017.

There have been 10 Primary Care complaints processed by NHS England for 2016/2017 and of these 50% related to clinical treatment but no themes or patterns have been identified. The CCG have raised their concerns regarding the level of detail provided by NHS England in relation to the complaints and a response it awaited. There are currently no CCG Complaints.

2.2 Estates Update

The CCGs Independent Estates Prioritisation Survey will provide the CCG with a plan of estate urgencies is near completion. This will be shared with the CCG Executives and LMC with a view of being presented to the Governing Body in August 2017.

It was reported a number of CCG Strategic and Operational Estate Teams across the Black Country and working upon developing a Black Country wide Estates approach. This aims to provide a more efficient way of developing Estates Guidance, for which an SLA is being developed and the CCG is currently awaiting.

2.3 CQC Update

CQC noted the first quarter of the year they will be focusing upon visiting GP Practices who attained a CQC rating of 'Requires Improvement' within the 2016/17 visit programme. It was noted to date the GP Practices that have been visited have made the necessary required improvements. An issue that has been highlighted with regards to the changeover of EMIS Web within some Practices that training needs to be provided in order for staff to understand and interrogate the system to its full potential. The IM&T Team will review team capacity to support this.

CQC raised concerns that Practices joining VI project were not giving prior notice to CQC. This will be taken up by the Primary Care Team.

Dr Passi and Dr Handa (retired) have merged with Tudor Road and will change their CQC registration to a branch of this surgery.

2.4 GP Practices Contract Visit Programme

The CCG continues to undertake the GP Practice Contract Review visit programme for 2017/2018. A visit has been completed in May to Probert Road Surgery which was successful with 7 key actions the Practice will be addressing within 28 days. A forth coming visit to Alfred Squire Medical Practice will be taking place in June 2017. It was noted this was the first contract review visit to a VI practice.

2.5 IT Migration Plan

The IT Migration Plan was shared with the group outlining the Practice migrations and merges taking place over the coming months. It was reported there had been no changes reported within the month and the plans remain on target.

CLINICAL VIEW

- 3.1 A clinical representative from LMC attends the meetings and gives views on all discussions.

3. PATIENT AND PUBLIC VIEW

- 3.1. Patient and public views are sought as required.

4. KEY RISKS AND MITIGATIONS

- 4.1. Project risks are reviewed as escalated from the programme.

5. IMPACT ASSESSMENT

Financial and Resource Implications

- 5.1. The group has no authority to make decisions regarding Finance.

Quality and Safety Implications

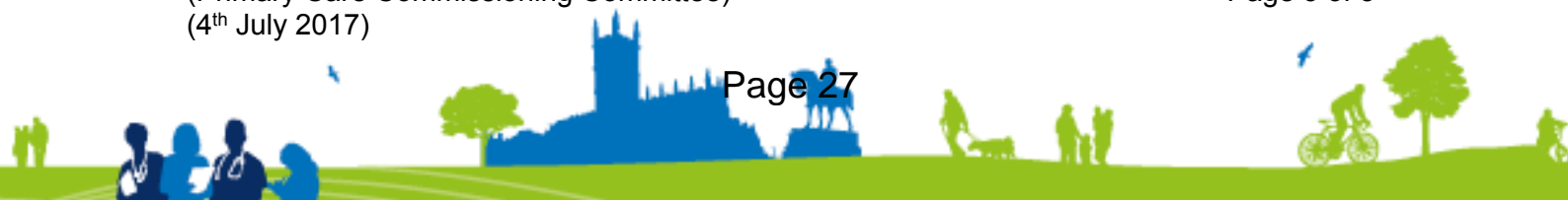
- 5.2. A quality representative is a member of the Group.

Equality Implications

- 5.3. Equality and Inclusion views are sought as required.

Legal and Policy Implications

- 5.4. Governance views are sought as required.



Other Implications

5.5. Medicines Management, Estates, HR and IM&T views are sought as required.

Name: Mike Hastings

Job Title: Director of Operations

Date: 28th June 2017



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	
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	
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/A	
Any relevant data requirements discussed with CSU Business Intelligence	N/A	
Signed off by Report Owner (Must be completed)	Mike Hastings	28.06.17



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PRIMARY CARE COMMISSIONING COMMITTEE
July 2017

Title of Report:	Zero Tolerance Policy (Revised)
Report of:	Sarah Southall, Head of Primary Care
Contact:	As above
Primary Care Joint Commissioning Committee Action Required:	<input checked="" type="checkbox"/> Decision <input type="checkbox"/> Assurance
Purpose of Report:	<ul style="list-style-type: none"> • The committee approved version 1.1 of the CCGs Zero Tolerance Policy (April 2017). • Section 2.1 of the policy has been altered so that the process advocated in the service specification and Appendix 2 of the policy provide consistency. • Following approval the policy should be recirculated to all sources detailed in the policy.
Public or Private:	Public Meeting
Relevance to CCG Priority:	<ul style="list-style-type: none"> • Helping people to recover from episodes of ill health or following injury • Ensuring people have a positive experience of care • Treating and caring for people in safe environment & protecting them from avoidable harm
Relevance to Board Assurance Framework (BAF):	Domain 1 – Well Led Organisation

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Zero Tolerance Service Policy & Procedure for General Practice



DOCUMENT STATUS:	Final
DATE ISSUED:	April 2017
DATE TO BE REVIEWED:	By March 2019

AMENDMENT HISTORY

VERSION	DATE	AMENDMENT HISTORY
V1 draft	February 2017	Alteration to text.
V1.1 final draft	March 2017	Alteration to text / addition of appendix.
V1.2	June 2017	Alteration to section 2.1 removed notification to CCG within 5 days.

