

**Meeting of the Primary Care Commissioning Committee (PUBLIC)
Tuesday 6th February 2018 at 2.00 pm
Stephenson Room, Technology Centre, Wolverhampton Science Park**

A G E N D A

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|----|---|----------------|-----------|
| 1 | Welcome and Introductions | All | Verbal |
| 2 | Apologies | Chair | Verbal |
| 3 | Declarations of Interest | All | Verbal |
| 4 | Minutes of the meeting held on 5th December 2017 | Chair | 1 - 6 |
| 5 | Matters Arising from the Minutes | All | Verbal |
| 6 | Committee Action Points | Chair | 7 - 10 |
| 7 | Primary Care Quality Report | Chair | 11 - 26 |
| 8 | Quarterly WCCG Finance Report | Chair | 27 - 32 |
| 9 | Governing Body Report/Primary Care Milestone Review Board Update | Sarah Southall | 33 - 50 |
| 10 | Primary Care Operational Management Group Update | Mike Hastings | To Follow |
| 11 | Services Out of Area Registration Scheme Report | Sarah Southall | To Follow |
| 12 | Any Other Business | Chair | Verbal |
| 13 | Date of Next Meeting
Tuesday 3 rd April 2018 at 2.00pm in PC108, 1 st Floor,
Creative Industries Centre, Wolverhampton Science Park | | |

For further information on this agenda or about the meeting generally, or to submit apologies for absence, please contact Laura Russell on 01902 44613 or email laura.russell4@nhs.net

MEMBERSHIP	
Wolverhampton CCG	Dr D Bush Dr H Hibbs Dr Kainth Mr S Marshall Dr Reehana Mr L Trigg Ms S McKie
NHS England	Mr B Dhani
Patient Representatives	Sarah Gaytten
Invitees (Non-Voting)	Elizabeth Learoyd (Healthwatch) John Denley (Health and Wellbeing Board)

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

Minutes of the Primary Care Commissioning Committee Meeting (Public)
Held on Tuesday 5th December 2017, Commencing at 2.00 pm in the in PC108, Creative
Industries Building, Wolverhampton Science Park

MEMBERS ~

Wolverhampton CCG ~

		Present
Sue McKie	Chair	Yes
Dr David Bush	Locality Chair / GP	Yes
Dr Manjit Kainth	Locality Chair / GP	No
Dr Salma Reehana	Clinical Chair of the Governing Body	Yes
Steven Marshall	Director of Strategy & Transformation	No
Les Trigg	Lay Member (Vice Chair)	Yes

NHS England ~

Bal Dhami	Contract Manager	Yes
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Independent Patient Representatives ~

Sarah Gaytten	Independent Patient Representative	No
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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)	No
Peter McKenzie	Corporate Operations Manager (WCCG)	Yes
Gill Shelley	Primary Care Contracts Manager (WCCG)	No
Sarah Southall	Head of Primary Care (WCCG)	Yes
Liz Corrigan	Primary Care Quality Manager Assurance Coordinator	Yes
Jane Worton	Primary Care Liaison Manager	Yes
Laura Russell	Primary Care PMO Administrator (WCCG – minutes)	Yes

Welcomes and Introductions

WPCC153 Ms McKie welcomed attendees to the meeting and introductions took place.

Apologies for absence

WPCC154 Apologies were submitted on behalf of Dr Helen Hibbs, Steven Marshall, Sarah Gaytten, Gill Shelley and Jeff Blankley.

Declarations of Interest

WPCC155 Dr Bush 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 with Public Health at the 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 December 2017.

WPCC156 **RESOLVED:**

That the minutes of the previous meeting held on the 7th November 2017 were approved as an accurate record.

Matters Arising from the minutes

WPCC157 There were no matters arising from the minutes.

RESOLUTION: That the above is noted.

Committee Action Points

WPCC158 **Minute Number PCC302a - Premises Charges (Rent Reimbursement)**
Mr Hastings noted the CCG have been informed the cost directives will be made available in January 2018. Action to remain open.

Minute Number WPCC117 - Provision of Services post Dr Mudigonda Retirement from a Partnership to single handed contract - Business Case

A report expected in September 2018 from Ms Shelley regarding the progress made to secure a partner onto the contract. Mrs Southall advised the Committee that the Practice have confirmed their intention to align within

Primary Care Home 1 (PCH1), however they will not be taking part in the hub working until the end of the year.

RESOLVED: That the above is noted.

Primary Care Quality Report

WPCC159 Ms Corrigan presented the quality report to the Committee which provides an overview of activity in primary Care. The following was highlighted to the Committee:

- The infection prevention standards and scores have improved since the new infection prevention audit was first introduced, Practices are becoming more aware of the new requirements. The Primary Care Liaison for infection prevention continues to provide support to a Practice who had a red rating in August 2017.
- The results for Friends and Family data slightly dipped for the month at 81% compared to the previous month at 82% (percentage recommended). The Friends and Family Test data is monitored at the Primary Care Operational Management Group and via NHS England Primary Care Dashboard. An options paper around increasing uptake and analysis of qualitative data was presented to the Primary Care Operational Management Group on the 24th October 2017. A Task and Finish Group has been set up and is due to meet for the first time to discuss methods of increasing engagement, uptake and promoting Friends and Family across the Practices.
- The Quality Matters data was shared with the Committee, the themes have been reviewed and work is being undertaken with the Information Governance Team, more detail will be provided within the next report.
- There are no complaints or compliments relating to Primary Care noted for the CCG. The reporting for complaints has changed and the CCG will now receive a copy of the complaints sent to NHS England, which previously the CCG did not receive. The historic complaints for the previous year and those for quarter 1 are now available. It was agreed this report would be provided at the next meeting.
- The assurance framework around NICE guidance is currently being reviewed and will be applied in line with peer review system for GPs.
- The risk register will now be addressed via the full risk report within the private committee.
- The workforce plan continues in line with the Primary Care Strategy, STP and national drivers. An STP wide workforce action plan has been submitted to NHS England. A video on promoting primary care in the City has been completed within the month and is currently being edited once finalised this will be made available on the CCG Internet site. It was suggested by the Committee this needed to be shared quite widely. The Trainee Nurse Associates have taken part at a London conference to discuss and share their experiences in primary care, this has been well received.

RESOLUTION: Ms Corrigan to provide the NHS England's Complaints report to the next meeting.

Governing Body Report/Primary Care Milestone Programme Review Board Update

WPCC160 Mrs Southall informed the Committee the report presented had been shared with the Governing Body at the November meeting, which was based on the activity during the month of October 2017. The following points were highlighted to the Committee:

- An overview of work being undertaken within each Task and Finish Group has been provided and the programme is largely running in accordance with anticipated timescales. There were however 3 exception reports received at the October Primary Care Milestone Review Board meeting. The Board reviewed and agreed the exception reports, which were in relation to following;
 - Practices as Providers - review of back office functions
 - General Practice as Commissioners - Enhanced Services at scale
 - Primary Care Contract Management - Risk/gain share agreement
- The implementation plan for the General Practice Five Year Forward View continues to make good progress. There are currently 39 live projects with a further 3 due to commence however the CCG are just awaiting national guidance. A stakeholder event took place in October pertaining to Care Navigation where 6 pathways have been short listed for inclusion in the first roll out of care navigation. A training event has been organised for January with the launch of the first phase for care navigation in February 2018.
- The Primary Care Milestone Programme Review Board has in place a series of risk logs and an escalation log. There are currently no red risks raised to the Governing Body, however the following risks were discussed by the Board;
 - Workforce Task and Finish Group: Depletion of workforce numbers in primary care (score 12) anticipated reduction in score in quarter 3.
 - Workforce Task and Finish Group: Financial implications associated with roles in primary care (score 12) anticipated reduction in score in quarter 3.
 - Estates Task and Finish Group: The impact of new leases with NHS Property Services not yet being signed (score 12) anticipated reduction in score in quarter 3.

Ms Cresswell advised in relation to patient engagement the message needs to be consistent and made clear to patients for example with care navigation. Mrs Southall highlighted that in relation to care navigation presentations have been made at both September and November PPG Chairs meetings. There will also be resources going out to practices to display within practices and a comms plan

is being developed. A discussion took place around how to manage patient's expectations in relation to services and their GP practices.

Dr Reehana asked in terms of Sound Doctor which was referenced under the IMT Task and Finish Group update, when the first set of data would be made available. Mrs Southall/Mr Hastings agreed to check with the Provider and report back.

RESOLUTION: Mrs Southall and Mr Hastings to check with the provider of Sound Doctor to see when the first set of data will be made available.

Primary Care Operational Management Group Update

WPCC161 Mr Hastings informed the Committee of the discussions which took place at the Primary Care Operational Management Group Meeting on the 21st November 2017 and highlighted the following points:

- The Clinical Reference Group notes were shared and discussions took place regarding a proposed QOF+ type scheme for risk stratification, which has since been discussed at the last members meeting.
- IT migration has highlighted some issues with Docman 10 document management system when practices are undergoing a merge, these issues are being reviewed.
- New leases from NHS Property Services are currently going through legal checks.
- CQC provided an update on the practices they have visited and those that are planned. All the outcomes are published on the CQC website.
- Following a review of Team W Events for clinical staff a number of changes are to be introduced including changing the timings of the meeting and plan to publish the meetings online for web access.

