NHS
Wolverhampton
Clinical Commissioning Group

Meeting of the Primary Care Commissioning Committee (PUBLIC)
Tuesday 5th December 2017 at 2.00 pm in PC108
1st Floor, Creative Industries 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 7th November 2017	Chair	1 - 6
5	Matters Arising from the Minutes	Chair	Verbal
6	Committee Action Points	Chair	7 - 8
7	Primary Care Quality Report	Liz Corrigan	9 - 22
8	Governing Body Report/Primary Care Programme Milestone Review Board	Sarah Southall	23 - 32
9	Primary Care Operational Management Group Update	Mike Hastings	33 - 36
10	Any Other Business	Chair	Verbal
11	Date of Next Meeting **Tuesday 2nd January 2017 at 2.00pm in the Stephenson Room, 1st Floor, Technology Centre, Wolverhampton Science Park.**		

NHS
Wolverhampton
Clinical Commissioning Group

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	Dr D Bush Mrs M Garcha Dr H Hibbs Dr Reehana Mr S Marshall Les Trigg Sue McKie
NHS England	Bal Dhami
Patient Representatives	Sarah Gaytten
Invitees (Non-Voting)	Elizabeth Learoyd (Healthwatch) Katie Spence (Health and Wellbeing Board)

WOLVERHAMPTON CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE

Minutes of the Primary Care Commissioning Committee Meeting (Public)
Held on Tuesday 7th November 2017, Commencing at 2.00 pm in the in the Stephenson Room, Technology Centre, Wolverhampton Science Park

MEMBERS ~
Wolverhampton CCG ~

		Present
Sue McKie	Chair	Yes
Dr David Bush	Locality Chair / GP	Yes
Dr Manjit Kainth	Locality Chair / GP	Yes
Dr Salma Reehana	Clinical Chair of the Governing Body	Yes
Steven Marshall	Director of Strategy & Transformation	Yes
Les Trigg	Lay Member (Vice Chair)	Yes

NHS England ~

Bal Dhami	Contract Manager	Yes

Independent Patient Representatives ~

Sarah Gaytten	Independent Patient Representative	No

Non-Voting Observers ~

Katie Spence	Consultant in Public Health on behalf of the Health and Wellbeing Representative	No
Tracy Cresswell	Wolverhampton Healthwatch Representative	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
Dr Helen Hibbs	Chief Officer (WCCG)	Yes
Peter McKenzie	Corporate Operations Manager (WCCG)	Yes
Gill Shelley	Primary Care Contracts Manager (WCCG)	Yes
Sarah Southall	Head of Primary Care (WCCG)	Yes
Liz Corrigan	Primary Care Quality Manager Assurance Coordinator	Yes
Lesley Sawrey	Deputy CFO (WCCG)	Yes
Laura Russell	Primary Care PMO Administrator (WCCG – minutes)	Yes

Welcome and Introductions

WPCC130 Ms McKie welcomed attendees to the meeting and introductions took place.

Apologies for absence

WPCC131 Apologies were submitted on behalf of Tony Gallagher, Jeff Blankley, Jane Worton and Sarah Gaytten.

Declarations of Interest

WPCC132 Dr Bush, Dr Kainth and Dr Reehana declared that, as GPs they have a standing interest in all items related to primary care.

Ms McKie declared she works two days a week within Public Health at Wolverhampton Local Authority.

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 5th September 2017

WPCC133 RESOLVED:

That the minutes of the previous meeting held on 5th September 2017 were approved as an accurate record.

Matters arising from the minutes

WPCC134 There were no matters arising from the minutes.

RESOLUTION: That the above is noted.

Committee Action Points

WPCC135 **Minute Number PCC302 – Premises Charges (Rent Reimbursement)**
The CCG are still awaiting the cost directives. Action to remain open.

Minute Number WPCC114a – Primary Care Quality Report
Ms Corrigan agreed to provide a snap shot of the risks within future reports. Mr McKenzie noted that the risks were being discussed within the Private meeting. Agreed to close the action.

Minute Number WPCC114b – Primary Care Quality Report
Ms Corrigan noted the report now included charts with time series of information. Agreed to close the action.

Minute Number WPCC117 – Provision of Services post Dr Mudigonda Retirement from a partnership to single handed Contract – Business Case.
Ms Shelley informed the Committee the report is not due back until 12 months' time. It was noted they are still awaiting confirmation as to what new model of care structure they are going to align to.

RESOLVED: That the above is noted.

Primary Care Quality Report

WPCC136 Ms Corrigan presented the quality report to the Committee which provides an overview of activity in primary care and assurances around mitigation and the actions taken when issues have arisen.

The following was highlighted to the Committee;

- There are no major concerns with Infection Prevention. Three reports have been received in the last month from the provider The Royal Wolverhampton NHS Trust, two practices have scored bronze and one has scored sliver.

- Overall the practices with no submission for Friends and Family Test has reduced for the month of August (7% compared to 11% in July). The supressed data has remained the same for the month at four practices and the total number of practices with no data available was eight. The number of responses which were rated at positive (extremely likely or likely) was 82% (3464). The Friends and Family activity is being monitored on a monthly basis through the Primary Care Operational Management Group and via the NHS England Primary Care Dashboard.

- The quality matters incidents are now up to date and all primary care incidents have been forwarded to the relevant practices.

- The assurance framework around NICE guidance is currently being reviewed and will be applied in line with peer review system for GPs.

- The Workforce implementation plan has been revised to include new milestones including actions from the STP, 10 high point actions and national drivers.

- A Project Manager for workforce is now in place and working closely with the Primary Care Team.

- The Trainee Nursing Associates are now on placement and the nurses are undertaking Fundamentals of Practice Nursing. They have been invited to a conference in London to discuss their experiences in primary care.

- Funding allocation for practice and advanced clinical practice courses has been agreed and two individuals have applied for the fundamentals in practice nursing and four for the advanced clinical practice course.

Dr Hibbs noted in terms of the workforce plan, there is also an STP wide directive which states they have to recruit to a certain amount of GPs in a short amount of time. Dr Hibbs asked how the work in Wolverhampton dovetails into the STP wide recruitment drive.

Mrs Southall stated there is an STP working group and the share of GPs for Wolverhampton and the Black Country is 127 by 2020. NHS England have requested an STP Primary Care Workforce Strategy, which an initial draft has been submitted for comment. There is also a programme of work attached to the Primary Care Task and Finish Group that captures actions associated with recruitment and retention. In the Strategy the early indication based on data is that across the Black Country they will not achieve the recruitment target of 127 GPs by 2020. The Committee agreed that a two way approach needs to be considered in terms of transformation of workforce as well as aiming for national targets.

RESOLVED: That the above is noted.

WCCG Quarterly Finance Report

WPCC137 Mrs Sawrey presented to Committee the CCG quarterly finance report, which outlines the CCGs financial position at month 6.