REVIEWERS

This document has been reviewed by:

TITLE/RESPONSIBILITY	DATE	VERSION
Corporate Operations Manager	March 2017	1.0
Primary Care Contract Manager	June 2017	1.2

APPROVALS

This document has been approved by:

GROUP/COMMITTEE	DATE	VERSION
Primary Care Operational Management Group	February 2017	V1 draft
Primary Care Joint Commissioning Committee	March 2017	V1.1 final draft
Primary Care Joint Commissioning Committee	July 2017	V1.2

DISTRIBUTION

This document has been distributed to:

Distributed To:	Distributed by/When	Paper or Electronic	Document Location
NHS England Primary Care Hub	April 2017	Electronic	CCG.
CCG Member Practices	April 2017	Electronic	CCG.
CCG Senior Management Team	April 2017	Electronic	CCG.
Commissioned Service Provider (Zero Tolerance Service)	April 2017	Electronic	CCG.
Primary Care Support England	July 2017	Electronic	CCG
CCG Member Practices	July 2017	Electronic	CCG
CCG Operational Management Group	July 2017	Electronic	CCG
Commissioned Service Provider (ZTS)	July 2017	Electronic	CCG
CCG Intranet & Website	July 2017	Electronic	CCG

DOCUMENT STATUS

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of the document are not controlled.

RELATED DOCUMENTS

These documents will provide additional information:

REF NUMBER	DOCUMENT REFERENCE NUMBER	TITLE	VERSION
n/a.			

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1.0 Introduction

1.1 Rationale

Wolverhampton CCG must, to the extent that it considers necessary, meet all reasonable requirements to provide primary medical services, or secure their provision to all patients within its area.

Under the regulations referred to in Statutory Instrument 2004 No 291, The National Health Service (General Medical Services Contracts) Regulations 2004 and Statutory Instrument 2004 No 627 the National Health Service (Personal Medical Services Agreements) Regulations 2004, Primary Medical Services contractors are entitled to remove any patient who has been violent or abusive with immediate effect.

When a practice requests the immediate removal of a patient because of an act or threat of violence the police must be informed in accordance with relevant regulations (paragraph 9A schedule 2 of the GMS regulations (England and Wales); paragraph 10, schedule 2 of the GMS regulations (Northern Ireland) 1997 and paragraph 9 of schedule 1 of the NHS (GMS) (Scotland) regulations 1995) and the CCG notified as per our local process.

Separate and specific commissioning arrangements will be in place to provide access to a primary medical service for the care and treatment of patients who are violent.

This Procedure meets the requirements of the Information Commissioner's Office, Data Protection Good Practice Notice, and 'The Use of Violent Warning Markers' December 2006. The CCG is aware of the need to protect patient confidentiality by avoiding, where practical, data flows which identify individuals. However, there is an obligation to share information between professionals and agencies to ensure that appropriate services are provided and safe working practices are adopted. Providers should be encouraged to share information between health and social services agencies, prison, police and other relevant sources to build up a picture of past behaviour so that risks can be assessed and prevented.

This procedure or contents of may be subject to minor change on an on-going basis if improvements to efficiency or safety are identified or required.

1.2 Aims

The purpose of the service is to provide a stable environment for patients who have been subject to immediate removal from a practice's patient list to receive primary medical services with controls in place suitably manage aggressive behaviour and providing a safe environment for the individuals involved in delivering that treatment. The contract does this by:

- The commissioned provider will provide the resources for provision of essential and additional services, recognises the additional workload created by such patients and funds specific security investments required for the safe provision of general medical services by the commissioned provider. The intention is to provide a stable environment in which the health needs of the patient can be addressed in a proper and continuing manner.

- Encouraging providers to work with other primary care practitioners, social services and other agencies to try to identify and treat any clinical and underlying causes of disruptive behaviour to prevent further deterioration.
- Promoting a continuing understanding of the NHS health and social care system to encourage the patient to use the services in a responsible, appropriate and safe way in the future.

The service also seeks to safeguard the families of patients who have been subject to immediate removal from a practice's patient list who are, on occasions, themselves subject to removal. Providing a stable environment for treating the patient will, just as importantly, have the effect of providing similar stability for any family members.

1.3 Principles

From April 2004 the right of a practice to remove a violent patient was extended to safeguard all those who might have reasonable fears for their safety which includes; members of the practice's staff, other patients and any other bystanders present, where the act of violence is committed or the behaviour took place. Violence includes actual or threatened physical violence or verbal abuse leading to a fear for a person's safety.

Provision of safe services is paramount although importance is also placed on balancing the rights of patients to receive services from GPs with the need to ensure that GPs, their staff, patients and bystanders deliver and/or receive those services without the threat or occurrence of violence.

This procedure adheres to the NHS constitution including aspiring to the highest standards of excellence and professionalism¹. Patients' rights under section 3a are reflected in the procedure, ie right to access NHS services and not refused access on unreasonable grounds. The Zero Tolerance service does not discriminate on the grounds outlined in section 3a. Patients on the Zero Tolerance scheme forfeit their rights to choice by the nature of their actions, and the practice can refuse to accept a patient on 'reasonable grounds'² (patients are informed in a letter that an incident occurred).

The NHS constitution section 3b outlines the responsibilities of patients, ie "...Treat NHS staff and other patients with respect and recognise that violence or the causing of nuisance or disturbance on NHS premises could result in prosecution. You should recognise that abusive and violent behaviour could result in you being refused access to NHS services". NHS staff also have the right to: "have healthy and safe working conditions and an environment free from harassment, bullying or violence".

The goal for patients who have been subject to immediate removal from a practice's patient list due to violent and threatening behaviour is to provide a stable and safe environment to receive continuing health care, where safety and security issues have been carefully considered and implemented, addressing any underlying causes of aggressive behaviour.

The service will be delivered by a suitably qualified general practitioner in line with the CCGs Service Specification for Excluded Patients.

Violence or aggression from friends/family members attending with the removed patient will not be tolerated and this could jeopardise the removed patient's placement on the scheme and may require transfer to service provider if necessary.

NHS England (West Midlands) will work within any other local services' arrangements for dealing with violence ie the LMC, the police, other agencies and other parts of the NHS.

The process will be equitable, transparent, fair and auditable.

1.4 Benefits

The Zero Tolerance Service allows the commissioned provider (General Practice and practice staff or suitable alternative) to be more expert and confident in handling patients who have been subject to immediate removal from a practice's patient list.