RESOLVED: That the above is noted.

Any Other Business

WPCC162 Winter Scheme for Practices

Mrs Southall asked for this to be placed on the next agenda, for a full update to be provided to the Committee. Ms Russell to add to agenda.

RESOLUTION: To add Winter Schemes update onto the next agenda.

Date, Time and Venue of the Next Meeting

WPCC163 **CANCELLED- Tuesday 2nd January 2018 at 2.00pm in the Stephenson Room, Wolverhampton Science Park**

Next Meeting - Tuesday 6th February 2018 at 2.00pm in the Stephenson Room, Wolverhampton Science Park, Technology Centre, WV10 9RU

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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> <p>07.06.17 – Action to remain open cost directives still awaited.</p>

						<p>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.</p> <p>05.09.17 - The CCG are still awaiting the cost directives.</p> <p>07.11.17 - The CCG are still awaiting the cost directives.</p> <p>05.12.17 – CCG informed the cost directives will be made available in January 2018.</p>
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Primary Care Commissioning Committee Actions Log (public)

Action No	Date of meeting	Minute Number	Item	By When	By Whom	Action Update
10	05.09.17	WPCC117	<p>Provision of Services post Dr Mudigonda Retirement from a Partnership to single handed contract – Business Case</p> <p>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</p>	October 2017	Ms Shelley	<p>07.11.17 - 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.</p> <p>05.12.17 – Report due September 2018 and confirmation received that the practice will align to primary Care Home 1.</p>

11	05.12.17	WPCC159	Primary Care Quality Report Ms Corrigan to provide the NHS England's Complaints report to the next meeting.	February 2018	Liz Corrigan	
12.	05.12.17	WPCC	Governing Body Report/Primary Care Milestone Programme Review Board Update Mrs Southall and Mr Hastings to check with the provider of Sound Doctor to see when the first set of data will be made available.	February 2018	Sarah Southall and Mike Hastings	

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WOLVERHAMPTON CCG

PRIMARY CARE COMMISSIONING COMMITTEE
6TH FEBRUARY 2018

TITLE OF REPORT:	Primary Care Monthly Report
AUTHOR(s) OF REPORT:	Liz Corrigan – Primary Care Quality Assurance Coordinator
MANAGEMENT LEAD:	Steve 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:	<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"> • 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 four practices (one in August review on-going and three in December) Outstanding action plan by practice with low audit from August has been returned and practice has confirmed that they have booked work to be carried out in February	1b
MRHA	Nil to report	1a
FFT	Repeat non-submissions for three practices Percentage who would recommend their practice 82% Percentage who would not recommend 4% Response rate 1.6% No submission for 10 practices Zero submission for 1 practice Supressed data for 1 practice	1b
Quality Matters	11 open Quality Matters identified, 9 ongoing and 2 new incidents.	1b
Complaints	The CCG continues to be copied in on new complaints from NHSE as they are reported, 12 GP complaints have been received since the beginning of November. These are ongoing.	1a
Serious Incidents	Two incidents currently being investigated, one recently closed.	1b
Escalation to NHSE	Four incidents were referred to the NHSE PPIGG meeting escalated as appropriate and will now be managed by NHSE.	1a
NICE	No issues to report.	1a
CQC	Two practices have received a “Requires Improvement” rating and are being monitored. Revisit for one practice by CQC – awaiting revised report.	1b
Workforce	Workforce strategy now completed, work continues around Working in Wolverhampton video for recruitment, and attendance at recruitment fairs and events planned for the coming year.	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. Information for the most recent visits and audits are shown below.

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

Ratings for January 2018	Number	Percentage
Gold	0	0%
Silver	6	60%
Bronze	1	10%
No rating	3	30%

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

Twenty six audit reports have been received so far this year; the highest score noted is 96% (silver) and the lowest 76% (no rating); the average score is 90% (bronze).

Influenza Vaccination: Appendix 1 shows the flu vaccine uptakes for Wolverhampton up to 21st January with average uptakes across all groups with a comparator of uptake during the same week last year. Highest uptake is in the 65+ age group (67.9%), and lowest in children at risk aged 6 months – 2 years (14.9%) and children at risk aged 2 – 5 (34.7%).

Information on individual practice uptake has been shared with locality managers.

Assurances: The Primary Care Liaison Nurse for IP is supporting the practice that had a red rating in August they are undergoing a 3 month follow up, the practice have provided assurances that they have booked all works to be carried out in February. The CCG and IP will support the three practices that had red ratings recently where appropriate. Other practices with outstanding actions are also currently being followed up. Monitoring of returns is also being undertaken by the Primary Care Quality Assurance Coordinator in conjunction with the IP team and by the Primary Care Team.

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.



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 November links are below – these are forwarded directly to practices by NHS England:

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

4. FRIENDS AND FAMILY TEST

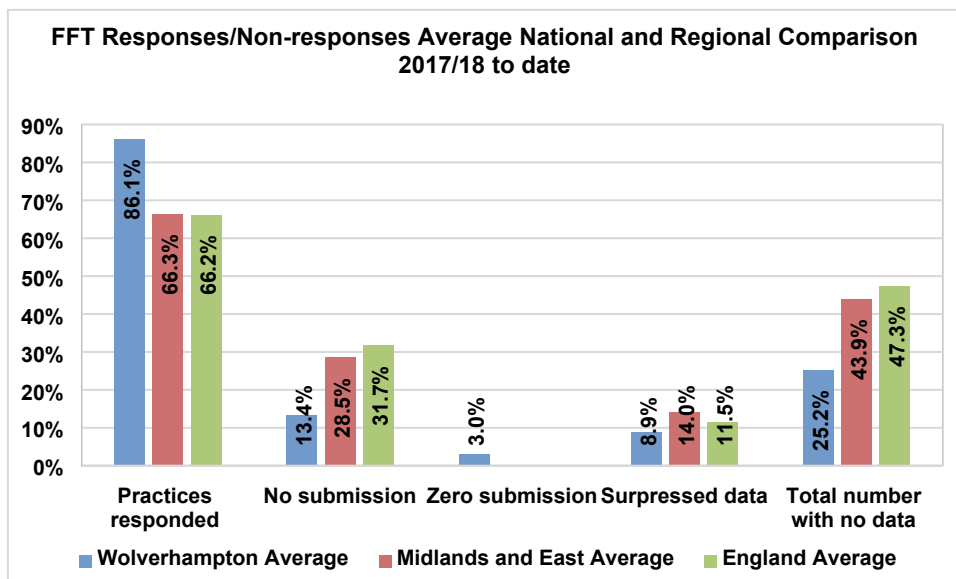
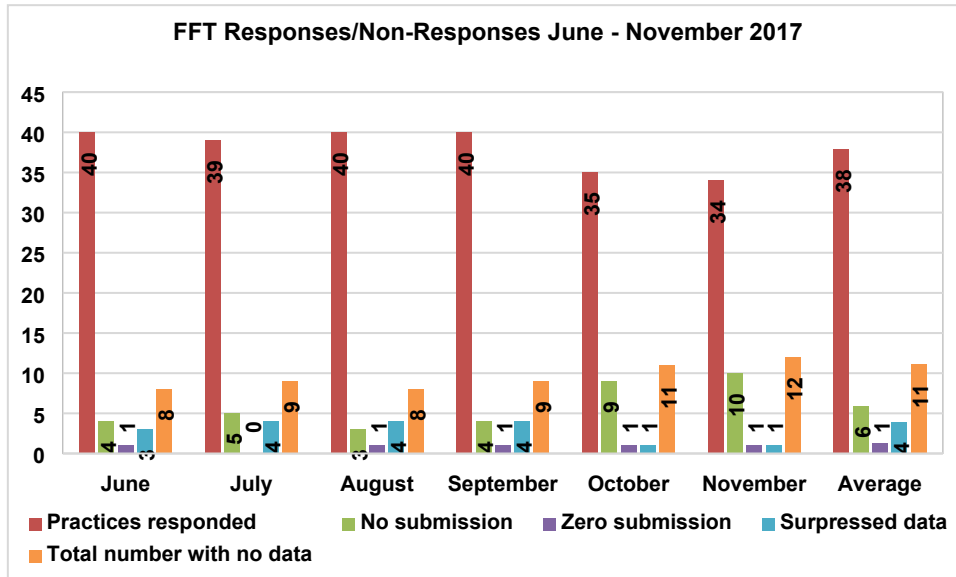
The figures for December FFT submissions (November 2017 figures) are shown below.