The delegated primary care allocations for 2017/2018 as at month 6 are £35,513m. The forecast outturn is £35,013m delivering a underspend position. The forecast outturn indicates an underspend of £500k against other GP services which relates to pre delegated i.e. 2016/17. The CCG has been given the income to offset the expenditure and consequently the CCG is reporting a non-recurrent benefit of £500k.

In relation to primary care reserves the forecast outturn includes a 1% Non-Recurrent Transformation Fund and a 0.5% contingency in line with the 2017/18 planning metrics. In line with national guidance the 1% non-recurrent transformation fund can be utilized in year non-recurrently to help support the delegated services.

It was highlighted that the £500k underspend could only be used on non-recurrent projects and be committed before March 2018.

RESOLVED: That the above was noted.

Governing Body Report/Primary Care Strategy Committee Update

WPCC138 Mrs Southall informed the Committee the report presented had been shared with the Governing Body at the October meeting, based on activity during the month of September 2017. The report details the worked progressed against the Primary Care Strategy and each Task and Finish Group. The Governing Body agreed the status of the programme of work and to the name change from a Committee to a Programme Board, which would now report on a quarterly basis.

RESOLVED: That the above was noted.

Primary Care Operations Management Group Update

WPCC139 Mrs Southall informed the Committee of the discussions which took place at the Primary Care Operational Management Group meeting on the 24th October 2017 and highlighted the following points;

- The IT migration plan remains on track and currently there are only four practices left to migrate over onto EMIS.
- An options paper regarding increasing the update and analysis of qualitative data from Friends and Family Test was presented.
- The demand management plan was provided and supported by the group.
- The contract visit programme continues and there have been no significant issues raised.
- The issues regarding the CHIS system have now been resolved.

RESOLUTION: That the above was noted

Any Other Business

WPCC140 There were no items raised.

RESOLVED: That the above is noted.

WPCC141 **Date, Time & Venue of Next Committee Meeting**
Tuesday 5th December 2017 at 2.00pm in PC108, 1st Floor, Creative Industries Centre, Wolverhampton Science Park.

This page is intentionally left blank

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	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. 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. 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. 06.06.17 - The Committee was informed that the cost directives have been put on hold due to purdah. Action to remain open. 07.06.17 – Action to remain open cost directives still awaited.

						01.08.17 – Action to remain open the CCG have received advice and guidance from NHS England regarding the use of rooms for none GMS. The CCG are still awaiting the cost directives. 05.09.17 - The CCG are still awaiting the cost directives. 07.11.17 - The CCG are still awaiting the cost directives.

Primary Care Commissioning Committee Actions Log (public)

Action No	Date of meeting	Minute Number	Item	By When	By Whom	Action Update
1	**05.09.17**	**WPCC117**	**Provision of Services post Dr Mudigonda Retirement from a Partnership to single handed contract – Business Case** Ms Shelley agreed to report back to the practice that the Committee request in line with the with the business case they meet the expectation of reporting back in 12 months' time that they have a partner on the contract and that they have aligned to a new model of care	**October 2017**	**Ms Shelley**	07.07.17 - Ms Shelley informed the Committee the report is not due back until 12 months' time. It was noted they are still awaiting confirmation as to what new model of care they are going to align to.

NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG

PRIMARY CARE COMMISSIONING COMMITTEE
5th DECEMBER 2017

TITLE OF REPORT:	Primary Care Monthly Report
AUTHOR(s) OF REPORT:	Liz Corrigan – Primary Care Quality Assurance Coordinator
MANAGEMENT LEAD:	Steven Forsyth
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:	☐ **Decision** ☒ **Assurance**
PUBLIC OR PRIVATE:	This Report is intended for the public domain OR This report is confidential for the following reasons
KEY POINTS:	• Overview of Primary Care Activity
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

PRIMARY CARE QUALITY DASHBOARD

RAG Ratings: 1a Business as usual; 1b Monitoring; 2 Recovery Action Plan in place; 3 RAP and escalation

Issue	Concern	RAG rating
IP	Low IP audit rating for one practice in August review on-going	1b
MRHA	Nil to report	1a
FFT	Repeat non-submissions for two practices	1b
	Repeat suppressed data (low submission) for two practices	1b
Quality Matters	One Quality Matter logged as a concern due to repeat incidents and other concerns within the practice	1b
Complaints	No formal complaints to report	1a
Serious Incidents	One incident currently being processed –treatment delay	1b
Escalation to NHSE	Three incidents to be referred to NHS England at next performance meeting 2017	1a
NICE	Nil to report	1a
CQC	Two practices have received a "Requires Improvement" rating and are being monitored.	1b
Workforce	Workforce implementation plan revision undertaken, workforce strategy under development	1a

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. Three reports have been received in the last month with two practices scoring bronze and one silver.

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

The new IP audit has now been ratified and is in use at all sites. The following areas are now being audited:

- Waste

- Equipment
- IP Management
- Environment
- Sharps
- PPE
- Minor Surgery Room
  Practice Nurse Room

Assurances: Primary Care Liaison for IP is supporting the practice who had a red rating in August are undergoing a 3 month follow up and will provide a progress report. Other practices with outstanding actions are also currently being followed up. Monitoring is also being undertaken by the Primary Care Quality Assurance Coordinator in conjunction with IP and by the Primary Care Team. Any additional support or actions will be discussed following the 3 month review.

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. There are currently no actions required by CCG.

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).

Drug, device and Field Safety Notices for October links are below – these are forwarded directly to practices by NHS England:

https://www.gov.uk/drug-device-alerts

4. FRIENDS AND FAMILY TEST

The figures for October FFT submissions (September 2017 figures) are shown below.

Data:

GP FFT	August Data (September Submission)		
	WCCG	West Mids	England
Percentage Recommended	81%⇩ (82%) *(2522/3131)*	88%⇔ (88%)	89%⇔ (89%)

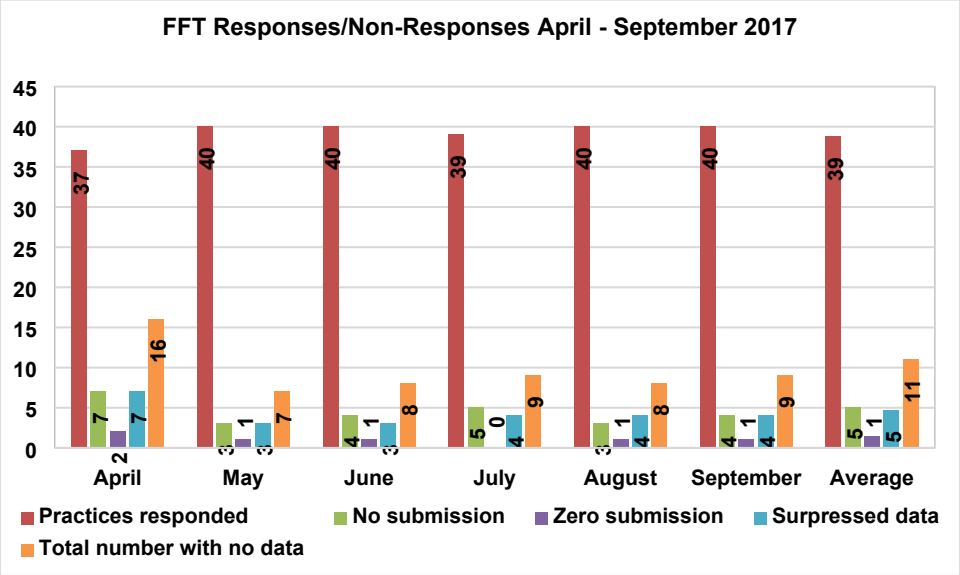
Percentage Not recommended	4%⇔ (4%) *(121/3131)*	6%⇔ (6%)	6%⇔ (6%)
Overall response % of total list size	1.1%⇩ (1.2%) *(3131/277369)*	0.6%⇔ (0.6%)	0.5%⇔ (0.5%)