This outward confidence will also reduce the potential for conflict and hence reduce the risk of a violent or threatening response.

The patient should become better educated as to the impact of any anti-social behaviour on caring professions and should learn to get the best from the NHS. The stability offered by a specified service should lead to an improved doctor-patient relationship in which both the patient and the doctor can work constructively together.

The patient, and where necessary his or her family, will get continuity of care through the provider of the Zero Tolerance Service. This is especially important to counter impressions of abandonment by the NHS which may have been a cause of previous violent behavior(s).

Patients will become aware that their only source of primary care is through the one provider and being disruptive will not enable access to a another doctor/practice or make them the centre of attention.

The commissioned provider of a Zero Tolerance Service will be recompensed for the additional effort and risk associated with providing medical care to potentially violent individuals.

1.5 Scope

This procedure applies to:-

- Patients living within the Wolverhampton CCG boundary who are eligible to register with one of our GP practices either temporary or permanent residents for Primary Medical Services.
- Patients who have been removed with immediate effect, ie those patients who have committed an act of violence or threatened an act of violence against a GP, member of staff or primary care team, another patient or another person at the Practice Premises. This includes excessive or persistent aggression or behaving in such a way that the GP, member of staff or primary care team, another patient or another person at the Practice Premises have feared for his/her safety, **and** the incident has been reported to the police.

- The CCG can also allocate patients to the Zero Tolerance Service where this may affect the safety of Primary Care personnel or if a potentially violent patient is seen in routine general practice ie:
 - The patient is moving into the area and is currently on a violent patient scheme in another area, or
 - The NHS is aware of previous violent incident/s or the patient is known to the criminal justice system for violence
 - The patient previously moved out of area whilst registered with a Zero Tolerance Service and has subsequently re-registered back in area
 - In extenuating circumstances, as a result of a formal risk assessment undertaken by the Review Panel, there may be other patients subject to inclusion in the scheme.

The medical care needs of the families of patients who have been subject to immediate removal will need to be considered on a case-by-case basis. Often it will be appropriate for families to remain registered with the original practice. If the removed patient has family members who are also registered with the practice, they are to be retained on the practice's list for the immediate future.

If the removed patient has family members who wish to register with a practice where their relative has previously been removed, this would be feasible as the registration is with the patient themselves not the removed patient. The removed patient will be instructed not to attend any appointments with family members at either the surgery where the incident occurred or the Zero Tolerance surgery (particularly as Zero Tolerance appointments are not on surgery premises, or not without adequate security).

This procedure is only relevant to Patients allocated under the Zero Tolerance Service. Other removals and allocation processes are carried out in conjunction with NHS England (West Midlands) and Primary Care Support England (PCSE) as per pre-existing contractual arrangements and delegated responsibilities.

Acts of violence displayed by residents not registered with a practice cannot be removed from that practice, even in the event of violence. Their actions should be subject to the criminal justice system in line with any other incident by a member of the public. The person they attend with, who is registered with the practice, can be warned, preferably in writing, that they could be removed from the practice list (under regulations), if their companion's behaviour continues.

The CCG is not constrained by patient choice in placing these patients with a specific provider as the patient's violent behavior will have forfeited their rights to choice by the nature of their actions. The Accountable Officer of the CCG will have overall responsibility for the implementation for this procedure and Zero Tolerance Service.

The Primary Care Team will ensure the procedures are worked to in a timely and consistent manner and be the point of contact for any immediate queries in relation to any aspect of the scheme. The Primary Care Contracts

Manager will escalate to the relevant GP, Panel or respective organisation, as appropriate. The Contract Manager will be supported by Primary Care Support England (PCSE) and maintain liaison with the commissioned provider of General Medical Services for the Zero Tolerance Service.

2.0 Process

2.1 General Practice Responsibilities

The Practice will take all reasonable steps to de-escalate the situation, and if failing to do this to inform the patient concerned of the removal and reasons for this. Every effort will be made by the practice to initially manage these patients in house, if possible, and if necessary with the support of appropriate advocacy services.

In the event of a practice experiencing difficulty with a violent patient they should liaise with the CCG Primary Care Team in the first instance by telephone to discuss the case, followed by completion of the incident form in full, and submitted directly by the practice to Primary Care Support England as a priority for processing. A copy of the incident form should also be shared with the Primary Care Development Manager & Primary Care Contracts Manager so that the CCG are aware of the incident and can notify the Zero Tolerance provider.

Primary Care Support (England) will process this request as a matter of urgency. The patient will then receive primary medical services from the commissioned Zero Tolerance Service only.

When a practice requests the immediate removal of a patient because of an act or threat of violence the police must be informed in accordance with relevant regulations.

2.2 Registration Services (Primary Care Support England) Responsibilities

Primary Care Support England (Registrations) will:-

- Allocate patients to the scheme as outlined in **Appendix 2**.
- Arrange for the transfer of the patient's medical records to the GP Provider.
- Record patients coming onto and being removed from the register in order to prevent re-registration.
- Ensure all relevant information pertaining to individual patients, and the scheme in general, is documented and stored in a timely and confidential manner, either manually or electronically. This includes, but is not limited to, retaining a copy of relevant documentation and the incident form, in a filing system, and maintaining a database of patients.
- Send a removal letter to the patient by recorded delivery (at their last known address or relevant contact address), copied into the GPs contracted to provide General Medical Services to patients on the Scheme, the referring practice, and other agencies that PCSE deems appropriate.

The letter will inform the patient that he/she is to be removed from the GP's list with immediate effect and that their case will go to the next panel. In addition the patient can contribute additional information for the next panel in the form of an appeal, if the CCG's Head of Primary Care receives this in writing **only**, within 30 working days from the date of the letter.

2.3 Responsibilities of Wolverhampton CCG (commissioner)

The commissioner of this service will be responsible for setting up a review panel to ensure the appropriateness of the placement of patients on the respective service list and regularly review processes to ensure they are effective. A flow chart summarising the process of handling new cases is contained in **Appendix 2**. The process for handling review panels is summarised in **Appendix 6**.