Data:

GP FFT	November Data (December Submission)		
	WCCG	West Mids	England
Percentage Recommended	82%↓ (83%) (3693/4484)	88%↑ (87%)	89%↔ (89%)
Percentage Not recommended	4%↑ (3%) (168/4484)	6%↔ (6%)	6%↔ (6%)
Overall response % of total list size	1.6%↑ (1.2%) (4484/278418)	0.6% ↓ (0.8%)	0.6%↔ (0.6%)
Wolverhampton CCG			
	Number	Percentage	
No of Practices with no submission	10 (9)	23%↑	
No of Practices had data suppressed <i>(returns with less than 5 responses are not included in the final analysis by NHSE)</i>	1 (1)	9%↔	
No of practices with zero responses	1 (1)	2.3%↔	
Total number practices with no data	12 (11)	27%↑	

Overall practices with no submission have increased again this month (23% compared to 21% in November). Suppressed data has stayed the same at 1 practice (9%) and the total number of practices with no data available is 12 (27%) compared to 11 (25%) in October. Regionally and nationally no submissions are at 27% and 28% and suppressed data is at 14% and 11% respectively.

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



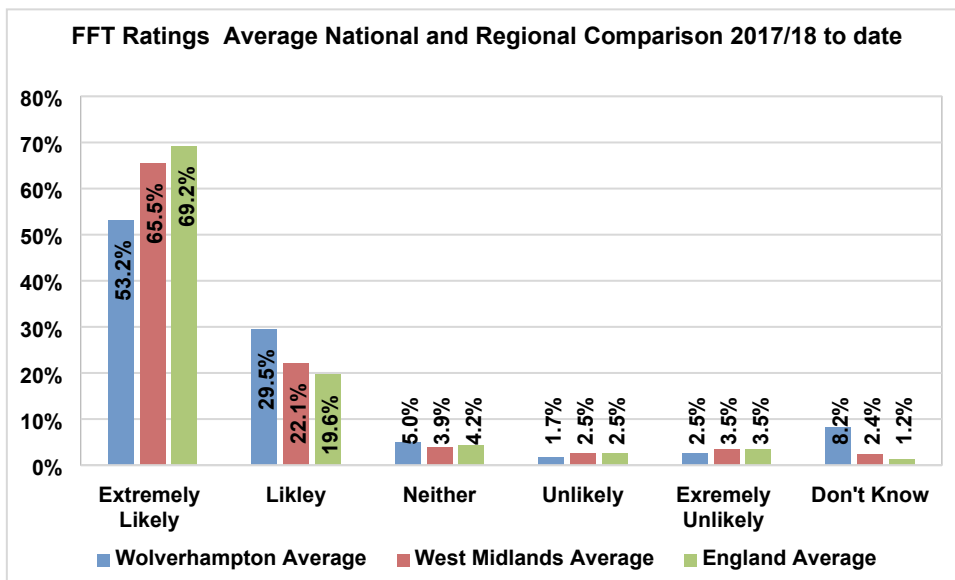
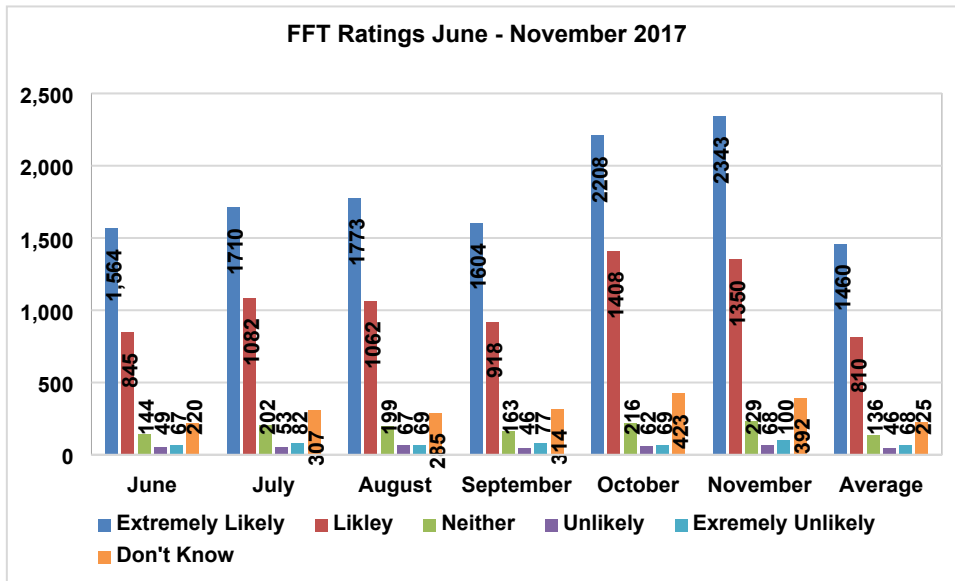
Overall response for WCCG as a proportion of list size was 1.6% which is a slight increase and still significantly better than both the regional and national average (0.6%). One practice had an issue with the submission software and provided figures manually (see above).

Ratings:

82% (3693 responses from 32 practices) of responses were positive (extremely likely or likely with all practices that had available data providing a response in these categories) this is slightly lower than last month (83%). This is again lower than the national and regional



averages of 88% and 89%. A total of 4% (168 – with responses from 15 practices – list available) were unlikely or extremely unlikely to recommend which is slightly improved on last month, and is lower than the national and regional averages of 6%. However, as with last month 13.8% (621) 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 5.5% 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 e.g. prior to appointment via the check in screen.

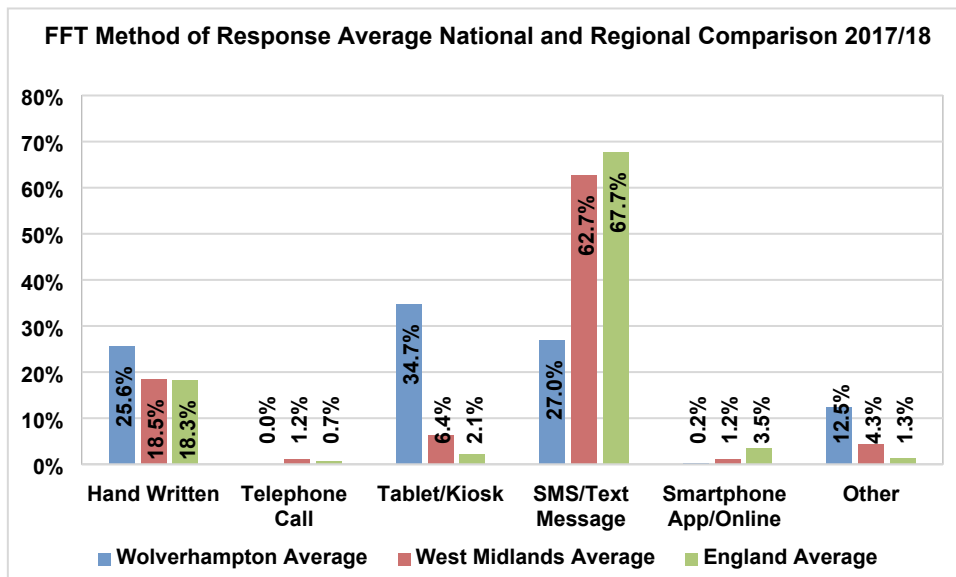
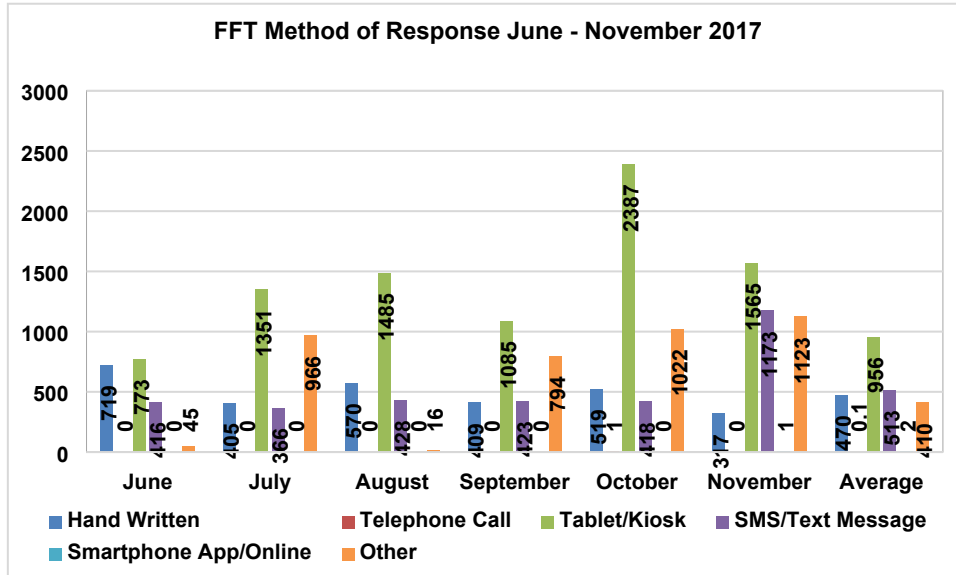


Method of Response:

This month the majority of responses have again come via tablet/kiosk (check in screens at 37.4%), SMS text (28.1%) and then handwritten cards (7.6%). Responses via tablet/kiosk are still significantly higher than the national and regional averages (34.7% on average over the last 6 months compared to 6.4% and 2.1%), but SMS texts still remain lower at 27% on



average over the last 6 months compared to 67.7%. Again this month a significant number of responses (26.9%) 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.