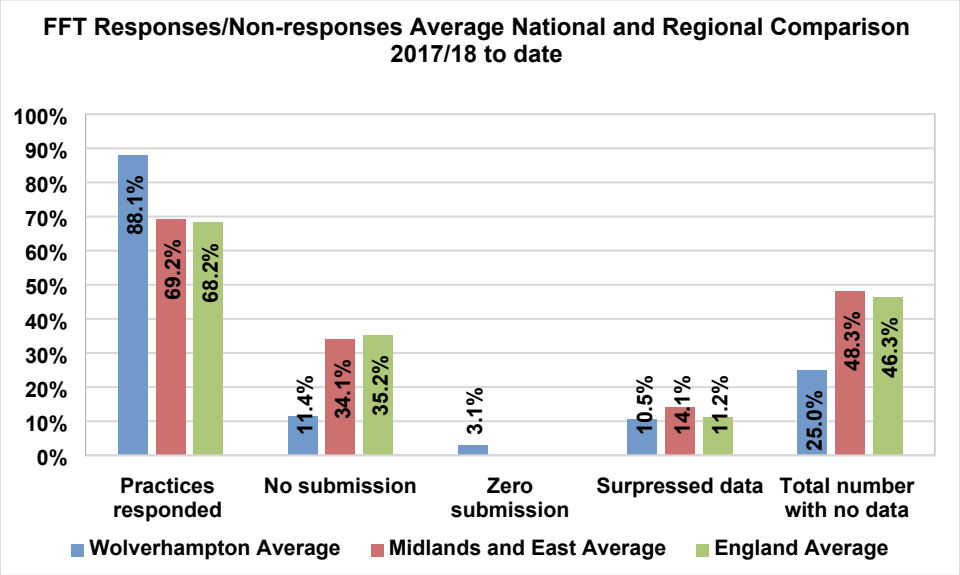
Wolverhampton CCG

	Number	**Percentage**
No of Practices with no submission	4 (3)	9%⇧
No of Practices had data suppressed *(returns with less than 5 responses are not included in the final analysis by NHSE)*	4 (4)	9%⇔
No of practices with zero responses	1 (0)	2.3%⇧
Total number practices with no data	9 (8)	20%⇩

Overall practices with no submission have increased slightly this month (9% compared to 7% in August). Suppressed data has remained the same at 4 practices (9%) and the total number of practices with no data available is 9 (20%) compared to 8 (18%) in August. Regionally and nationally no submissions are at 34.1% and 35.2% and supressed data is at 14.1% and 11.2% respectively.

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

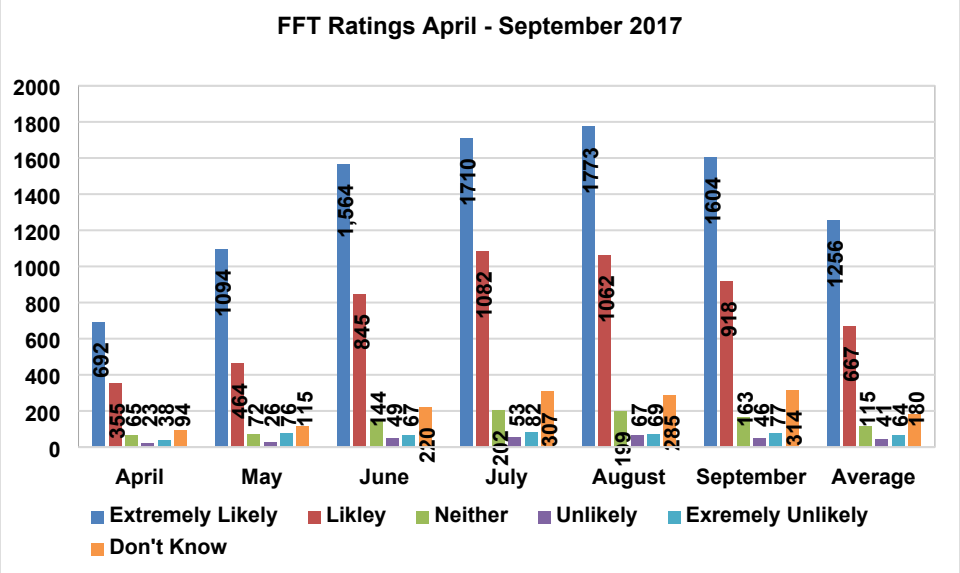


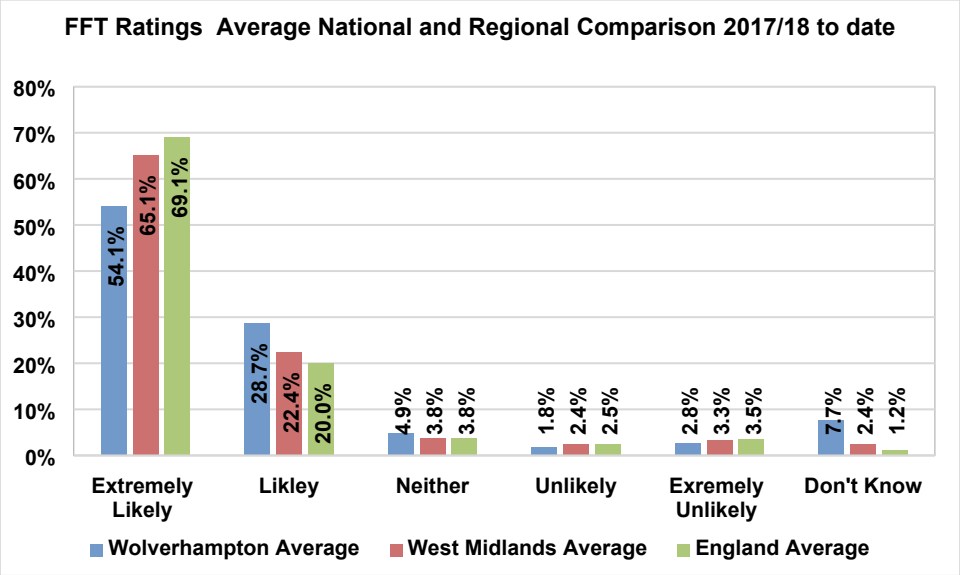


Overall response for WCCG as a proportion of list size was 1.1% which is the same as for the previous month and was significantly better than both the regional (0.6%) and national (0.5%) average.