New patients or those returning to the service will be reviewed at the next scheduled panel, unless the Zero Tolerance GP/service provider suggests that an earlier review would be beneficial.

The review panel may also make the decision to inform other agencies, not routinely informed, or the joint commissioner may decide to inform other agencies if a decision is required before the panel has met. Details of the review panel are described in **section 3**.

The commissioner will periodically inform other NHS organisations and partner organisations within the area boundaries of patients on the Zero Tolerance list. This will also enable the other agencies to ascertain who has been discharged from the scheme and will allow the other agencies to remove relevant markers in line with Information Governance requirements.

The commissioner will inform Primary Care Support England when it is known that a patient moves out of area, in line with responsibilities defined within Health and Safety legislation.

Finally, the commissioner will liaise with service providers, other agencies, and where appropriate the patient, in order to ensure that the procedures are followed and staff and patient safety is protected.

2.4 Responsibilities of the Commissioned Provider of Zero Tolerance Service

This service should provide for a thorough assessment of the patient's clinical, psychological and social needs, especially those which may result in unrealistic expectations and which may have led to physically or verbally aggressive behaviour in the past.

It should provide time to educate the patient and his or her family or carers on the best way to obtain good quality and continuing services from primary care in particular and the NHS in general.

Patients will need to be clearly informed that they are having care provided within a special service specifically because of their previous violent behaviour. It should be made clear to patients that they are not being excluded from receiving primary care medical services but that their behaviour compromises their right to have access to normal arrangements and locations for receiving those services.

The commissioned provider/contract holder will:-

- Contact the Practice from which the patient has been removed, should any further information be required to support evidence based clinical decision making, as there may be a delay in receiving the medical records.
- Register the patient with their practice or the contractor as appropriate.
- Provide the service in line with the Zero Tolerance Specification & contract.
- Provide required, routine reports to the review panel (for each patient's approximately 6 monthly review, or as required by the panel). The form is provided in **Appendix 6**.
- Inform the joint commissioner and PCSE if the patient changes address, or the notes are requested from another surgery, indicating that the patient has tried to re-register elsewhere.

The GPs contracted to provide this service will offer adequate appointments slots and times:-

- The patient will have been notified in writing describing how s/he can arrange a routine GP appointment. The patient will request an appointment as described in their letter. The consultation venue and time will vary according to the location and service provider; this is notified in **Appendix 7** in a standard initial letter to the patient on removal from their previous GP. Should the appointment system change the GP must inform the patients and NHS England (West Midlands) of the change.
- The Practice/contractor contracted to provide GMS will confirm the appointment with the patient or the patient will be advised to attend the appropriate venue at an agreed time and/or on set days.
- If the patient requires specialist GMS from another Primary Health Care Professional, the Practice/GP contracted to provide GMS will make all reasonable efforts to ensure that these services are available to the patient concerned.

Where agreed in the Service Specification the practice will submit relevant, timely data and claims as required by the commissioner of service. Specific invoice claim forms are supplied on request.

2.5 Out of Hours Services

Consultation should be actively discouraged and home visits should not take place at all. Patients should be encouraged to attend the designated Zero Tolerance Service during normal core hours. Patients who have had their right to mainstream NHS care removed, are only entitled to services if denial of treatment would cause lasting harm or put their lives at risk. There is no obligation to provide out of hours service or home visits to patients identified as posing a risk, where there is no immediate clinical need.

Telephone clinical advice shall be the agreed policy. However, where a face-to-face consultation is deemed essential, the patient should be referred to Wolverhampton's Out of Hours service where staff have been warned of the visit and all necessary and appropriate security measures have been considered and prepared, or referred to Accident and Emergency services.

3 Panel Meetings

A review panel will convene on at least a quarterly basis and during a one-year period will review **all** patients on the scheme at entry to the scheme at least twice during that 12 month period, unless the Zero Tolerance provider/GP or panel suggests alternative frequency of review.

3.1 New Patients to the Service

If a patient appeals at the point of **entry** onto the scheme, and a review panel is not due in the next 30 days, an ad hoc review panel will convene (either face to face or virtually) specifically to review their case, and then the regular review programme as described below will continue.

The review panel will consist of at least one GP from within the CCG's membership, one lay person and be chaired by a member of staff from the Primary Care Team.

A formal record of discussions at each Panel Review Meeting will be required using the relevant templates (see appendices) for each case being discussed to confirm the outcome of each meeting and also confirming which cases will be reviewed at subsequent meetings via use of a forward plan. The agenda will comprise of the following items:-

- Review of existing patients
- New patients to the service
- Patients returning to the service
- Consideration of Appeals
- Risk Assessments required/for consideration
- Patients no longer requiring the service

The panel will be chaired by the Head of Primary Care and all relevant information will be compiled by the Primary Care Team to enable discussions during the Panel Meeting.

3.2 New Cases

All new cases will be referred to PCSE whereby the incident form will be reviewed to ensure the patient fulfilled the criteria for being placed onto the scheme, ie the patient;

- Is registered with a Wolverhampton GP practice
- Is a temporary or permanent resident
- **and**
- Has committed an act of violence against a GP, member of staff or primary care team, or
- Has committed an act of violence to a member of the public at the Practice Premises, or
- Has threatened an act of violence against any member of staff or public, or
- Is behaving in such a way that the staff or public have feared for his/her safety,
- **and**
- The incident has been reported to the police.

Or

- The patient was previously on the Zero Tolerance list for Wolverhampton, moved out of area, and has moved back into Area (even if the patient has

re-registered with another practice, and the practice is unwilling to take them on once notified of the previous history)

Or

- The patient has moved into the area and was previously on another NHS England Team's Zero Tolerance list (even if the patient has re-registered with another practice, and the practice is unwilling to take them on once notified of the previous history or NHS England deem the past history of sufficient significance to place the patient on the Zero Tolerance register until the next panel is convened)

Or

- Where the NHS is aware of previous violent incidents/known to the criminal justice system for violence which may affect the safety of Primary Care personnel.

