

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.



<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.

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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	