Ratings:

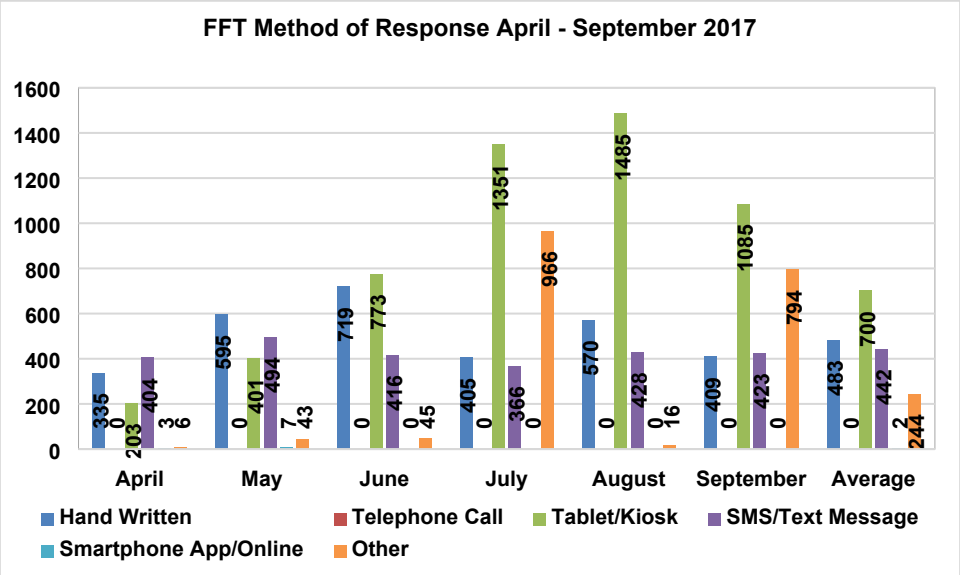
81% (2522) of responses were positive (extremely likely or likely with all practices that had available data providing a response in these categories) this is a slightly lower percentage but better spread of responses than last month (82%). This is again lower than the national and regional averages of 88% and 89%. A total of 4% (121 – with responses from 15 practices – list available) were unlikely or extremely unlikely to recommend which is the same as last month but with fewer practices included, and is lower than the national and regional averages of 6%. However, 15.3% (477) of respondents also gave a neither or don't know answer to this question which is again, higher than the national and regional averages (6.2% WM and 5.2% England) however this is an increase across the board and there may be a number of reasons for this including the way the data is collected.

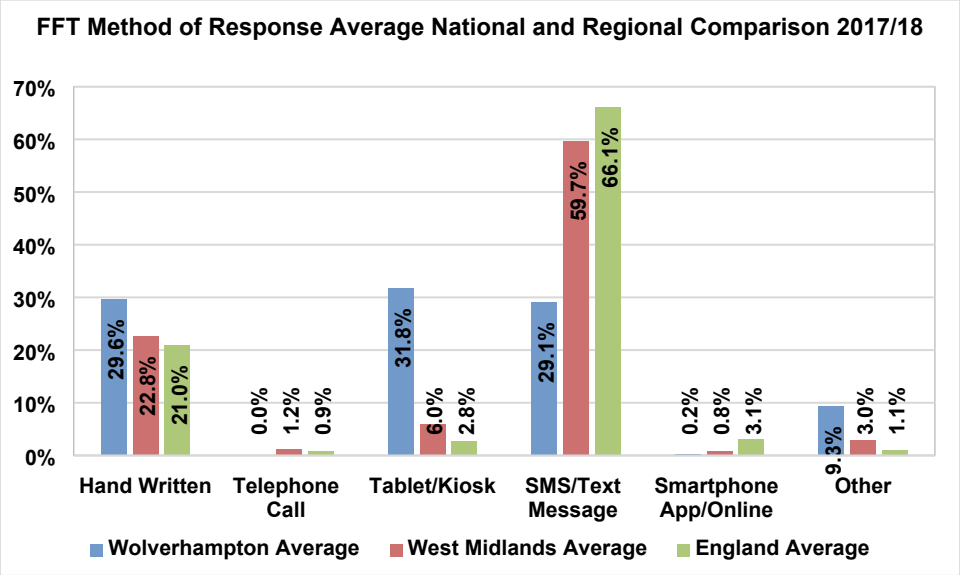




Method of Response:

This month the majority of responses have again come via tablet/kiosk (check in screens at 40.0%), SMS text (15.6%) and then handwritten cards (15.1%). Responses via tablet/kiosk are still significantly higher than the national and regional averages (31.8% on average over the last 6 months compared to 6.0% and 2.8%), but SMS texts remain lower at 29.1% on average over the last 6 months compared to 59.7% and 66.1%. This month a significant number of responses (29.3%) were classed as "other" and could therefore fall into any of the categories.





Please note that some practices do not appear to record the method of collection.

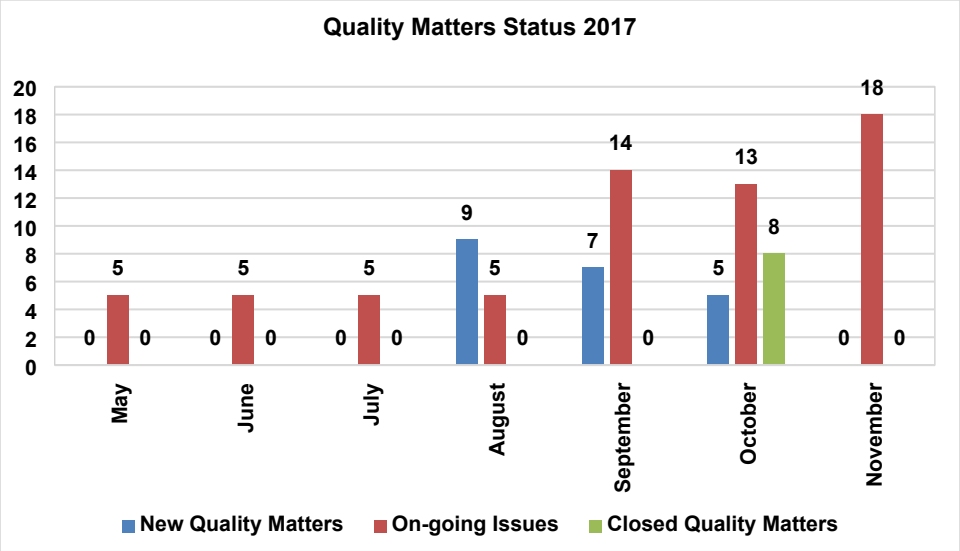
Assurances: FFT activity is being monitored on a monthly basis by the Operational Management Group and via the NHSE Primary Care Dashboard. Non responders, suppressed and zero data is monitored monthly, practices that do not submit are contacted by the Primary Care Contract Manager and appropriate advice and support offered to facilitate compliance. Those that fail to submit on a regular basis may receive a contract breach notice, and a number of sites are being monitored closely. Information from FFT is also triangulated with NHSE Dashboard and GP Patient Survey data when available and with Quality Matters, SIs and complaints.