FFT Working Group:

The working group for FFT met again on 17th January to discuss methods of increasing engagement, uptake and promoting FFT across practice groups. The group originally identified the following actions:

- Increase uptake by patients and engagement from practices



- Eradicate repeat non-responders/low submissions
- Re-launch the tool and encourage active promotion

The following actions were agreed at this time:

- The FFT business case to be taken to the LMC for consideration – discussed with LMC lead and forwarded for consideration
- To identify any existing marketing materials that could be sourced or used as a template – no new materials identified, to check with other CCGs
- To check GP attendance numbers to get a truer figure of FFT uptake – this is not currently available via Aristotle or NHS Digital

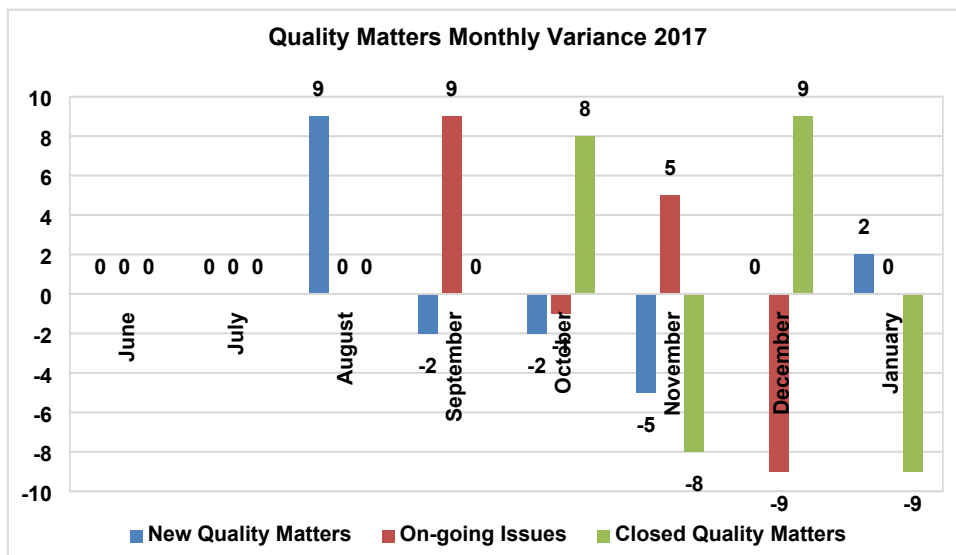
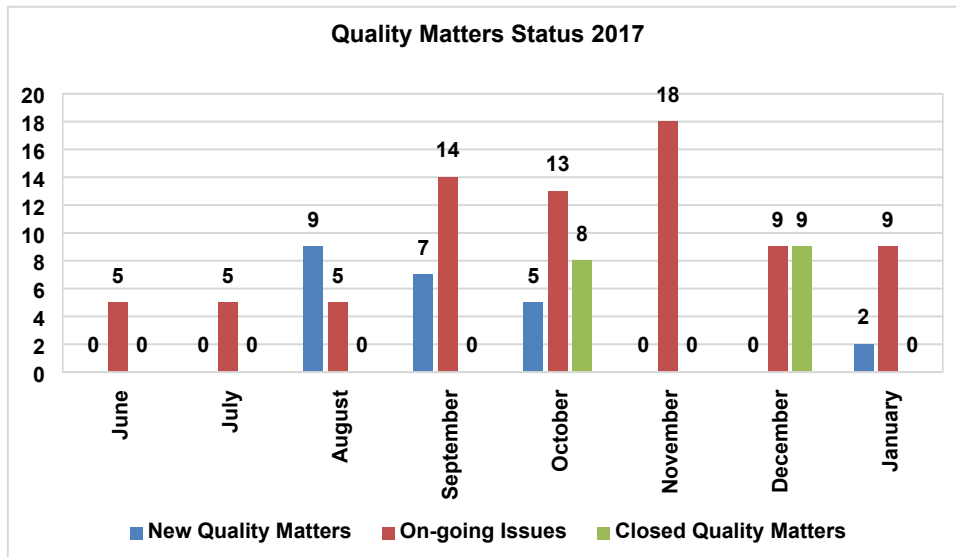
Assurances: FFT activity is being monitored on a monthly basis by the Operational Management Group, FFT working group (next meeting 9th February 2018) and via the NHSE Primary Care Dashboard. Non responders, suppressed and zero data is monitored monthly, practices that do not submit are contacted by the Primary Care Contract Manager Gill Shelley 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.

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	2	2
On-going	9	0
Closed	0	-9





Assurances: Quality Matters incidents are now up to date, and all Primary Care incidents have been forwarded to the relevant practices and to NHSE where appropriate.

6. COMPLAINTS

The CCG continues to be copied in on new complaints from NHSE as they are reported, 12 GP complaints have been received since the beginning of November. The breakdown of reports are as follows:

Month	Number
November	6
December	3
January	3



Assurances: The CCG does not have oversight of GP complaints dealt with within the surgery. NHSE is now sharing complaints data and this can be 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 and for the CCG Collaborative Contracting team.

7. SERIOUS INCIDENTS

There are two incidents currently under investigation and one incident has recently been closed.

Assurances: The practice involved has provide an action plan and assurances to the CCG that they have put learning and action points into practice. The incident has been reported to NHS England PPIGG group for logging and appropriate escalation.

A date for further RCA training has been set for 13th and 16th February 2018.

8. ESCALATION TO NHS ENGLAND

Four incidents were referred to the NHSE PPIGG meeting following responses provided to CCG, these have been escalated as appropriate and will now be managed by NHSE. A fifth is on hold due to liaison between the practice and a third party.

NHSE had escalated one of the SIs discussed above to PPIGG at the last meeting and are awaiting the RCA.

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](#).

Guideline	Published
TA471 - Eluxadolone for treating irritable bowel syndrome with diarrhoea	Aug-17



TA464 - Bisphosphonates for treating osteoporosis	Aug-17
QS161 - Sepsis	Sep-17
QS159 - Transition between inpatient mental health settings and community or care home settings.	Sep-17
QS158 - Rehabilitation after critical illness in adults	Sep-17
QS157 - HIV testing: encouraging uptake	Sep-17
NG75 - Faltering growth: recognition and management of faltering growth in children	Sep-17
NG74 - Intermediate care including reablement	Sep-17
IPG591 - Ab externo canaloplasty for primary open-angle glaucoma.	Sep-17
TA477 - Autologous chondrocyte implantation for treating symptomatic articular cartilage defects of the knee.	Oct-17
QS162 - Cerebral palsy in children and young people	Oct-17
NG79 - Sinusitis (acute): antimicrobial prescribing	Oct-17
NG78 - Cystic fibrosis: diagnosis and management	Oct-17
NG77 - Cataracts in adults: management	Oct-17
NG76 - Child abuse and neglect	Oct-17
NG81 - Glaucoma: diagnosis and management	Nov-17
NG80 - Asthma: diagnosis, monitoring and chronic asthma management	Nov-17

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 has been one report published this month, the most recent reports 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
Dr Joseph Fowler	08/01/2018	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 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 has developed the Workforce Strategy.

Attraction:

Work on the video is due to be completed later this month and is to be edited, and CSU will continue 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 due to enter their second year. We also took part in Health Education England's General Practice Community of Practice for TNAs in London in January, an action plan for promoting the NA programme in general practice is being formulated from this meeting. A further 5000 NAs will be recruited through the apprenticeship scheme this year with funding support from HEE. We have also been asked to present at the RCN HCA conference and at the HEE West Midlands NA forum in February, and at the Midlands and East GPN Conference in March.

The local Practice Nurse Education forum is now being organised by the CCG from January 2018 and this programme of work has already commenced, with all except two sessions booked in advance. All session dates are finalised. We plan to further develop this with additional training sessions currently being explored.

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

Discussion at the next task and finish group will include introduction to General Practice Nursing training and standing agenda items. Group members are also due to meet with the Wolverhampton University Apprenticeship hub.

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
None



PRIMARY CARE COMMISSIONING COMMITTEE – CHANGES FEBRUARY 2018

These changes relate to December 2017 and February 2018.