In extenuating circumstances, as a result of a formal risk assessment undertaken by the review panel, there may be other patients subject to inclusion in the scheme on a case-by-case basis. This procedure is not for patients with whom there has been a breakdown in communication, or a threat or act of violence by a patient's relative/friend.

Until the panel is being convened, the patient will receive General Medical Services through the service with immediate effect.

A form will be completed by the panel to ensure all the relevant points are discussed, reasons for the decision and that these are appropriately documented. (**Appendix 5**) The panel can also review additional evidence such as: the patient's medical record; statements from Healthcare professionals and staff; Police, Her Majesty's Prison Service, and Probation statements; Solicitor statements, reports and letters, patients' written statements; and Incident reports and risk assessments. The panel can be a 'virtual panel' if required to meet the required timescales, but relevant documentation will continue to be used.

If the panel deems the decision to allocate the patient onto the scheme appropriate, then the patient will continue to be offered General Medical Services as per the terms and conditions of this procedure, subject to reviews as stated below. If it is deemed **inappropriate** for the patient to have been allocated to the scheme, the potential for return back into a new practice will be discussed and agreed.

The decision to remain on or be removed from the Zero Tolerance list will generally be notified to the patient within 10 working days.

A flow chart summarising the procedure for handling new cases is in **Appendix 2**.

3.3 Reviewing patients currently using the Zero Tolerance Scheme

The provision of care to a patient within the Zero Tolerance Service will be subject to standard case review, on approximately a six-monthly basis, undertaken by the contracting provider; this is to consider whether or not they recommend the patient continues to receive care under the Scheme. A

proforma is to be used to ensure all the relevant points have been discussed and appropriately documented. (See Appendix 6).

If it is agreed that the recommendation of the provider and/or the panel considers that from the information available that the patient is ready to re-enter routine General Practice, the patient will be free to register at any practice other than the one from where they were removed, or where previous incidents have occurred. Any anticipated difficulties with registration, ie if it could be argued that the patient has had a breakdown in relationship with all of the Practices in his/her catchment area, will be discussed during the panel meeting.

The focus will be on returning a patient to routine general practice as soon as possible, and on occasion specific arrangements may need to be put in place to allow this to occur. The fall-back of rapid re-admission to the Zero Tolerance list will be available for patients who later demonstrate that placement on the scheme has not yet changed behaviour.

The patient will only be written to on entry onto the scheme, after the first review panel and at discharge. Subsequent communications following any further review panels will be discussed between the patient's GP and the patient.

A flow chart summarising the process of reviewing existing patients on the scheme is contained in **Appendix 3**.

4 Appeals Process

Any new patient is entitled to appeal against the decision **to be placed** into the service, on initial referral. They will be offered the opportunity to appeal when informed in writing of their removal from the previous GP, as described in section 2.3.

The patient must formally respond to Wolverhampton CCG Head of Primary Care in writing to declare that they would like to appeal against the decision to place them onto the Scheme, along with any supporting evidence, within 30 days of the initial removal letter date.

The review panel will convene within 30 days of the patient formally responding (in writing) to Wolverhampton CCG Head of Primary Care to consider the initial appeal.

Once the review panel has convened, the patient will be written to within 10 working days of the panel to be informed of the outcome.

Should the patient remain unhappy with the panel's decision, it is open for him/her to pursue the matter through the CCGs Complaints Procedure. For any subsequent appeals, or if the patient has missed the deadline for the appeal, the patient will be directed to NHS England's complaints system.

The patient's right to complain about any NHS service is not affected by receiving General Medical Services via this Scheme.

Whilst an appeals process is enacted, or until the panel has met, the patient will receive General Medical Services via the Zero Tolerance Service.

5 Monitoring & Review

This policy and associated service specification will be subject to regular monitoring and review. The CCGs Primary Care Operational Management Group will receive periodic updates on the outcome of decisions made following each panel meeting as assurance on the suitability and effectiveness of the service commissioned.

Appendix 1

Useful Contact Information

Registrations (Immediate Removals)

pcse,immediateremovals@nhs.net

PCSE.enquiries@nhs.net

PCSE Enquiries

PO Box 350

Darlington

DL1 9QN

Tel :0333 0142 884

Fax : 0113 277 6912

Complaints (National System)

Tel: 0300 311 2233 or

nhscommissioningboard@hscic.gov.uk

CCG Commissioned Zero Tolerance Provider

To be confirmed following procurement

Wolverhampton Urgent Care Provider

Urgent Care Centre

Royal Wolverhampton Trust

New Cross Hospital

Wednesfield Road

Wolverhampton

WV10 0QP

TEL : 01902 307999

Ambulance Service

As from April 2016 The Ambulance Trust do not wish to be notified about patient on the ZERO TOLERANCE register, as they no longer put markers against their name. Patients are managed according to their policies.