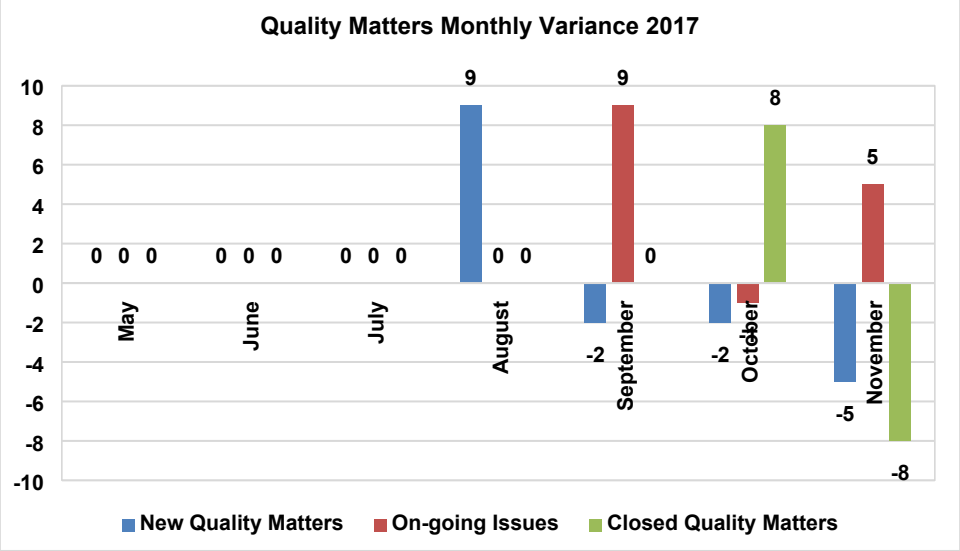
An options paper around increasing uptake and analysis of qualitative data from FFT was presented to the Primary Care Operational Management Group on 24th October – a working group for FFT has been set up, including CCG representation initially, and is due to meet for the first time on Wednesday 29th November to discuss methods of increasing engagement, uptake and promoting FFT across practice groups.

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.

Status	Number	Variance from last month
New	0	-5
On-going	18	5
Closed	0	-8





All incidents here will be reported to PPIGG for logging and escalation once the practice has responded to the request for further information.

Assurances: Quality Matters incidents are now up to date, and all Primary Care incidents have been forwarded to the relevant practice. One practice has been asked to complete an investigation and assurances around repeated incidents.

6. COMPLAINTS

No complaints or compliments relating to primary care are noted for the CCG. NHS England Primary Care complaints data for Quarter 1 was received in early November 2017; there is a delay due to the nature of complaints and timeframes for closure.

In quarter 1 there were 5 complaints received regarding Wolverhampton GP practices. One out of 5 complaints were upheld. Information about action taken and learning is only available for 3/5 incidents and this is very limited due to patient confidentiality, giving anonymised and collated reports from incidents across the West Midlands.

Assurances: GP complaints are dealt with within the surgery or via NHS England and the CCG does not have oversight of these during this process; however an overview of complaints data is provided by NHSE on a quarterly basis and a brief report is be provided with information triangulated with other data e.g. SIs and Quality Matters. All complaints reported to NHSE are logged via PPIGG for appropriate escalation; this includes local actions e.g. additional training or serious incident reporting. Practices must provide evidence of their complaints procedure and handling for CQC.

7. SERIOUS INCIDENTS

One incident is currently being investigated within Primary Care; this is currently being investigated at the practice and has been escalated to NHSE and will be logged at PPIGG and further action taken as directed.

Assurances: The SI is in the process of being reported back to the Quality and Risk Team under the SI Framework, following this it will be scrutinised and the practice involved must provide an action plan and assurances to the CCG that they have put learning and action points into practice. The incident will be reported to NHS England PPIGG group for logging and appropriate escalation.

8. ESCALATION TO NHS ENGLAND

From the PPIGG meeting on 9th November five issues were referred, there was also an additional incident referred directly from NHSE as a complaint and this has also been escalated further and NHSE will liaise directly with the practice. Three incidents are awaiting referral to the next meeting following responses provided to CCG. A third is on hold due to liaison between the practice and a third party.

Assurances:
Assurances around NHSE escalation are provided by bi-weekly feedback from action logs from PPIGG meetings and quarterly reports relating to complaints raised and their outcomes. Any action from escalation is shared via PPIGG and reports, however comprehensive information is not always available.

9. NICE/CLINICAL AUDIT

The NICE assurance group met in November 2017 where the latest guidelines were discussed, this is currently under review and up to date information will be presented at the next meeting. Guidance relevant to primary care from the last NICE meeting is shown below. For the latest list of published guidance please see this link.

Guidance
DG30 - Quantitative faecal immunochemical tests to guide referral for colorectal cancer in primary care
NG71 - Parkinson's disease in adults
QS155 - Low back pain and sciatica in over 16s
QS150 - Haematological cancers
QS152 - Liver disease
QS153 – Multi-morbidity

Assurances: The assurance framework around NICE guidance is currently being reviewed and will be applied in line with the peer review system for GPs.

10. CQC INSEPECTIONS AND RATINGS

There have been no inspections in Wolverhampton in November the 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.

Practice	Report Date	Overall rating
All Saints and Rosevillas Medical Practice	15/05/2017	Good
Poplars Medical Centre	07/06/2017	Good
Primrose Lane Health Centre	18/06/2017	Good
Fordhouses Medical Practice	25/06/2017	Good
Lower Green Health Centre	06/07/2017	Requires Improvement
Bilston Urban Village Medical Centre	10/07/2017	Good
Woden Road Surgery	14/07/2017	Good
Coalway Road Medical Practice	16/07/2017	Good
Hill Street Surgery	20/07/2017	Good
Drs Bilas and Thomas	20/07/2017	Good
Keats Grove Surgery	18/08/2017	Good
Bradley Medical Practice	25/09/2017	Requires Improvement
Whitmore Reans Health Centre	26/09/2017	Good
Dr Nicola Whitehouse	25/10/2017	Good
Probert Road Surgery	23/10/2017	Good
Ashfield Road Surgery	23/10/2017	Good

Assurances: Two practices currently have a Requires Improvement rating and are being monitored by the Primary Care and contracting team with input from the Quality Team. Site visits have been undertaken and outstanding issues and concerns escalated as appropriate.

11. RISK REGISTER

This will now be addressed via the full risk report within the private meeting

RAG rating:

1 - 3	Low risk
4 - 6	Moderate risk
8 - 12	High risk
15 - 25	Extreme risk

Assurances:

The risk register is monitored by the Quality Team and by the Primary Care Committee with feedback provided to the risk handlers regarding updates and closure of risk to ensure that issues are being dealt with in a timely manner.