Issue	December 2017	February 2018
IP	<p>Low IP audit rating for one practice in August review on-going</p> <p>Awaiting return of audit action plan by practice, with confirmation of work required.</p>	<p>Low IP audit rating for four practices (one in August review on-going and three in December)</p> <p>Outstanding action plan by practice with low audit from August has been returned and practice has confirmed that they have booked work to be carried out in February</p>
MRHA	Nil to report	Nil to report
FFT	<p>Repeat non-submissions for two practices</p> <p>Percentage who would recommend their practice 81%</p> <p>Percentage who would not recommend 4%</p> <p>Response rate 1.1%</p> <p>No submission for 4 practices</p> <p>Zero submission for 1 practice</p> <p>Supressed data for 4 practices</p> <p>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 to work with practices to increase uptake and reduce non-response.</p>	<p>Repeat non-submissions for three practices</p> <p>Percentage who would recommend their practice 82%</p> <p>Percentage who would not recommend 4%</p> <p>Response rate 1.6%</p> <p>No submission for 10 practices</p> <p>Zero submission for 1 practice</p> <p>Supressed data for 1 practice</p> <p>The working group for FFT met again on 17th January. The following actions were agreed at this time:</p> <ul style="list-style-type: none"> • The FFT business case to be taken to the LMC for consideration – discussed with LMC lead and forwarded for consideration • To identify any existing marketing materials that could be sourced or used as a template – no new materials identified, to check with other CCGs • To check GP attendance numbers to get a truer figure of FFT uptake – this is not currently available via Aristotle or NHS Digital
Quality Matters	18 open Quality Matters identified	11 open Quality Matters identified, 9 ongoing and 2 new

	One Quality Matter logged as a concern due to repeat incidents and other concerns within the practice	incidents.
Complaints (managed by NHS England)	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.	The CCG continues to be copied in on new complaints from NHSE as they are reported, 12 GP complaints have been received since the beginning of November. These are ongoing.
Serious Incidents	One incident currently being processed –treatment delay	Two incidents currently being investigated, one recently closed.
Escalation to NHSE	Three incidents to be referred to NHS England at next performance meeting November 2017.	Four incidents were referred to the NHSE PPIGG meeting following responses provided to CCG, these have been escalated as appropriate and will now be managed by NHSE. A fifth is on hold due to liaison between the practice and a third party.
NICE	No issues to report.	No issues to report.
CQC	Two practices have received a “Requires Improvement” rating and are being monitored.	Two practices have received a “Requires Improvement” rating and are being monitored. Revisit for one practice by CQC – awaiting revised report.
Workforce	Workforce implementation plan revision undertaken, workforce strategy under development	Workforce strategy now completed, work continues around Working in Wolverhampton video for recruitment, and attendance at recruitment fairs and events planned for the coming year.

WOLVERHAMPTON CCG
Public Primary Care Commissioning Committee
6th February 2018

TITLE OF REPORT:	Financial Position as at Month 9, December 2017
AUTHOR(s) OF REPORT:	Sunita Chhokar-Senior Finance Manager Primary Care
MANAGEMENT LEAD:	Tony Gallagher, Chief Finance Officer
PURPOSE OF REPORT:	To report the CCG financial position at Month 9, December 2017
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"> • M9 slight underspend • Financial metrics being met • Additional allocations
RECOMMENDATION:	The Committee note the content of the report
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	<u>Ensure on-going safety and performance in the system</u> Continually check, monitor and encourage providers to improve the value for money of patient services ensuring that patients are always at the centre of all our commissioning decisions to ensure the right care is provided at the right time in the right place
2. Reducing Health Inequalities in Wolverhampton	<u>Improve and develop primary care in Wolverhampton –</u> Delivering a robust financial management service to support our Primary Care Strategy to innovate, lead and transform the way



	<p>local health care is delivered, supporting emerging clinical groupings and fostering strong local partnerships to achieve this</p> <p><u>Support the delivery new models of care that support care closer to home and improve management of Long Term Conditions</u> by developing robust financial modelling and monitoring in a flexible way to meet the needs of the emerging New Models of Care.</p>
<p>3. System effectiveness delivered within our financial envelope</p>	<p><u>Continue to meet our Statutory Duties and responsibilities</u> Providing assurance that we are delivering our core purpose of commissioning high quality health and care for our patients that meet the duties of the NHS Constitution, the Mandate to the NHS and the CCG Improvement and Assessment Framework</p> <p><u>Deliver improvements in the infrastructure for health and care across Wolverhampton</u> The CCG will work with our members and other key partners to encourage innovation in the use of technology, effective utilisation of the estate across the public sector and the development of a modern up skilled workforce across Wolverhampton.</p>



1. Delegated Primary Care

Delegated Primary Care Allocations for 2017/18 as at month 09 are £35.649m. The forecast outturn is £35.149m delivering an underspend position of £0.5m.

The planning metrics for 2017/18 are as follows:-

- Contingency delivered across all expenditure areas of 0.5%
- Non Recurrent Transformation Fund of 1%. As the CCG is not required to deliver a surplus of 1% on their GP Services Allocations this resource can be committed on a non recurring basis.

2. Allocations

The CCG has received an additional allocation of £136k from NHSE for GP Winter Pressures on a non recurrent basis in M09. The schemes have been approved through the Black Country STP to be utilised across Intergrated Urgent Care, Better Care Fund and A&E delivery by the CCG no later than 31st March 18.

3. M09 Forecast position

	YTD budget £'000	YTD spend £'000	YTD Variance £'000 o/(u)	Annual Budget £'000	FOT £'000	Variance £'000 o/(u)	In Month Movement Trend	In Month Movement £'000 o/(u)	Previous Month FOT Variance £'000 o/(u)
General Practice GMS	15,751	15,789	38	21,002	21,002	0	●	0	0
General Practice PMS	1,357	1,349	(8)	1,809	1,809	0	●	0	0
Other List Based Services APMS incl	1,724	1,906	183	2,298	2,298	0	●	0	0
Premises	2,013	1,988	(25)	2,684	2,684	0	●	0	0
Premises Other	68	45	(22)	90	90	0	●	0	0
Enhanced services Delegated	634	626	(8)	845	845	0	●	0	0
QOF	2,716	2,692	(25)	3,622	3,622	0	●	0	0
Other GP Services	2,083	1,966	(117)	2,777	2,277	(500)	●	0	(500)
Delegated Contingency reserve	131	0	(131)	174	174	0	●	0	0
Delegated Primary Care 1% reserve	261	0	(261)	348	348	0	●	0	0
Total	26,737	26,362	(375)	35,649	35,149	(500)	●	0	(500)

The forecast outturn indicates an underspend of £500k against Other GP services which relates to pre delegation ie 16/17. The CCG has received the income to offset expected expenditure. However, as a result of a lower level of actual spend being incurred the CCG is reporting a non recurrent benefit of £500k (ie no further expenditure has occurred this financial year relating to 16/17).

A full forecast outturn review has been carried out in month 09 which includes the following updates:

- Recalculation of Global Sum Payments, GMS PMS and APMS Contract payments based on the October 2017 updated list sizes

Primary Care Commissioning Committee

6th February 2018

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- Updated Out of Hours using Q3 list sizes
- Review of PMS Transitional Payments compared to the payments made to date
- Updated QOF forecast using CQRS reports
- Review of DES forecasts based on activity to date and sign up from practices
- Review of premises forecasts based on information provided from the premises team
- Review of locum reimbursements (maternity/paternity etc) based on approved applications
- Forecast updated based on seniority payments for Q3.

4. 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 utilised in year non-recurrently to help and support the delegated services.
- The 0.5% contingency will be committed in line with the 2017/18 planning metrics. The CCG has plans in place to utilise this resource.

5. PMS premium reserves

The PMS premium will grow each year as a result of the transitional taper of funding of PMS practices; the CCG are developing plans to recognise this increasing flexibility. Over the next four years stated the actual resource flexibility will depend on how effective expenditure control is over the previous years. The cumulative plan for the following 5 years is as follows:-

Year	£'000
17/18	494,272
18/19	677,371
19/20	860,470
20/21	978,284
21/22	1,096,098

6. Conclusion

The CCG is monitoring the financial position of the GP Services budget allocated to the CCG and will report any variance accordingly on a quarterly basis, including the use of reserves and contingency funding. The position of the delegated budgets has to be seen within the context of the CCG financial position. Resources must be committed in year as the carry forward of underspends is unlikely to be permitted.



Recommendations

The Committee is asked to:

- Note the contents of this report.
- Continue to mobilise plans for the PMS Premium investment to ensure expenditure is incurred by the 31st March 2018.

Name: Sunita Chhokar

Job Title: Senior Finance Manager

Date: 10/01/18

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	Sunita Chhokar	10.01.18
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)	Lesley Sawrey	23.01.18



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WOLVERHAMPTON CCG
Governing Body
12th December 2017
Agenda item 13

TITLE OF REPORT:	Report of the Primary Care Programme Milestone Review
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 14 th November 2017.
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"> • Update on task and finish group workbooks • Update on progress towards Care Navigation implementation • Update on progress towards development of Document Management and Online Consultation • Update on the refreshed Workforce Strategy
RECOMMENDATION:	<p>The recommendations made to governing body regarding the content of this report are as follows:-</p> <ul style="list-style-type: none"> • Receive and discuss this report • Note the assurance provided by the Director of Strategy & Transformation • Consider and approve the Workforce strategy
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	<ol style="list-style-type: none"> 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 closely monitored by the Primary Care Team via regular reports to the Primary Care Strategy Committee confirming progress and the effectiveness of action taken during the reporting period. This report confirms the findings from 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. Task and Finish Group Workbooks
- 2.1 Workbooks are submitted on a monthly basis by programme leads, and monitored through a quarterly Milestone Review Board. A steering group meets in the intervening period to ensure no risks or slippage arise & if so they are duly escalated.
- 2.2 The programme was running in accordance with anticipated timescales hence there was no slippage on any part of the programme. Workbooks were reviewed for all task and finish groups, with acknowledgement from the responsible Director on current progress and next steps. The highlights are captured within the table below:-

Task & Finish Group	Highlights
Practices as Providers	<ul style="list-style-type: none"> - 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 in December with a view to roll out across other practices commencing in January 2018. - The Home Visiting service business case was agreed by PC/MMO Programme Board in October, and mobilisation is currently underway with an intended commencement of this service by the end of January 2018.. - Recruitment of additional Clinical Pharmacists is currently underway and the allocation of Clinical Pharmacists to practice(s) associated with the successful NHSE bid is anticipated before Christmas.
Localities as Commissioners	<ul style="list-style-type: none"> - Peer Review findings are being tracked via the task and finish group & discussed at the Group Leads Meeting at regular intervals to review recommendations & emerging themes. - The group are regularly receiving group level data presented in a dashboard. This has highlighted some areas requiring further scrutiny at group level. - Updates on progress with service redesign projects are also presented at this forum to enable clinical ownership/engagement ie Home Visiting Pilot, Risk Stratification, Primary Care Counselling Service, Peer Review and Social Prescribing.