cad.admin@wmas.nhs.uk or cad.admin@nhs.net

NHS Protect

Nick Aronin

NHS Protect

North Building

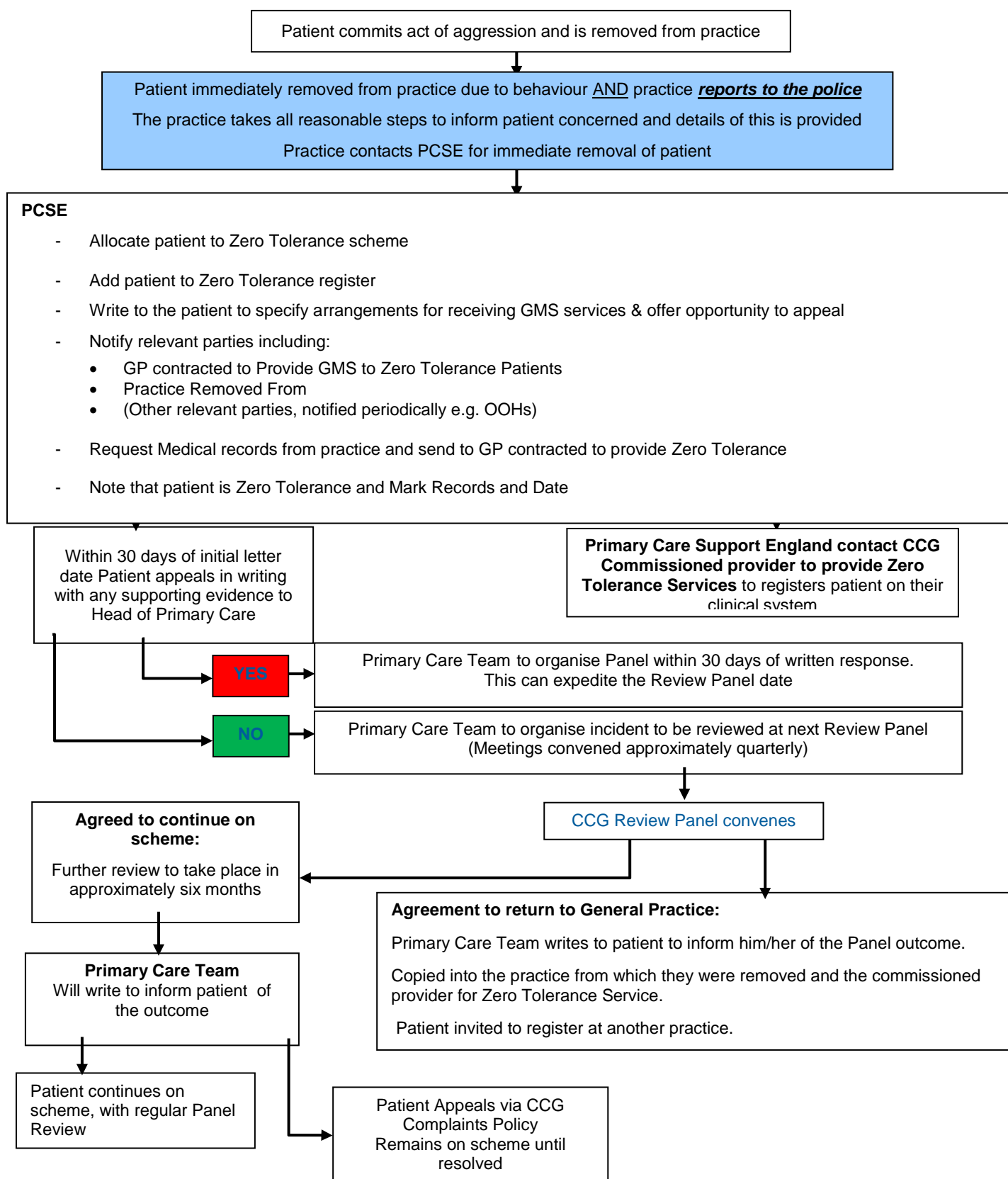
Cheylesmore House

Quinton Road

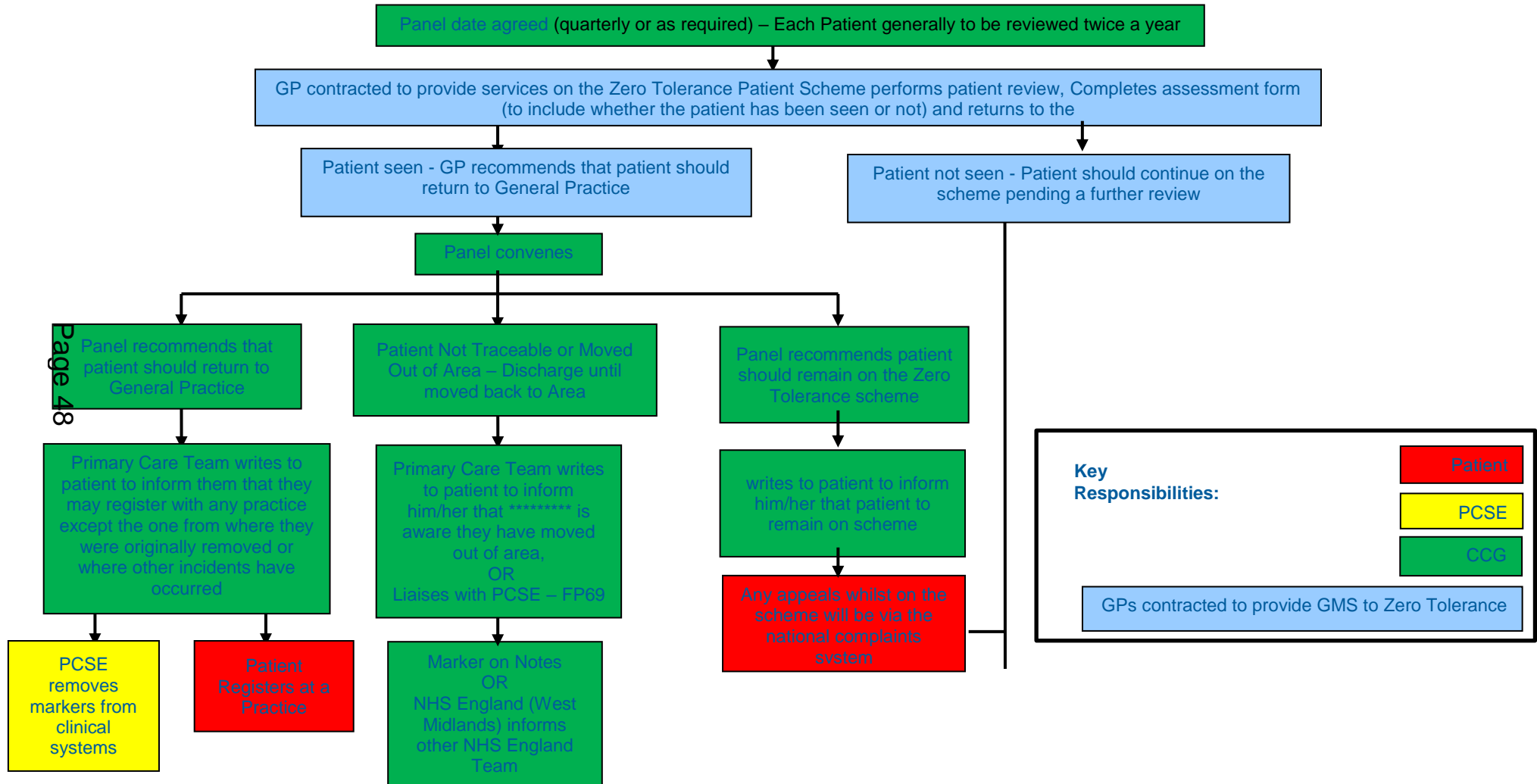
Coventry

Tel : 07833 583221

Procedure for Handling New Referrals to the Zero Tolerance Service for GMS due to Inappropriate Behaviour in General Practice including Appeals Process