12. WORKFORCE

The workforce implementation plan has been revised in line with new milestones and action points from STP and national drivers. This includes:

- Workforce succession planning
- Medical workforce attraction and retention
- Nursing workforce attraction and development
- Newer roles within primary care
- Development of non-clinical workforce

A project manager for workforce is now in place working within the Primary Care Team and is revising the plan.

An STP wide workforce action plan has been submitted an approved to NHSE in the last two weeks identifying areas for co-working e.g. overseas recruitment, refugee and asylum seeker programme, succession planning and long term development of staff.

Attraction:

A working group has been set up to develop the fair and ensure a wider and more effective marketing campaign, which includes a video promoting primary care in the city. Focus will now be on robust communications. Work on the video completed this month and is to be edited, and CSU will be collating information to amend the CCG intranet site to include more comprehensive information around workforce and training.

Recruitment:

This will further be developed by the ongoing work on communications and via the local and STP workforce implementation plan.

Development:

The Trainee Nursing Associates are now on placement and the nurses undertaking Fundamentals of Practice Nursing are due to finish their course in October. The TNAs took part in a conference in London on 22nd November to discuss their experiences in primary care, this was very successful and the nurses had an opportunity to network. Other issues discussed were liability insurance, scope of practice and registration of NAs. We have also been invited to take part in Health Education England's General Practice Community of Practice for TNAs in London in January.

The local Practice Nurse Education forum will now be organised by the CCG from January 2018 and this programme of work has already commenced. All session dates are finalised and speakers are currently being arranged. Was to further develop this with additional training sessions are currently being explored.

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

Next steps include exploring clinical academic careers in primary care, this will be led by HEE.

Retention:
Further work around retention will be undertaken as part of STP and national drivers from the 10 Point Action Plan. This includes programmes such as Return to Nursing for General Practice, return to practice for GPs and accreditation of refugee and asylum seeker health professionals.

Assurances:
The workforce implementation plan has been revised following a review of the programme in the light of expansion of the Primary Care Team and the release of the 10 Point Action plan and the workbook is now also revised. Priority is being given to the development of the Workforce Strategy in line with new national and regional programmes of work

13. CLINICAL VIEW

Not applicable

14. PATIENT AND PUBLIC VIEW

Not applicable

15. KEY RISKS AND MITIGATIONS

See section 9.

16. IMPACT ASSESSMENT

Not applicable.

17. ADDITIONAL PAPERS

Not applicable.

This page is intentionally left blank

NHS Wolverhampton Clinical Commissioning Group

WOLVERHAMPTON CCG
Governing Body
14th November 2017

Agenda item 15

TITLE OF REPORT:	Report of the Primary Care Strategy Committee
AUTHOR(s) OF REPORT:	Sarah Southall, Head of Primary Care
MANAGEMENT LEAD:	Sarah Southall, Head of Primary Care
PURPOSE OF REPORT:	To update the governing body on continued progress that has been demonstrated to the Primary Care Strategy Committee following the last update presented on 10th October 2017.
ACTION REQUIRED:	☐ **Decision** ☒ **Assurance**
PUBLIC OR PRIVATE:	This Report is intended for the public domain.
KEY POINTS:	• Progress made towards on-going implementation both the Primary Care Strategy & General Practice Five Year Forward View Programme(s) of Work. • Milestone plans have been developed for both programmes of work. • The committee has reviewed the frequency of meetings with the intention of reducing to quarterly meetings from October onwards and propose a name change from committee to Milestone Review Board.
RECOMMENDATION:	The recommendations made to governing body regarding the content of this report are as follows:- • Receive and discuss this report recognising the extent of progress that has taken place • Note the assurance provided by the Committee & recommendation for change of frequency & name for future meetings • Accept the milestone plans provided for both programmes of work • Support the decision to reduce the frequency of meetings to quarterly from October onwards
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	1 Improving the quality and safety of the services we commission : Ensure on-going safety and performance in the system 2 Reducing Health Inequalities in Wolverhampton: Improve and develop primary care in Wolverhampton; Deliver new models of care that support care closer to home and improve management of Long Term Conditions. 3 System effectiveness delivered within our financial envelope : Deliver improvements in the infrastructure for health and care across Wolverhampton

1 BACKGROUND AND CURRENT SITUATION

1.1. The CCGs Primary Care Strategy Implementation commenced in the summer of 2016. The corresponding programme of work is largely implemented through activities driven by the Primary Care Team and assurance provided to the Primary Care Strategy Committee. Assurance confirms progress and the effectiveness of action taken during the reporting period & often leads to debate at the committee. This report provides an overview of those discussions & the controls in place to safeguard delivery of the programme of work for the Primary Care Strategy and also the General Practice Forward View.

1.2. The CCGs vision is to achieve universally accessible high quality out of hospital services that promote the health and wellbeing of our local community, ensuring that the right treatment is available in the right place at the right time and to improve the quality of life of those living with long term conditions and also reduce health inequalities. Our vision is that this will be achieved continued development of services available in the community and in general practice.

2. Primary Care Strategy Programme of Work

2.1 At the October meeting, considered the viability of future meetings, in recognition of the control measures in place & track record the decision was taken to reduce the frequency of meetings from October onwards to quarterly. The responsible Director would continue to undertake a monthly assurance review with the Head of Primary Care, any escalations during the intervening period would be made directly to the CCG Weekly Executive Meeting(s) as and when the need arose.

2.2 Each nominated lead provided an overview of the updates captured in each respective workbook based on the work of each task & finish group. The programme was largely running in accordance with anticipated timescales however there were 3 exception reports as indicated below:-

Task & Finish Group	Highlights
Practices as Providers	- Risk Stratification Specification has been agreed at CRG. Pilot is taking place in Church Street Surgery, with roll out to remaining practices anticipated once findings are shared with CRG - The Home Visiting service business case is being prepared for the PC/MMO Programme Board in October. - Clinical Pharmacist bid confirmed successful by NHSE survey undertaken of practices who had expressed an interest in the Clinical Pharmacist. Recruitment of additional Clinical Pharmacists is currently underway and the allocation of Clinical Pharmacists to respective practice(s) associated with the bid is anticipated before Christmas. - An exception report was considered pertaining to a review of Back Office Functions, timescales had slipped beyond the anticipated completion a survey was due to commence at group level involving practice managers initially. The Board approved the exception report with the expectation that findings from the survey be considered by each respective Group Meeting and endorsed by the Clinical Lead(s). Findings will be shared with the board in January.