(Governing Body Meeting)
 (December 2017)

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<p>Workforce Development</p>	<ul style="list-style-type: none"> - STP Workforce Strategy, including information about Wolverhampton, has been submitted and considered by NHSE. Feedback is anticipated early December to confirm whether the strategy has been fully assured. - Workforce analysis, recruitment at group level, development needs & workforce planning have all taken place and contributed to the refreshed Workforce Strategy. - The revised strategy has been considered & agreed at the workforce task and finish group and is attached for ratification by Governing Body. Following ratification the strategy will be implemented across primary care. - The CCG website has been developed as part of this work stream, additional content will be launched early December. - A LinkedIn page is being developed, and a greater emphasis will be placed on updating social media across all departments. - A specific page for PPG chairs to showcase their work is being added to the website. - Recruitment events that we can be involved in are being scoped and will be attended when held. - Apprenticeships are being scoped.
<p>General Practice Contract Management</p>	<ul style="list-style-type: none"> - Accountable Care Alliance (ACA) Group has been established with representatives from each practice grouping and LMC. Meetings will continue to take place through until the end of March in line with the timeline & priorities identified. - Contracting Model for Primary Care has been defined to ensure the most appropriate contract type(s) are being utilised now & in the future.
<p>Estates Development</p>	<ul style="list-style-type: none"> - 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 Mike Hastings for reallocation of ETTF funding which the Operations team are currently scoping and working with practices on.
<p>IM&T</p>	<ul style="list-style-type: none"> - Data Checking and finalisation of documentation for migration of Dr Wagstaff complete, a 3 practice merger is also due to conclude in December. - 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 has been costed & a trial due by the end of November with a view to full rollout before the end of the financial year to all other practices. - Initial discussions regarding online consultations have also commenced & a bid for funding will be submitted to NHS England early December.

2.2 General Practice Five Year Forward View Progress

Specific updates for consideration are in the following areas;



2.2.1 Care Navigation

The preparatory measures for the inception of care navigation are moving forward. The current focus is training of staff, and ensuring practices are ready to utilise care navigation once it is launched in January.

The five navigation points in phase one are:-

- Community Pharmacy
- Minor Eye Conditions
- One You/ Healthy Lifestyles Service
- Carer Support
- Community Dentist

The five identified navigation pathways are well engaged with the programme, and are scheduled to attend face to face training with practice staff in January, this will follow online training also due to be undertaken in December. The IT requirements are all in place, templates including referral criteria have been built into the EMIS system ready for staff to navigate patients when appropriate.

Practices are taking up the offer of an informal training session delivered by the Primary Care Development Manager during their staff meetings or training sessions. The aim of these sessions is to answer any questions the staff may have and alleviating any concerns there are about incorporating Care Navigation in their daily working practices. The sessions are being accessed by staff who have not attended any of the previous training sessions, and are creating a consistent Wolverhampton wide message.

A communications pack is being developed to support staff and patients with understanding the concept of care navigation, and the changes to the patient pathway as a result of this. Practice managers have been consulted on the content to ensure it is relevant to their needs, and it has also been discussed at the Practice Managers Forum & Lay Member for Patient & Public Engagement.

Clinicians attending the general practitioner educational event (Team W) in November will receive a presentation by the provider (West Wakefield) to provide an overview of the model & progress so far, their endorsement of the programme is an important aspect of successful implementation at practice level. There will also be information in the communications pack specifically aimed at the GP and clinical staff within the practice.

2.2.2 Document Management

Document Management is part of the next phase of programmes to be implemented to support the on-going development of non-clinical staff.

A procurement exercise will commence shortly in preparation of provision of training that will enable reception and admin staff to effectively deal with medical correspondence, freeing up GP time therefore creating capacity. Research shows that up to 80% of medical correspondence can be safely and effectively processed by an administrator, and saves 40 minutes a day per GP.

A specification is being developed and discussions being held with providers, with the proposed time for inception of this training and support being late February 2018.

This will also form part of a communications plan, to ensure that patients are involved in the introduction & any changes that may arise in the patient journey.

2.2.3 Online Consultation

At STP level, CCGs are formulating a bid for funding to enable roll out of online consultation across each CCG. The needs of the population are currently being scoped, and procurement will commence early in the new year. Evidence suggests that online consultations may have value for some patients, such as straightforward medical enquiries, but are not suitable to replace face-to-face consultations in situations which are more complex. Most patients said they valued the eConsult system and clinicians said it worked best for "simple and routine inquiries" they could respond to without the need for a face-to-face or telephone follow up.

The most common reason for an online consultation was for administrative reasons such as requesting "fit notes" or repeat prescriptions, followed by infections or back or knee pain issues.

We are also looking at potentially piloting this out to care homes, so that a home visit can be prevented by a skype type appointment taking place between a health professional that is in attendance, the patient, and a GP virtually.

2.2.4 Extended access/ winter opening

Plans for access over the winter period are now in place. Appointments will be available for patients to access every day except Christmas day and Sunday 31st December. This will be provided through their usual practices or via group hubs.

In addition, the CCG is funding a Winter Pressures Scheme to increase the number of appointments available to patients during the period December to March. Practices willing to participate in the scheme will provide additional appointments Monday to Friday in addition to existing arrangements already in place.

A communications plan is also in place, with promotion of the availability taking place through websites, newsletters and via text messages from the registered practice.

There will also be a series of advertisements in the local newspapers during the winter period promoting access to care featuring health messages and a breakdown of access routes over the bank holiday period. Group specific information leaflets are also being printed & will be available to patients.

2.2.5 Workforce Strategy

A range of personnel and stakeholders have been consulted as part of the refresh of the strategy. A final draft of the strategy is attached; this document has been finalised following endorsement by the Workforce Task and Finish Group. Our Vision is to develop and sustain a workforce built around the needs of our population, which has the skills, knowledge and values to transform at scale and delivery high quality care within Wolverhampton.

3 CLINICAL VIEW

- 3.1 There are a range of clinical and non-clinical professionals who are actively involved in discussions at the committee along with involvement at task and finish group level too. This assist in delivery of a clinically driven programme.

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.
- 4.2 An update on Primary Care was provided to the Patient Participation Group Chairs in November, 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. A meeting has been set up with representatives to discuss the implications the above programmes of work will have on patients and their journey. The communications plan will also be discussed.

5 RISKS AND IMPLICATIONS

Key Risks

- 5.1 The Primary Care Strategy Committee has in place a risk register that captures the profile of risks associated with the program of work. Risks pertaining to the program are reviewed at each meeting and at this stage there are no red risks to raise with the Governing Body.

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.

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.

Name Sarah Southall
Job Title Head of Primary Care
Date 30.11.17

Enclosure Primary Care Workforce Strategy

SLS/GBR-PCSC/Dec17



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	



Workforce Mapping Dashboard

Select Required Care Group from Drop Down >	CCG Headline if no selection made
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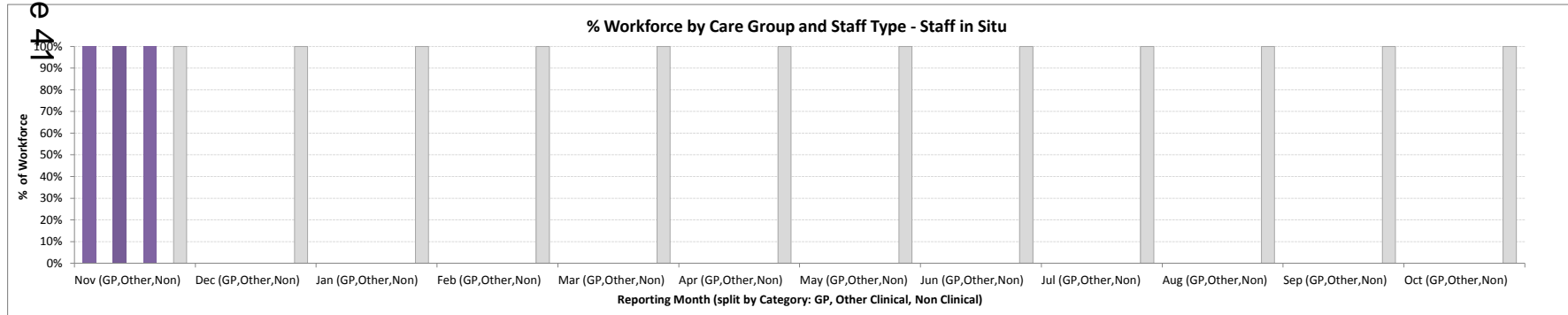
Staff in Situ (WTE) - by Role Type