Procedure for Reviewing Existing Patients on the Zero Tolerance Scheme



Incident Report Form

Primary Care Support Services (Preston Office)

Please complete this form in full, for the removal of a patient following a violent incident towards a GP, a member of staff or a patient, and submit it to this office. The incident **must** be reported to the police and the **police incident log number must be stated on this form**.

Please note that without this number, immediate removal is **not** possible under the regulations for violent patient removal. Please email the completed form back to pcse.immediateremovals@nhs.net

Practice details	
Practice name and address	
Practice Code	
Area Team	
Date Form Completed:	

Contact details at the practice	
Name	
Phone Number	
e-mail address	

Patient details	
Patient's Name	
NHS Number	
Date of Birth	
Address	
How long has the patient been registered with your practice ?	

Details of the Incident				
Date of Incident				
Time of Incident				
Location of incident (Surgery/ Patient's address etc)				
Type of Incident (please tick appropriate box)		Non physical violence i.e. intimidation, abuse, threats etc <input type="checkbox"/>		
		Physical Violence <input type="checkbox"/>		
		Aggravated Physical Violence e.g. use of weapons <input type="checkbox"/>		
		Vandalism to Premises <input type="checkbox"/>		
		Vandalism to Vehicle <input type="checkbox"/>		
		Approximate cost of damage (optional): £		
Police Incident Log number Note - this <u>must</u> be provided				
Date police Incident Log number obtained (not essential)				
Assault to (please tick the appropriate box)			Verbal	Physical
		GP		
		Staff		
		Other Patient(s)		
Please supply details of this Incident				
Has there been any <i>previous</i> Incidents involving the patient(s)? If so please provide brief details		Details of Previous Incident		
		Date of Previous Incident		
		Outcome of Previous Incident		
GP signature (Actual signature must be provided):				

Example Template Document 2

Zero Tolerance Patients Receiving GMS - Review Panel
(New and 1st Appeal Patients)

Patient Name:			
Panel Date:			
Attendees:			
List all evidence presented to the panel?			
This is a: New Case New Case with Patient Appealing			
Was there an incident or a threat, which a reasonable person would consider this to be of a violent nature as per the definition? And Would a reasonable person consider that, in light of this incident, the GP and/or practice staff had good grounds to feel concerned for their safety?	Yes	No	
Comments:			
Did the practice take all reasonable steps to de-escalate the situation?	Yes	No	
Comments:			
Did the practice discuss the incident and its concerns with a GP from the designated practice or Primary Care Commissioning Contracts Manager?	Yes	No	
Comments:			
Was the patient appropriately informed in accordance with the protocol (ie at least the standard letter including right of appeal)	Yes	No	
Should the patient continue on the Scheme (subject to the standard 6 monthly reviews)?	Yes	No	
Comments:			
Should any other organisations/agencies be informed?	NA	Yes	No
Specify:			

Any other comments:

Example Template Document 3

Zero Tolerance Patient Report
(To be completed by the GP contracted to provide GMS Services)

Please complete and return to:

Tel: Email:

To be completed even if the patient has not been seen since last review, and returned by the requested date in order for the panel to make an informed decision (May 2016)

Prepared by:	[Registered Scheme GP]	
Date:		
Patient Name:		
Date first placed on scheme:		
Summary of why is the patient on the scheme?		
Does the Patient know why they are on the scheme? (Circle where appropriate and add any relevant comments)	Yes	No
Comments:		
Any recurrence of violence/aggression since coming on the scheme?		
Which factors contributing to the patients' situation are being dealt with? (eg homelessness, drug abuse etc)		
Is the patient ready to return to General Practice?	Yes	No
Comments:		
If No, explain why the patient should remain on the scheme?		
What actions should be followed to get this patient back into General Practice?		
Number of times patient has been seen face to face since last review		

Number of times verbal (telephone) contact has been made since last review	
Number of appointments made since last review	
Number of DNAs since last review	
Confirmation that explanation of 2-way relationship responsibility has been made (ie describe the date and content of conversation whereby the patient understood and accepted that aggressive/violent/threatening behaviour is unacceptable).	
Comments:	
Any other comments:	
Registered GPs Name:	
Registered GPs Signature:	
Date:	

TO BE COMPLETED BY PANEL:

Panel Date	
Panel Members:	
Panel Discussion/Comments:	
Panel Decision:	

Example Template Document 4**Patient Letter (Notification of Placement in Zero Tolerance Scheme)**

Ref:

Date

PRIVATE & CONFIDENTIAL

[Patient Name]

[Patient Address]

Dear (Patient Name)

**Removal From Routine General Practice/GP List of (Practice Name & Address)
(Full Name dob)**

At the request of GP Practice/the GP practice named above you have been removed from routine General Practice because of your recent behaviour towards a member of the GP practice team/NHS staff. Behaviour that threatens the safety or well-being of any National Health Service staff will not be tolerated.

NHS England/Wolverhampton CCG has an obligation to provide you with the services of a GP and you will be able to obtain primary care medical services but not in a way you are familiar with.

INSERT DETAILS OF SERVICE PROVIDER

The aim of this service is not only to provide you with temporary primary care medical services, but it is hoped that you will eventually return to mainstream General Practice with an understanding that any form of unacceptable behaviour will not be tolerated. You and your doctor will work together, to not only provide you with medical services, but to identify any other problems you might have which may contribute to violent or aggressive behavior. This may involve referring you other Health Services for advice and treatment.