General Practice as Commissioners	- Discussions have been taking place at the Group Leads Meetings (September/October) in response to the data available from the Group Dashboards, reporting period April to July 2017. Data has been further analysed to identify at group level areas requiring further consideration, particularly those specialities where practices have been identified as high referrer(s)/low conversion. The dashboard has exposed group performance across a range of specialties that are now being scrutinised at practice level, findings will be reviewed at Group Meetings in December. Variation in referral patterns involving Vertically Integrated Practices (physiotherapy) has been raised formally with the trust via the Contracting Team. - Updates on progress with service redesign projects are also presented at this forum to enable clinical ownership/engagement including:- o Prospective Peer Review - was presented at the Clinical Reference Group and this was approved in principle as a pilot project. When reviewing the data it was identified that 20 practices were in the cohort where referrals required clarification. Following a discussion at the Group Leads Meeting (October) the decision was taken to merge both peer review specifications in light of relaxation of rules pertaining to prospective peer review. The revised specification will be considered with a view to final approval by CRG in November & implementation lead by the newly recruited Group Managers. o Paediatric Referrals – consideration at group level is taking place regarding the ongoing increase in referrals of this type, a potential solution may be to include input from Consultant Paediatrician(s) in Saturday morning hubs. A service specification is being developed for consideration by CRG. o Risk Stratification – following approval at CRG the specification has been trialled at Church Street Surgery in October with positive feedback. The frequency of meetings is however under review as bi-monthly & the number of patients requiring view may not be reasonably achievable. Discussions with stakeholders have commenced to identify a mutually agreeable way forward. The revised service specification is being tabled at the Clinical Reference Group in November. - An exception report was considered pertaining to Enhanced Services at Scale, group level discussions have not yet concluded to identify what other interventions could be provided under the banner of enhanced services, an extended timescale has been agreed.
Workforce Development	- STP Primary Care Workforce Strategy was under development in response to NHS England expectations, the first draft will be available for consideration at the end of October. This document will have oversight from the Workforce Task and Finish Group. - Planning for nurse education & other non clinical training needs for practice groups continue to be worked up for 2018 & beyond. - Team W (Protected learning time for GPs) – a reduction in the number of attendees has been evident over recent months. Discussions with LMC & Group Leads have concluded with a series of changes being made to the timing and format of future sessions, this will continue to be overseen at monthly Group Leads Meetings. - Stakeholders – close liaison with training & educational establishments continues to be maintained ie Wolverhampton University, Health Education West Midlands etc. - Workforce Engagement & Communications Group – General practice vacancies are being actively advertised via the CCG this includes our

	website, intranet & distribution to stakeholders. Early indications are that this approach is assisting practices in recruiting to vacancies sooner as a result of wider interest. A Working in Wolverhampton video will be available for the Task & Finish Group to consider, filming concluded early November. Development of the Primary Care area of the website continues, use of social media is also being strengthened. A series of case studies have also been prepared & due to published. - Practice Nurse 10 Point Action Plan – the group are assured that progress towards the action plan is on track & gaining momentum. - There were no exceptions to consider for this group.
General Practice Contract Management	- Accountable Care Alliance (ACA) Working Group is being set up with representatives from each practice group and LMC. The first meeting of this group will take place in November & the outcome of discussions shared in subsequent reports. - Enhanced Services – contract variations for a range of enhanced services had recently been finalised with practices. Quarter 2 data was under review to determine any themes or concerns & would be reviewed at Group Level, this is also linked to General Practice as Commissioners (Enhanced Services at Scale). - Practice Merger – a merger among 3 practices is underway following approval at Primary Care Commissioning Committee, oversight by the Primary Care Team continues to take place. The merger is anticipated to conclude in December. - Primary Care Counselling – an extension to the existing contract has been approved at Commissioning Committee in October, until end of March 2018. - An exception report was presented to the board pertaining to Risk / Gain Share Agreement. A delay in concluding this piece of work was noted, timing of discussions coincides with the forthcoming ACA Working Group Meetings. The board accepted the exception.
Estates Development	- North East BCF locality has a potential base at the Science Park. The option is to be discussed and finances to be taken to the next programme board. PCH are holding a workshop in October for and update on the service specification being developed and delivery of services in Wolverhampton. - Lease agreements issue is still on-going, however the CCG and practices have been notified that Internal Repair Leases will not be offered. Practices continue to work with NHSPS to iron out service charge issues and meetings have been on-going with CCG support. PCC delegated authorisation to the Director of Operations for reallocation of ETTF funding which the Operations Team are currently scoping with practices.
IM&T	- Data Checking had concluded for the latest system migration (Castlecroft Practice). There were no exceptions to the migration plan. - The Sound Doctor is available for all practices to utilise - Patient Online Uptake: working with Group Managers to engage the practice groups to increase usage. Also met with NHS Digital Regional Lead to review progress and agree future steps. - Two way text messaging project had been costed & a trial due commence prior to Christmas with a view to full rollout before the end of the financial year. - A review the availability of digital applications was currently underway although it was noted that Ask NHS (Sensely) was available for Wolverhampton patients.

2.2 General Practice Five Year Forward View Progress

Implementation in line with the CCGs local plan continues to make good progress, key areas of activity across the programme include:-

- Number of projects live - 39
- Number of projects completed - 3
- Number of projects due to commence – 3 (awaiting national guidance)

The board agreed that the milestone review plan for the GPFV would be reviewed at quarterly intervals to ensure timely progress was being made against each project within the programme.

Specific updates for consideration are in the following areas-

2.2.1 Care Navigation Training

Care Navigation is a tried and tested model of care that improves access to primary care services for patients and reduces GP pressures all in one. Care Navigation is a person-centred approach that uses signposting and information to help primary care patients and their carers move through the health and social care system as smoothly as possible. The model is applied to pathways where GP referral is not viewed as essential & seeks to avoid delays in patient care.

A further stakeholder event had taken place in October, 6 pathways had been shortlisted for inclusion in the roll out of care navigation. Pathway templates are due to be embedded in practice clinical systems to enable practice staff to commence online training in December.

The pathways included in cohort 1 are as follows:-

- Community Pharmacy
- Minor Eye Conditions
- Community Hub (Starfish)
- One You/ Healthy Lifestyles Service
- Carer Support
- Community Dental

The six identified navigation points are well engaged with the programme, and are scheduled to attend practice staff training in January so that staff are confident in discussion the services.

Clinicians attending the general practitioner educational event (Team W) in November will also hear about the progress & next steps for the programme.

2.2.2 Sound Doctor

This project is now fully implemented and is available to be utilised by practices. Monitored at group level will take place at monthly meetings via the Service Activity Dashboard.

2.2.3 Training & Development

An extensive range of training continues to be available for practices, training held recently includes Effective Telephone Conversations, which was well received and fully subscribed. Further training of this type is planned for the new year.

NHS Improvement & NHS Digital recently delivered sessions on Patient Choice and e-RS, further locally delivered sessions will be offered out to practices, in conjunction with introduction of Care Navigation.

A page has been developed on the website as a central reference point for training updates and promotion, to enable easier access for staff and frequent updates to be available. the number of 'hits' on the page is being monitored to gague the effectiveness of this channel.

2.2.4 Extended access

PCH1 commence extend (hub) opening in September offering appointments to patients in the group on Saturdays. There has been a delay in PCH 2 mobilising extended access hub for practices within this group due to leave commitments hence go live anticipated by 14th October.