		2017/18											
		Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Staff in Situ	Reception	12	0	0	0	0	0	0	0	0	0	0	0
	Admin	9	0	0	0	0	0	0	0	0	0	0	0
	Practice Manager	6	0	0	0	0	0	0	0	0	0	0	0
	Nurses	6	0	0	0	0	0	0	0	0	0	0	0
	GP	10	0	0	0	0	0	0	0	0	0	0	0
	Other - HCA	2	0	0	0	0	0	0	0	0	0	0	0
	Other - Social Worker	0	0	0	0	0	0	0	0	0	0	0	0
	Other - Care Navigator	0	0	0	0	0	0	0	0	0	0	0	0
	Other Physician Associate	0	0	0	0	0	0	0	0	0	0	0	0
	Social Prescribing	0	0	0	0	0	0	0	0	0	0	0	0
	Students (without supervision)	0	0	0	0	0	0	0	0	0	0	0	0
	Clinical Pharmacists	0	0	0	0	0	0	0	0	0	0	0	0
	Staff in Situ Total	45	0	0	0	0	0	0	0	0	0	0	0
GP	10	0	0	0	0	0	0	0	0	0	0	0	
Other Clinical	8	0	0	0	0	0	0	0	0	0	0	0	
Non Clinical Staff	27	0	0	0	0	0	0	0	0	0	0	0	

Overall percentage of workforce 100.00%

Legend: VI PCH1 PCH2 MC Unity MC Emerging TBC Month Divider

% Workforce by Care Group and Staff Type - Staff in Situ

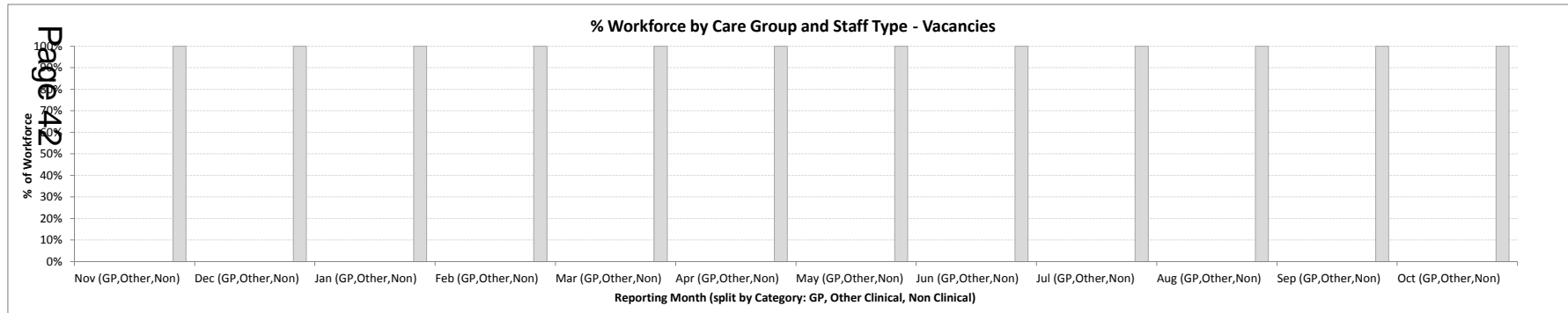


Vacancies (WTE) - by Role Type

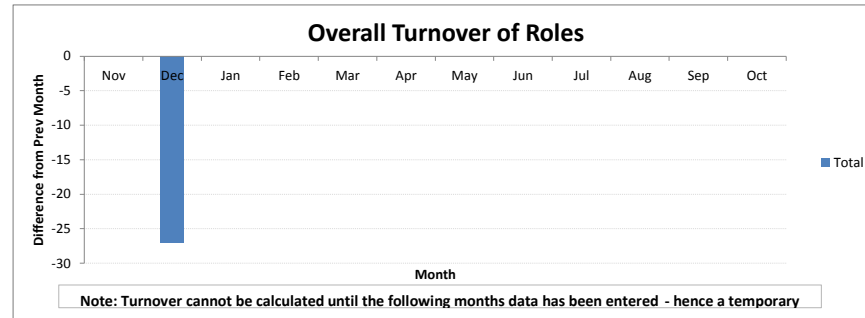
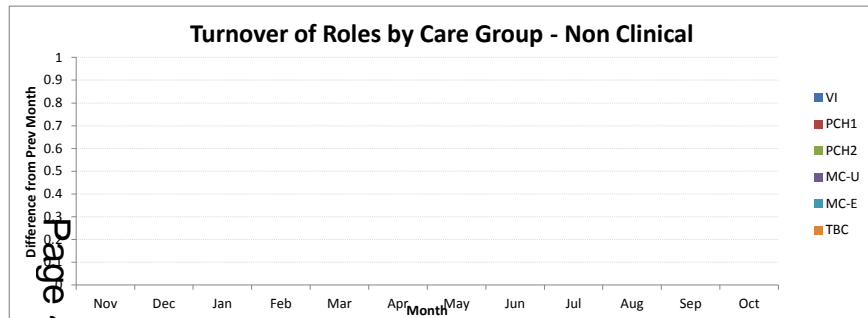
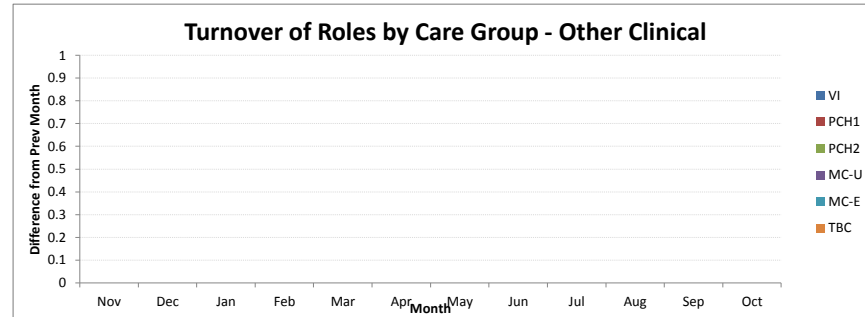
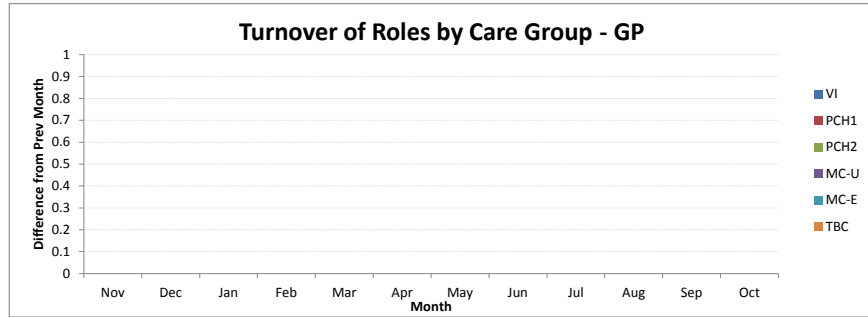
		2017/18											
		Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Vacancies	Reception	0	0	0	0	0	0	0	0	0	0	0	0
	Admin	0	0	0	0	0	0	0	0	0	0	0	0
	Practice Manager	0	0	0	0	0	0	0	0	0	0	0	0
	Nurses	0	0	0	0	0	0	0	0	0	0	0	0
	GP	0	0	0	0	0	0	0	0	0	0	0	0
	Other - HCA	0	0	0	0	0	0	0	0	0	0	0	0
	Other - Social Worker	0	0	0	0	0	0	0	0	0	0	0	0
	Other - Care Navigator	0	0	0	0	0	0	0	0	0	0	0	0
	Other Physician Associate	0	0	0	0	0	0	0	0	0	0	0	0
	Social Prescribing	0	0	0	0	0	0	0	0	0	0	0	0
	Students (without supervision)	0	0	0	0	0	0	0	0	0	0	0	0
	Clinical Pharmacists	0	0	0	0	0	0	0	0	0	0	0	0
	Vacancies Total		0	0	0	0	0	0	0	0	0	0	0
GP		0	0	0	0	0	0	0	0	0	0	0	0
Other Clinical		0	0	0	0	0	0	0	0	0	0	0	0
Non Clinical Staff		0	0	0	0	0	0	0	0	0	0	0	0

