

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

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

Held on Tuesday 1st November 2016

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

Technology Centre, Wolverhampton Science Park

MEMBERS ~

Wolverhampton CCG ~

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

NHS England ~

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

Independent Patient Representatives ~

Jenny Spencer	Independent Patient Representative	Yes
Sarah Gaytten	Independent Patient Representative	Yes

Non-Voting Observers ~

Ros Jervis	Service Director Public Health and Wellbeing	No
Donald McIntosh	Chief Officer – Wolverhampton Healthwatch	Yes
Dr Gurmit Mahay	Vice Chair – Wolverhampton LMC	No
Jeff Blankley	Chair - Wolverhampton LPC	No

In attendance ~

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

Welcome and Introductions

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

Apologies for absence

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

Declarations of Interest

PCC230 Dr Bush and Dr Reehana declared that, as GPs they had a standing interest in all items related to primary care.

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

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

RESOLVED: That the above is noted.

Minutes of the Meeting Held on 4th October 2016

PCC231 **RESOLVED:**

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

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

Matters arising from the minutes

PCC232 There were no matters arising from the minutes.

RESOLVED: That the above is noted.

Committee Action Points

PCC233 Minute Number PCC176 – Premises Charges

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

Minute Number PCC186a – NHS England Update – Primary Care Update

Mr Hastings agreed to chase. Action to remain open.

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

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

Minute Number PCC209 - WCCG Primary Care Workforce Draft Strategy

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

Minute Number PCC211 - Vertical Integration

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

Minute Number PCC213 – Patient Engagement

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

Minute Number PCC214 – WCCG Primary Care Workforce Draft Strategy

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

Minute Number PCC215 - Social Prescribing Report

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

NHS England Update – Primary Care Update

PCC234a Primary Care Update

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

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

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

RESOLVED: That the above is noted.

PCC234b Application to Close Branch Surgery

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

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

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

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

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

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

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

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

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

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

Following the discussions the Committee agreed to the following recommendations:

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

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

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

RESOLUTION:

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

Further work to inform the patient body:

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

NHS England Finance Update

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

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

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

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

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

The Committee noted the following reports recommendations;

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

RESOLVED: That the above is noted.

Wolverhampton CCG Update

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

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

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

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

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

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

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

RESOLVED: That the above is noted.

Primary Care Programme Board Update

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

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

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

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

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

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

RESOLVED: That the above is noted.

Primary Care Operations Management Group Update

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

Service Level Agreement and Specification or Zero Tolerance

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

Primary Care Quality Update

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

GP Five Year Forward View

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

Estates Update

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

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

RESOLVED: That the above is noted.

Any Other Business

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

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

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

RESOLVED: That the above is noted.

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