Report shared with committee and Q1 progress (September).
Medical Chambers 1 (13 practices) have commenced a hub provision offering appointments to patients from across the group on Saturday(s). A revised delivery plan has been submitted confirming how the funds have been allocated to a nominated practice (Intra-Health). All practices within the group have signed an SLA to confirm their agreement regarding allocations of funds and arrangements for how the hub is being run until the end of March 2018. Also discussions with EMIS have concluded with a new system being introduced to accommodate hub working enabling a separate diary and hub activity to be captured in a dedicated EMIS system in October.

Discussions Medical Chambers 2 continue with a focus on working at scale and how the group will develop i.e. how transformation fund money will be utilised before the end of March 2018.

Primary Care Home 1 & Vertically Integrated Practices continue to provide additional appointments accessible by patients from across both respective groups.

Primary Care Home 2 are due to go live on Saturday 4 November.

3 CLINICAL VIEW

3.1 There are a range of clinical and non-clinical professionals who are actively involved in discussions at task and finish group meetings as well as the board.

4 PATIENT AND PUBLIC VIEW

4.1 Whilst patients and the public were engaged in the development of the Primary Care Strategy and Patient Participation Group Chairs are involved in discussions associated with both programmes of work the Governing Body lay member is also appraised of ongoing developments & intentions through regular liaison & discussions. As part of the new appointment to the Lay Member post this .

4.2 An update on Primary Care was provided to the Patient Participation Group Chairs in September, and meetings at group level have been introduced on a quarterly basis to ensure patients and the public are invited to share their suggestions on areas for improvement and take part in discussions about changes affecting patients within their respective practice group.

5 RISKS AND IMPLICATIONS

Key Risks

The board has in place a series of risk logs and also an escalation log. Whilst there are no red risks to raise with Governing Body the following risks have been discussed at the board in October:-

- Workforce Task & Finish Group : Depletion of workforce numbers in primary care (score 12) anticipated reduction in score in Quarter 3.
- Workforce Task & Finish Group : Financial Implications associated with roles in primary care (score 12) anticipated reduction in score in Quarter 3.
- Estates Task & Finish Group : The impact of new eases with NHS Property Services not yet being signed (score 12) anticipated reduction in score in Quarter 3.

Financial and Resource Implications

5.2 At this stage there are no financial and resource implications for the Governing Body to consider, representation and involvement from finance colleagues at committee and task and finish group level will enable appropriate discussions to take place in a timely manner.

Quality and Safety Implications

5.3 Patient safety is first and foremost, the experience of patients accessing primary medical services as the programme has established is anticipated to be met with positive experiences of care. The quality team are actively engaged as service design / redesign takes place and evaluation of existing care delivery is undertaken.

Equality Implications

5.4 The Strategy has a full equality analysis in place. This will require periodic review during the implementation phase, a review of the equality analysis is due to take place shortly & will be discussed at the board in January 2018.

Medicines Management Implications

5.5 The role of clinical pharmacist is an area of specific attention within the programme of work. A task and finish group has been established to ensure this role is utilised with maximum impact in the future.

Legal and Policy Implications

5.6 The Primary Care Strategy demonstrates how the CCG seeks to satisfy its statutory duties and takes account of the key principles defined within the General Practice Five Year Forward View.

Date **6 November 2017**

SLS/GBR-PCSC/NOV17

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	**NA**	
Public/ Patient View	**NA**	
Finance Implications discussed with Finance Team	**NA**	
Quality Implications discussed with Quality and Risk Team	**NA**	
Equality Implications discussed with CSU Equality and Inclusion Service	**NA**	
Information Governance implications discussed with IG Support Officer	**NA**	
Legal/ Policy implications discussed with Corporate Operations Manager	**NA**	
Other Implications (Medicines management, estates, HR, IM&T etc.)	**NA**	
Any relevant data requirements discussed with CSU Business Intelligence	**NA**	
Signed off by Report Owner (Must be completed)	**Steven Marshall**	**7.11.17**

This page is intentionally left blank

NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG
PRIMARY CARE COMMISSIONING COMMITTEE
Tuesday 5th December 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:	☐ **Decision** ☒ **Assurance**
PUBLIC OR PRIVATE:	This report is intended for the public domain.
KEY POINTS:	1. There is good news about leases for practices in NHSPS premises with new proposals from Property Services. 2. Local GPFV work continues apace with many new initiatives for GPs in the City. 3. Improvements are being made to Team W events to ensure as wide an audience as possible can be reached.
RECOMMENDATION:	To provide the Committee with an update on 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 21st November 2017 and this report is a summary of the discussions which took place.

2. MAIN BODY OF THE REPORT

2.1. Clinical Reference Group

The notes from the Clinical Reference Group were reviewed, prompting discussion about a proposed 'QOF+' type scheme and the need for further Aristotle training to support risk stratification.

2.2. Primary Care Matrix

A review of the Primary Care Matrix identified issues around the temporary closure of the Ruskin Road branch practice and the planned closure of Dunkley Street branch practice by the end of November.

2.3 IT Migration

IT Migration has highlighted some issues with the Docman 10 document management system when merging practices. The CCG IM&T team are working with Docman to mitigate any issues and have a plan for planned mergers.

2.4 Estates Update

An ongoing issue whereby practices occupying NHSPS premises have been asked to sign new leases that they are not comfortable with looks to be reaching a satisfactory conclusion with the introduction of a new type of lease from NHSPS. Work is continuing to progress ETTF projects before the end of the financial year.

2.5 Quality Update

The Quality team are creating a new working group to work with practices to improve the number of Friends and Family returns. This feedback is very important so that patient's voices can be heard and improvements made based upon the responses. The team are currently dealing with 18 quality matters and keep the Operational Management Group appraised of progress with these.

2.6 General Practice Forward View

The General Practice Forward View programme of work continues to deliver, working on extended Winter opening via practice groupings; workforce development are launching a website to attract staff to Wolverhampton; online consultations are being introduced, primarily in Care Homes; two way texting is being implemented to improve patient feedback to practices.

2.7 **CQC Update**

CQC gave an update on the practices they have visited and those that are planned – all outcomes are published on the CQC website.

2.8 **Team W Training Events**

Following a review of the Team W training events for clinical staff a number of changes are due to be introduced including a change to the timing of the meeting and a plan to publish the meetings online for web access following the events.

3. CLINICAL VIEW

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

4. PATIENT AND PUBLIC VIEW

4.1. Patient and public views are sought as required.

5. KEY RISKS AND MITIGATIONS

5.1. Project risks are reviewed as escalated from the programme.

6. IMPACT ASSESSMENT

Financial and Resource Implications

6.1. The group has no authority to make decisions regarding Finance.

Quality and Safety Implications

6.2. A quality representative is a member of the Group.

Equality Implications

6.3. Equality and Inclusion views are sought as required.

Legal and Policy Implications

6.4. Governance views are sought as required.

Other Implications

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

Name: Mike Hastings
Job Title: Director of Operations
Date: 29th November 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**	**29.11.17**