Your allocated GP should be your first point of contact if you feel you need medical attention. You should not routinely contact either the local Accident and Emergency Department or the Ambulance Service unless your medical problem is a life-threatening emergency.

If you have family members or friends registered either with the practice you have been removed from please do not attend any appointments with them. In addition, violence or aggression from friends or family members attending with you will not be tolerated and this could jeopardise your placement on this scheme

If you wish to appeal against the decision to be placed on the scheme, please write to the above address clearly stating that the letter is a Zero Tolerance appeal. This has to be **in writing** within **30** days from the date on this letter, explaining that you would like to appeal and include any information or supporting evidence you wish to be presented to the review panel.

Your case will be reviewed on a regular basis by a panel to ensure that your GP services are delivered in an appropriate setting for as long as is necessary. The panel is made up of NHS England (West Midlands) and Wolverhampton CCG representatives with a GP representative. We would like to see patients who are allocated to this scheme being able to return to see a GP at a local surgery premises as soon as possible. This will however, depend on whether your doctor feels that you may be violent or aggressive towards GPs or practice staff once you return to a routine surgery setting.

Please note that due to the nature of the incident, other healthcare providers locally and within the NHS will be notified of your placement on the scheme and it will also be recorded in your primary care records that you have been placed on the special arrangements scheme. When the panel has agreed that you can return to routine general practice, notification of placement on the scheme will be removed from your records. If you move out of the area the other area you move to will be notified you have moved to their area, and they will be responsible for ultimately removing this notification.

We have arranged for your medical records to be transferred as appropriate.

There is no reason for you to contact the practice you have been de-registered/removed from in connection with this or any other matter. If you approach any GP surgery in person, the police may be called.

If you change your address, telephone number or move out of the area please write to: Primary Care Support England at the address above to inform us.

Your right to complain is not affected by being on this scheme. For more information about complaints, telephone the National Team Customer Contacts Centre on **0300 311 2233**, **england.contactus@nhs.net**, **NHS England, PO Box 16738 Redditch B97 9PT** or **nhscommissiongboard@hscic.gov.uk**

Yours sincerely

Example Template Document 5

Patient Outcome Letter of Review Panel Decision: Remain with Zero Tolerance Service

Dear

Patient Review Panel for Receiving General Medical Services

Further to my previous letter/s in respect of the above, the decision reached by the Review Panel following consideration, was that you should continue to remain on the Zero Tolerance special arrangements for General Medical Services scheme and therefore should not register with another General Practice.

You should continue to access General Medical Services by:

Example Template Document 6**Patient Outcome Letter of Review Panel Decision: Discharge from Zero Tolerance Service**

Dear

Discharge from GP Special Arrangements Zero Tolerance Scheme

You were previously removed from XXXXX's medical list following an incident towards NHS staff.

A Panel has now met to review the arrangements put in place for you to access GP services, and I can confirm that they have agreed that you should now re-join routine General Practice.

(We understand that you have now moved and by virtue of you moving out of our area, it is no longer appropriate for you to remain on Wolverhamptons Zero Tolerance scheme. The Region you have moved to has been contacted to inform them that you have moved into their area. You will need to register with another practice in your local area or liaise with the other Regional Team in order to register with a GP/They will be writing to you to confirm arrangements/Please telephone If you move back into the area you may be placed back on the scheme.)

You are therefore, free to approach and register with a GP practice whose practice area includes your home address. However we must emphasise that because of the incident/s that occurred, you should not attempt to register at the previous practice or any other surgery where incidents have occurred.

In the event that you experience any difficulty in registering with a practice then please contact the Primary Care Services NHS England on 0333 0142 884. If this is the case, you can also contact your current GP on the scheme, to inform them that you are having difficulty registering elsewhere.

I must stress that your return to mainstream general practice should not be construed as a softening of the National policy of Zero Tolerance towards violent and aggressive behaviour. In the event that you are the subject of any report of inappropriate behaviour in the future then you will be returned to the Zero Tolerance scheme.

I hope that you will use NHS services responsibly and treat staff with the respect that they deserve.

When approaching your chosen practice, please show this letter as proof of entitlement to register.

Yours sincerely

Review Panel Terms of Reference

Membership

The Review panel will consist of:-

- CCG Head of Primary Care (Chair) (or their nominated representative)
- CCG Primary Care Contracting Manager (or their nominated representative)
- GP Representative
- Lay/ Patient Representative

Role of the Review Panel

The review panel will be responsible for the following items:

- Reviewing new patients on their entry to the scheme (at the next scheduled meeting following their referral)
- Reviewing existing patients on the scheme at least once during the year
- Considering appeals from patients who feel that they have been inappropriately allocated to the scheme.

The review panel will make decisions on these items in line with the Zero Tolerance Policy and Procedure.

Meetings of the Review Panel

The Review Panel will meet at least quarterly and will schedule its meetings in advance. Additional meetings will be convened when the panel is required to consider an appeal within 30 days of the appeal being received.

Meetings of the Panel will only be quorate if all of the members are present and records of the Panel's discussions will be kept in line with the Zero Tolerance Policy, detailing the evidence considered from the patient, practice, scheme provider and other agencies as required.

Decisions of the Review Panel

The Panel will aim to make decisions by consensus wherever possible. Should it be necessary to take a vote the Chair will have a second and casting vote in the event of a tie. The record of the meeting will include details of any voting.

Decisions of the Panel will be binding on the Patient, Practice and the Zero Tolerance Provider. Patients will have a right of appeal through the CCG's Complaints process and/or the Parliamentary and Health Service Ombudsman.

V1.0

Notification of removal from Zero Tolerance Scheme

Patient Name	
Patient Address	
Patient DOB/NHS number	
Date CCG Panel Held	
Outcome	
Date Patient Notified.	
Date form submitted to NHSE	
Form area to be completed by NHSE Registrations Department and returned to CCG.	
Date acknowledged by NHSE	
Date actioned by NHSE	
Date CCG advised of changes of patient record.	

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