Overall percentage of vacancies

Legend: VI PCH1 PCH2 MC Unity MC Emerging TBC Month Divider



Turnover of Staff



Training

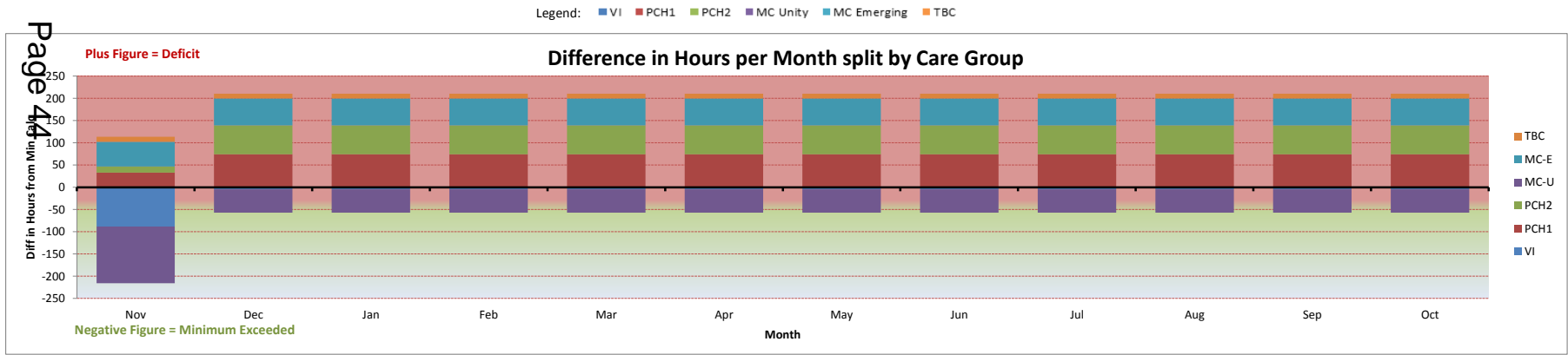
		2017/18											
		Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Training	Vulnerable Practice Programme	0	0	0	0	0	0	0	0	0	0	0	0
	Practice Resilience Programme 17/18	0	0	0	0	0	0	0	0	0	0	0	0
	Time 2 Care	0	0	0	0	0	0	0	0	0	0	0	0
	Intro to Care Navigation (Admin)	7	0	0	0	0	0	0	0	0	0	0	0
	Competency Based Care Navigation (Admin)	0	0	0	0	0	0	0	0	0	0	0	0
	Triumvirate Leadership Programme	0	0	0	0	0	0	0	0	0	0	0	0
	Investment in Practice Manager Development	0	0	0	0	0	0	0	0	0	0	0	0
	Telephone Consultation Training	12	0	0	0	0	0	0	0	0	0	0	0
	Nursing Associate Training Programme	0	0	0	0	0	0	0	0	0	0	0	0
	Fundamentals of General Practice Nursing	0	0	0	0	0	0	0	0	0	0	0	0
	Advancing Clinical Practice	1	0	0	0	0	0	0	0	0	0	0	0
	Specialist Practice - General Practice Nursing	0	0	0	0	0	0	0	0	0	0	0	0
	Fundamentals of General Practice Nursing	0	0	0	0	0	0	0	0	0	0	0	0
	Practice Manager Diploma	1	0	0	0	0	0	0	0	0	0	0	0
Training Total	21	0	0	0	0	0	0	0	0	0	0	0	
Overall Total	21												
Overall percentage of workforce		100.00%											

Pharmacist Dashboard

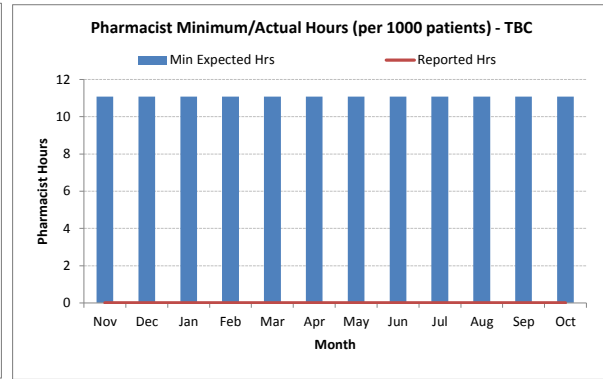
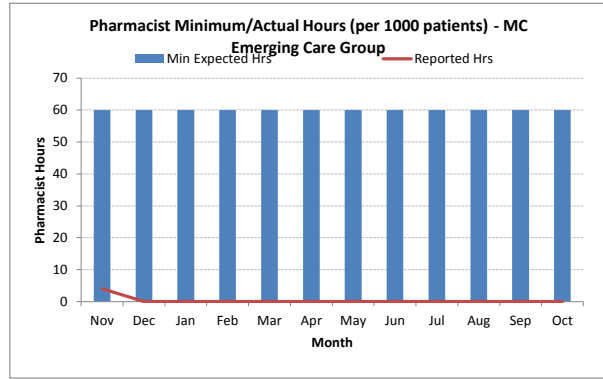
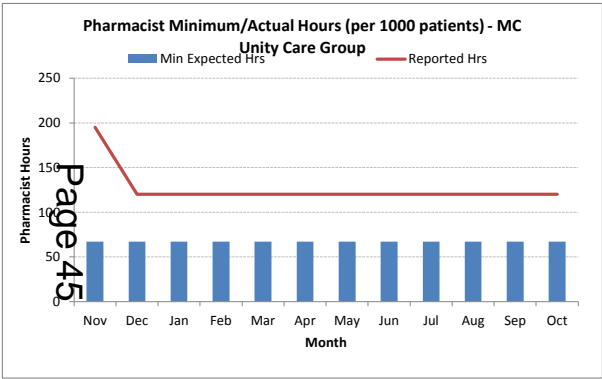
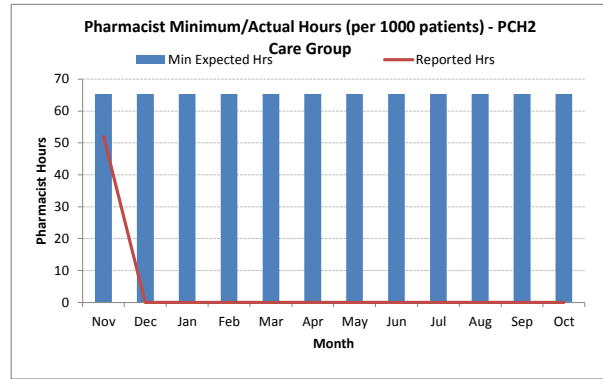
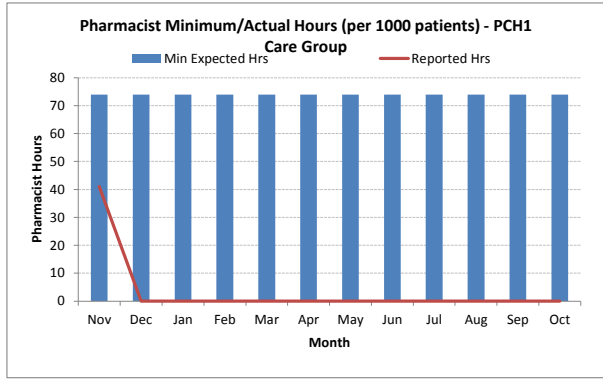
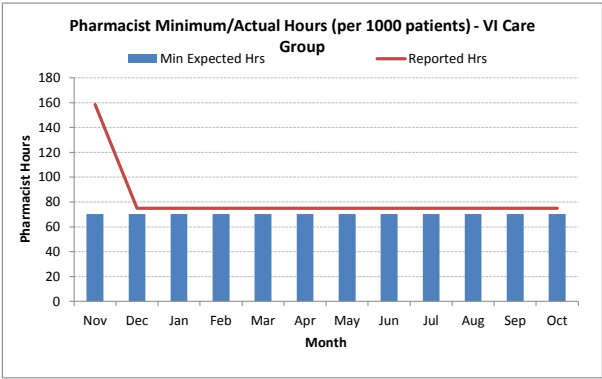
		2017/18											
		Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Pharmacist Dashboard	Registered Population	278416	278416	278416	278416	278416	278416	278416	278416	278416	278416	278416	278416
	No of hours of pharmacist time(AS PER GP 5 Year forward	348.02	348.02	348.02	348.02	348.02	348.02	348.02	348.02	348.02	348.02	348.02	348.02
	Minimum of 1 WTE CP per 30,000 patients = 1.25 hours per 1000 patients)	450.5	195	195	195	195	195	195	195	195	195	195	195
	Pharmacist time already employed by practice	-102.48	153.02	153.02	153.02	153.02	153.02	153.02	153.02	153.02	153.02	153.02	153.02
Difference of number of hours of pharmacist time as per GP 5YFV minimum calculation		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Overall Percentage of Registered Population		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Percentage of Pharmacist Time		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Overall Totals	Registered Population	278416	278416	278416	278416	278416	278416	278416	278416	278416	278416	278416	278416
	No of hours of pharmacist time(AS PER GP 5 Year forward	348.02	348.02	348.02	348.02	348.02	348.02	348.02	348.02	348.02	348.02	348.02	348.02
	Minimum of 1 WTE CP per 30,000 patients = 1.25 hours per 1000 patients)	12	0	0	0	0	0	0	0	0	0	0	0
	Pharmacist time already employed by practice	-102.48											
Difference of number of hours of pharmacist time as per GP 5YFV minimum calculation													

*Please note that where there has been no submission of Pharmacists time already employed, the formula will assume that there no pharmacist employed and therefore will report the minimum hrs required (eg a positive figure = poor position). In this calculation, a negative figure is a positive position.



*Please note that where there has been no submission of Pharmacists time already employed, the formula will assume that there no pharmacist employed and therefore will report the minimum hrs required (eg a positive figure = poor position). In this calculation, a negative figure is a positive position. The data above the zero axis line has a deficit of pharmacist hours (or have submitted no data).



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